Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2006

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For th	ne 2006 calenç	lar year.	or tax year beginning //Ul	, 2006, a	nd end	lin g 6/30		, 2007	
В	Check is							D Employer Id	entification Number	
						62-067	74974			
	Mai Na	me change or princ 4414 GRANNY WHITE PIKE E Teleph					E Telephone r	umber		
	H	tial return	See specific	NASHVILLE, TN 37204				615-29	98-5619	
	H	nal return	instruc- tions.					F Accounting method:		Accrual
	\vdash		uons					_	specify) >	.] Accidei
	\vdash	nended return			40.474.243	Lu	and I are not applic			
	L Ap	plication pending	Section Charit	on 501(c)(3) organizations and table trusts must attach a comp	4947(a)(1) nonexempt		(a) Is this a grou		· —	X No
			(Forn	1 990 or 990-EZ).	Sicioa Schodale A		(b) If 'Yes,' enter	•		V VO
G	Web:	site: ► WWW.	FIRSTS	TEPSNASHVILLE.ORG			(C) Are all affilia			Пио
						─ ┤''		th a list. See instr		□ ™
J	Orgai	nization type k only one)	>	X _{501(c)} 3 ◀ (insert no.	4947(a)(1) or	527 H	(d) Is this a sepa	arate return filed h	ıv an	
<u></u>				ization is not a 509(a)(3) suppo	`		• •	covered by a grou		X No
11				not more than \$25,000. A return			Group Ex	emption Num		3
	organ	nization choos	es to file	a return, be sure to file a comp	lete return.	iii iii			ization is not requir	ed
$\overline{}$	Gross	receipts: Add 1	lines Eh S	8b, 9b, and 10b to line 12 ► 1	296 820	— '''			90, 990-EZ, or 990-	
- T-1	GIUSS			nses, and Changes in Ne		alanc				
						araric	es (occ me	. Ilistraction	13.)	
				ants, and similar amounts recei	1	الما				
	1			advised funds		1 a	202	126		
		•		not included on line 1a)		1b		,136.		
				(not included on line 1a)				,774.		
				ons (grants) (not included on lin				,038.		
				829,891. noncash					1	<u>,948.</u>
	2	Program serv	rice rever	ue including government fees a	and contracts (from Par	t VII, lir	ne 93)		355	<u>,917.</u>
	3	•		assessments						
	4	Interest on sa	avings an	d temporary cash investments.				4		
	5	Dividends and	d interest	from securities				5	7	<u>,738.</u>
	6a	Gross rents.				6a				
	b	Less: rental e	expenses.			6 b		4344		
	c	Net rental inc	come or (loss). Subtract line 6b from line	6a		<i></i>	60	:	
R	7	Other investr	nent inco	me (describe) 7		
Ë				· · · · · · · · · · · · · · · · · · ·	(A) Securities		(B) Othe	er Sa		
R E V E X U	Ва			les of assets other	58,304.	8 a	· · · · · · · · · · · · · · · · · · ·			
ũ	Ь		•	sis and sales expenses		8b	-	134		
E	1			ule)STATEMENT1	33,301.	8 c				
	1	, ,		mbine line 8c, columns (A) and	(B)			80	ā	
	1	•	-	tivities (attach schedule). If any	• •				41	
		-		cluding \$	_	g, crice	K Here			
	"					9a	32	, 913.		
	Ь	•	-	other than fundraising expense		9ъ		,613.	1	
			•	rom special events. Subtract lin			STATEM		22	2,300.
	1			ory, less returns and allowances		10a				
	1			old		10 Ь				
	1		_	ales of inventory (attach schedule). Sub				100		
	l								 	
	111		•	Part VII, line 103)					1 227	002
	12			les 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,						7,903.
Ē	13	_	-	m line 44, column (B))						3,904.
ê	14		_	eral (from line 44, column (C)).						7,557.
N	15	-		44, column (D))					96	5,848.
EXPENSES	16			(attach schedule)					1	
s	17	Total expens	ses. Add	ines 16 and 44, column (A)	<u></u>			17		3,309.
,	18			the year. Subtract line 17 from						<u>,594.</u>
N E	19	Net assets or	r fund bal	lances at beginning of year (fro	m line 73, column (A)).			<u>. 19</u>		<u>, 676.</u>
T i	20	Other change	es in net	assets or fund balances (attach	explanation) S	EE.S	CATEMENT.	.3 20	7	<u>7,075.</u>
	21	Net assets of	r fund ba	lances at end of year. Combine	lines 18, 19, and 20			21	469	345.

Page 2

	required for section 501(c)(3) and					tional for others.
	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 8	Grants paid from donor advised funds (attach sch)					
	(cash \$					
	non-cash \$) If this amount includes					
	foreign grants, check here	22 a				
221	Other grants and allocations (att sch)					
	(cash \$					·
	non-cash \$)]				
	If this amount includes foreign grants, check here	22 b				
23	Specific assistance to individuals (attach schedule)	23	_			
24	Benefits paid to or for members (attach schedule)	24				
25	a Compensation of current officers,					
	directors, key employees, etc listed in Part V-A (attach sch)	25 a	139,876.	0.	55,271.	84,605.
	b Compensation of former officers,		200/0700		,	
	directors, key employees, etc listed in			0		0
	Part V-B (attach sch)	25 b	0.	0.	0.	0.
	included above, to disqualified persons (as				,	
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
	(attach schedule)	25 c	0.	0.	0.	<u>0.</u>
26	Salaries and wages of employees not included on lines 25a, b, and c	26	610,612.	588,310.	22,302.	
27	Pension plan contributions not					
	included on lines 25a, b, and c	27	12,034.	10,410.	660.	964.
28	Employee benefits not included on		07 020	70 700	4 400	6 550
-00	lines 25a - 27		81,838.	70,790.		6,559.
29	· · · · · · · · · · · · · · · · · · ·		58,898.	50,948.	3,230.	4,720.
30 31	Professional fundraising fees. Accounting fees	<u> </u>				
32	Legal fees	-				
33	_		29,150.	24,295.	4,855.	
	Telephone	-	9,593.	7,465.	2,128.	
35	Postage and shipping		1,389.	1,081.		
36	_	36	18,567.	16,429.	2,138.	
37		37	33,209.	29,476.	3,733.	
38	Printing and publications	38	674.	524.	150.	
39	Travel	39	19,879.	19,393.	486.	
40	Conferences, conventions, and meetings	40	6,937.	4,166.	2,771.	
41		41				
42		42	13,815.	12,254.	1,561.	
43		42	101 020	70 262	22 475	
	a SEE STATEMENT 4	43a	101,838.	78,363.	23,475.	
	b	43b 43c				
	c d	43 d				
	` -	43 e	·			
	e f	431				
	g	43 g				-
44		-				
	through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)		1,138,309.	913, 904.	127,557.	96,848.
	nt Costs. Check ► if you are following				Dannen as-d1	►□ vac ☑ v
	any joint costs from a combined education and joint costs from a combined education and joint costs are the combined education.		mpaign and fundraising it costs \$	solicitation reported (B) Program services? amount allocated to Pro	ram services
\$	es, enter (i) the aggregate amount of the	illocate	d to Management and o	, (ii) tile a eneral \$	and (iv) th	e amount allocated
	undraising \$			· 		

Page 3

913,904.

(Grants and allocations \$

(Grants and allocations \$

BAA

e Other program services.....

Statement of Program Service Accomplishments

ganization. How the public perceives	ion and, for some people, serves as the primary or sole source of information about an organization in such cases may be determined by the information presented on e and accurate and fully describes, in Part III, the organization's programs and acc	its return. Therefore.
hat is the organization's primary exer Il organizations must describe their exitents served, publications issued, etc. Di ations and 4947(a)(1) nonexempt cha	mpt purpose? SEE STATEMENT 5 kempt purpose achievements in a clear and concise manner. State the number of scuss achievements that are not measurable. (Section 501(c)(3) and (4) organ-ritable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a PROVIDE QUALITY EARLY WITHOUT DISABILITIES FAMILIES	AS WELL AS SUPPORT AND GUIDANCE FOR THEIR	
b) If this amount includes foreign grants, check here >	913,904.
(Grants and allocations \$) If this amount includes foreign grants, check here >	
) If this amount includes foreign grants, check here	

Form 990 (2006)

) If this amount includes foreign grants, check here . . .

) If this amount includes foreign grants, check here ... >

Balance Sheets (See the instructions.) (A) Note: Where required, attached schedules and amounts within the description End of year Beginning of year column should be for end-of-year amounts only. 326,114. 202,556. 45 Cash - non-interest-bearing 20,821. 46 62,517. 46 Savings and temporary cash investments 2,227. 47 a 47 a Accounts receivable 2,227. 4,058. 47 c 47 b b Less: allowance for doubtful accounts..... 48 a Pledges receivable 48 c b Less: allowance for doubtful accounts..... 48 b 7,939. 78,738 49 49 Grants receivable..... 50 a Receivables from current and former officers, directors, trustees, and key 50 a employees (attach schedule) b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)..... 50 b 51 a Other notes and loans receivable 51 a (attach schedule)..... 51 c b Less: allowance for doubtful accounts..... 52 52 Inventories for sale or use..... 53 53 Prepaid expenses and deferred charges..... 99,377 54 a 54a Investments — publicly-traded securities ... STMT. .6. ... ▶ Cost 45,649. 54 b b Investments — other securities (attach sch)..... 55 a Investments - land, buildings, & equipment: basis. | 55 a b Less: accumulated depreciation 55 c 55 b (attach schedule)..... 56 Investments - other (attach schedule)..... 184,131 57 a Land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule)......STATEMENT..7.... 79,306. 70,896. 57 c 57 b 104,825 58 Other assets, including program-related investments 58 (describe > 464,414. 535,784. 59 Total assets (must equal line 74). Add lines 45 through 58..... 59 91,738. 60 66,439 Accounts payable and accrued expenses..... 61 Grants payable..... 61 62 62 Deferred revenue..... Loans from officers, directors, trustees, and key 63 employees (attach schedule)..... 64 a 64a Tax-exempt bond liabilities (attach schedule)..... 64 b b Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe ► . . _ _ _ . 91,738 66 66,439. 66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here | X and complete lines 67 through 69 and lines 73 and 74. 469,345. Unrestricted..... 352,676. 67 20,000. 68 Temporarily restricted..... 68 69 Permanently restricted..... Organizations that do not follow SFAS 117, check here 70 through 74. 70 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund..... Retained earnings, endowment, accumulated income, or other funds..... 72 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 372,676. 73 469,345. 464,414. 535,784. Total liabilities and net assets/fund balances. Add lines 66 and 73...... 74

Ear	m 990 (2006) FIRST STEPS, INC.			62-067	4974 Page 5
	m 990 (2006) FIRST SIEPS, INC. Reconciliation of Revenue instructions.)	per Audited Financial	Statements with R	evenue per Retur	n (See the
		Et al Grandial statemen	.tc	a	1,301,691.
а	Total revenue, gains, and other support p	oer audited financial statemen	II.S		
b	Amounts included on line a but not on Pa		Ы1	7,075.	
	1 Net unrealized gains on investments			56,100.	
	2Donated services and use of facilities		·····		
	3Recoveries of prior year grants				
	40ther (specify):		1 1 41	10,613.	
	SEE STM 8				73,788.
	Add lines b1 through b4				1,227,903.
С	Subtract line b from line a				1,221,3031
d	Amounts included on Part I, line 12, but	not on line a:	اديدا		
	1 Investment expenses not included on Pa				
	2Other (specify):		1 101		
			_ 		4
	Add lines d1 and d2				1,227,903.
е	Total revenue (Part I, line 12). Add lines	s c and d		Evnences per De	
13	Reconciliation of Expens	es per Audited Financia	a Statements with	Expenses per ice	<u> </u>
					1,205,022.
а	Total expenses and losses per audited f				1,203,022.
b	Amounts included on line a but not on F		1	56 100	
	1 Donated services and use of facilities			56,100.	
	2Prior year adjustments reported on Part		· · · · · · · · · · · · · · · · · · ·	-	
	3Losses reported on Part I, line 20		i i		
			اه د ا	10 (12	
				10,613.	CC 712
	Add lines b1 through b4				b 66,713.
C	Subtract line b from line a				c 1,138,309.
d	Amounts included on Part I, line 17, but		اء. ا	<i>4</i> 2	
	1 Investment expenses not included on P		F		
	2Other (specify):				
	Add lines d1 and d2				d 1 1 2 2 2 2 2
е	Total expenses (Part I, line 17). Add lin		·		e 1,138,309.
	Current Officers, Directo or key employee at any time du	rs, Trustees, and Key E iring the year even if they we	mployees (List each re not compensated.)	h person who was an o (See the instructions.)	officer, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account and other allowances
_					
s	EE STATEMENT 10	1	139,878.	7,966	. 0.
	DE CITIZETICA I O		200,010	1,200	
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Form 990 (2006) FIRST STEPS, INC.			62-06749) 74	Page	6
Current Officers, Directors, Trus	stees, and Key Em	ployees (continued	d)		Yes No	,
75 a Enter the total number of officers, directors, and trustees pe						
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	ployees listed in Form isated professional and gh family or business r	990, Part V-A, or highe	st compensated employ tractors listed in Sched	ees ule 75 b	X	
c Do any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	isated professional and a any other organization ne definition of 'related	I other independent con ns, whether tax exempt organization'	itractors listed in Schedi	ule	X	
If 'Yes,' attach a statement that includes the in					V	
d Does the organization have a written conflict or					X	_
Former Officers, Directors, Trus Benefits (If any former officer, director during the year, list that person below a the instructions.)	or, trustee, or key empl	ovee received compens	sation or other benefits	(described t	oelow)	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Exp account a allowa	and other	
NONE						_
						_
		_				_
-						
					_	_
Discussion (Con the inst	westians N					
Other Information (See the inst	ructions.)				Yes N	0
76 Did the organization make a change in its acti If 'Yes,' attach a detailed statement of each of	vities or methods of co	inducting activities?		76	X	(
77 Were any changes made in the organizing or					X	
If 'Yes,' attach a conformed copy of the chang						
78a Did the organization have unrelated business						<u> </u>
b If 'Yes,' has it filed a tax return on Form 990-1	Γ for this year?			78 b	N/A	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	on, or substantial contr	action during the		79	X	<u>.</u>
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office	ers, etc, to any other e	xempt or nonexempt or	ganization?	80 a	X	ζ.
b If 'Yes,' enter the name of the organization ►	<u>N/A</u>		-			
b If 'Yes,' enter the name of the organization ► 81 a Enter direct and indirect political expenditures	and cl	neck whether it is 🔲 e	xempt or nonexe	mpt. 0.		
b Did the organization file Form 1120-POL for the				81 b	Х	<u> </u>
BAA					990 (200	ວຣາ

Form 990 (2006)

22 abd the organization received denated services or the use of materials, equipment, or tachities at no charge or at substantially lists than flar received with the public with the services or the use of materials, equipment, or tachities at no charge or at substantially lists than flar received with the public wispection requirements for returns and exemption applications? 33 abd lith eorganization comply with the public inspection requirements for returns and exemption applications? 35 abd the organization comply with the disclosure requirements reliangle to quid pro quo contributions? 35 abd the organization solicit any contributions or gifts that were not tax deductible? 36 bill Yes; did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 36 bill Yes; did the organization microle with very solicitation an express statement that such contributions or gifts were not tax deductible? 36 bill Yes; did the organization microle with very solicitation an express statement that such contributions or gifts were not tax deductible? 36 bill Yes; did the organization make only in-house lobbying expenditures of \$2,000 or less? 37 bill Yes; was answered to either 85s or 85s, do not complete 85c through 85h below unless the organization received a warer for proxy to over 6th the prior yes and the prior yes and the prior yes of the prior yes and the prior yes of the prior ye	orm	990 (2006) FIRST STEPS, INC.	62-06	74974 _	P	age 7
22 a Did the organization receive dundled services or the use of materials equipment, or facilities at no charge or at substantially less than fair rental value? A provided the properties of Part II, See instructions in Part III) B If Yes, you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part III, See instructions in Part III) B John the organization comply with the public insection requirements for returns and exemption applications? B 3a					Yes	No
revenue in Part 1 or as an expense in Part III. See instructions in Part III. See instruction in III. See instru	82 a	hid the organization receive donated services or the use of materials, equipment, or facilities	es at no charge or at	82 a	Х	ingesië.
83a X		evenue in Part I or as an expense in Part II. (See instructions in Part III.)				
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? 83 bl. X 84 a Did the organization solicit any contributions or grifts that were not tax deductible? 85 bl (Yes, did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 85 bl (C)(A), (G), or (G) organizations a Were substantially all dues nondeductible by members? 85 bl (Yes, Sas answered to either & Sa or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. 95 c Ones, assessments, and smiler & Sa or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. 95 c Ones, assessments, and smiler & Sa or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. 96 c Ones, assessments, and smiler & Sa or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. 97 c Ones, assessments, and smiler & Sa or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. 98 c Ones, assessments, and smiler & Sa or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. 98 c Ones, assessments, and smiler & Sa or 85b, do not complete 85c through 85h below unless the organization elected to pay the section 6033(e)(1)(A) dues notices. 98 c Ones, the prior of the smiler & Sa or 85b, do not end to the section 603(e)(1)(A) dues notices. 98 c Ones, the smiler & Sa or 85b, do not continue to the section 603(e)(1)(A) dues notices were set, do the conganization of the following tax year? 98 c Ones, receipts, included on line 12, for public use of club facilities. 99 c Ones receipts, included on line 12, for public use of club facilities. 99 c Ones, the pri	83 a	Did the organization comply with the public inspection requirements for returns and exempt	tion applications?	83 a	_	
Bill Yes, did the organization solicit any contributions or gills that were not lax deductible? Bill Yes, did the organization include with every solicitation an express statement that such contributions or gills were not tax deductible? Bill Yes, did the organization make with every solicitation an express statement that such contributions or gills were not tax deductible? Bill Yes, did the organization make only in house lobbying expenditures of \$2,000 or less? If Yes, was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prory year. C Dues, assessments, and similar amounts from members G Dues, assessments, and similar amounts from members G Aggregate nondeductible amount of section 6033(e) (1)(A) dues notices G Aggregate nondeductible amount of section 6033(e) (1)(A) dues notices G Aggregate nondeductible amount of sections 6033(e) (1)(A) dues notices G Aggregate nondeductible amount of sections 6033(e) (1)(A) dues notices G Aggregate nondeductible amount of sections 6033(e) (1)(A) dues notices Hill section 6033(e) (1)(A) dues notices were set, des the organization agree to add the amount on line 85f or 85 in 8/A hill section 6033(e) (1)(A) dues notices were set, des the organization agree to add the amount on line 85f or 85 in 8/A B 65 (1)(A)(A) quarizations. Enter: a initiation frees and capital upar? B 65 (1)(A)(A) quarizations. Enter: a initiation frees and capital contributions included on line 12. B 65 (1)(A)(A) quarizations. Enter: a initiation frees and capital quaritations included on line 12. B 65 (1)(A)(A) quarizations. Enter: a initiation frees and capital contributions included on line 12. B 65 (1)(A)(A) quarizations. Enter: a line organization may be added to the state of the section of the section of the organization and the organization and the sections of the section of the section of the organization and the graphical sections of the section of the section of the section of the section o	b	Did the organization comply with the disclosure requirements relating to quid pro quo contr	ibutions?	83t	X	
b) If Yes, 'did the organization include with every solicitation an express statement that such contributions of girts were not tax deductible? 85 501(2/d), (5), or (6) organizations, a Were substantially all dues nondeductible by members? 85 bD td the organization make only in-house lobbying expenditures of \$2,000 or less? If Yes,' was answered to either \$5a or \$5b, do not complete \$5c through \$5h below unless the organization received a waver for proxy tax overed for the prory year. C Dues, assessments, and similar amounts from members. 6 Section 152(6) lobbying and political expenditures of \$2,000 or less? C Dues, assessments, and similar amounts from members. 6 Aggregate nondeductible amount of section \$633(e)(1)(A) dues notices 7 Expression organization electro pay the section \$633(e) (1)(A) dues notices 8 Section 152(6) lobbying and political expenditures (line \$5d less \$50) 8 If Taxable amount of lobbying and political expenditures (line \$5d less \$50) 9 Does the organizations center to pay the section \$633(e) (1)(A) dues notices 10 Section \$600(A)(A) dues notices were seri, does the organization agree to add the amount on line \$5f or the section \$5f organization series and capital contributions included on line 12. 8 Section \$600(A)(A) dues notices were seri, does the organization or the amount on line \$5f organizations. Enter: a limitation less and capital contributions included on line 12. 8 Section \$600(A)(A) dues notices are series and section organizations included on line 12. 8 Section \$600(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
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b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed \(\text{TN} \) b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 26 10 cated at \(\text{A10.04} \) HTLLSBORO ROAD, STE 250 B, NASHVILLE TN Englishment of the foreign country (such as a bank account, securities account, or other financial account)? Yes No 91b X	89 a					
explaining each transaction. c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e		section 4911 ►	1 4955 ►	<u>0</u> .		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Enter: Amount of tax on line 89c, above, reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed TN b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 26 91 a The books are in care of DEE PARKER Telephone number (615) 463-7929 Located at 4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN ZIP + 4 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 91b X	b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 ex during the year or did it become aware of an excess benefit transaction from a prior year? explaining each transaction.	cess benefit transaction If 'Yes,' attach a stater	ment 89	b	X
d Enter: Amount of tax on line 89c, above, reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed TN b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 26 91 a The books are in care of DEE PARKER Telephone number (615) 463-7929 Located at 4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN ZIP + 4 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 91b X	c	Enter: Amount of tax imposed on the organization managers or disqualified persons durin	g the			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed ► TN b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 26 91 a The books are in care of ► DEE PARKER Telephone number ► (615) 463-7929 Located at ► 4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN ZIP + 4 ► 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 91b X If 'Yes,' enter the name of the foreign country. ►						
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed ► TN b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 26 91 a The books are in care of ► DEE PARKER Telephone number ► (615) 463-7929 Located at ► 4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN ZIP + 4 ► 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 91b X If 'Yes,' enter the name of the foreign country. ►						
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed FTN b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 26 91 a The books are in care of FDEE PARKER Telephone number F(615) 463-7929 Located at F4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN ZIP + 4 F 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 91 b X If 'Yes,' enter the name of the foreign country.				 		
organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 90 a List the states with which a copy of this return is filed ► TN b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 26 91 a The books are in care of ► DEE PARKER Located at ► 4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN DATE TO BE TO	'	An organizations. Did the organization acquire a direct of indirect interest in any applicable	e msurance contract:			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90 b 26 91 a The books are in care of ► DEE PARKER Telephone number ► (615) 463-7929 Located at ► 4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN ZIP + 4 ► 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 91 b X If 'Yes,' enter the name of the foreign country.	ç	organization, or a fund maintained by a sponsoring organization, have excess business ho	oldings at any time durin	ng 89	a a	X
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.). 90b 26 91a The books are in care of ► DEE PARKER Telephone number ► (615) 463-7929 Located at ► 4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN ZIP + 4 ► 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 91b X If 'Yes,' enter the name of the foreign country.	90 a	List the states with which a copy of this return is filed > TN			<i>U</i> 1	
91 a The books are in care of ► DEE PARKER Telephone number ► (615) 463-7929 Located at ► 4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN ZIP + 4 ► 37215 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No 91 b X If 'Yes,' enter the name of the foreign country.	t	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		90	ы	26
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 a	The books are in care of ► DEE PARKER Telephone	number ► (615)	463-792	9	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Located at ► 4004 HILLSBORO ROAD, STE 250 B, NASHVILLE TN	ZIP + 4 ►	37215		
	Ŀ	financial account in a foreign country (such as a bank account, securities account, or other	er financial account)?	91		
		If 'Yes,' enter the name of the foreign country >				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report				

Form 990 (2006) FIRST STEPS, INC	62-0 <u>6749</u>	974 Page 8
Other Information (continued)		Yes No
c At any time during the calendar year, did the organization maintain an office outside of the United S	States?	91 c X
If 'Yes,' enter the name of the foreign country	- 	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here.		N/A ► [
and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92	N/A
Analysis of Income-Producing Activities (See the instructions.)	··	
Unrelated business income Excluded by section 5	12, 513, or 514	(E)
Note: Enter gross amounts unless otherwise indicated. (A) (B) (C) Business code Amount Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue: a PROGRAM SERVICE FEES		330,116.
b TN EARLY INTERVENTION	,	25,801.
С		
d		
c		
f Medicare/Medicaid payments		
g Fees & contracts from government agencies		
94 Membership dues and assessments		
95 Interest on savings & temporary cash invmnts .		
96 Dividends & interest from securities 14	7,738.	
97 Net rental income or (loss) from real estate:		
a debt-financed property		<u> </u>
b not debt-financed property		
98 Net rental income or (loss) from pers prop		
99 Other investment income	<u>-</u>	
100 Gain or (loss) from sales of assets other than inventory		
101 Net income or (loss) from special events	22,300.	
102 Gross profit or (toss) from sales of inventory		
		1034
b		
c		
d		
104 Subtotal (add columns (B), (D), and (E))	30,038.	355,917.
105 Total (add line 104, columns (B), (D), and (E))		385,955.
Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.		
Par VIII Relationship of Activities to the Accomplishment of Exempt Purposes (S	See the instruc	ctions.)
Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed of the organization's exempt purposes (other than by providing funds for such purposes).	importantly to th	e accomplishment
93 (A) CHILD CARE FEES CHARGED TO PARTIALLY FUND DIRECT AND INDIF	RECT COSTS	OF CHILD
DIAGNOSTIC AND CHILD CARE SERVICES		
93 (B) FEES CHARGED TO THE TN EARLY INTERVENTION SYSTEM TO PARTIA	ALLY FUND D	DIRECT AND
INDIRECT COSTS OF CHILD DIAGNOSTIC AND CHILD CARE SERVICES	S	
Partix Information Regarding Taxable Subsidiaries and Disregarded Entities (Se	ee the instruc	tions.)
(A) (B) (C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity ownership interest Nature of activities	Total income	End-of-year assets
N/A %		
98		
200		
8		
Part Xv Information Regarding Transfers Associated with Personal Benefit Contr		
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co		Yes X No

17/219	Information Regarding Transfers To an organization is a controlling organization	nd From Controlled En In as defined in section	itities. Compiet i 512(b)(13).	e orny ir trie			
-	organization is a controlling organization	77 45 45 117 64 117 64 117				Yes	No
106	Did the reporting organization make any transfers to 'Yes,' complete the schedule below for each controlle	a controlled entity as defined entity	d in section 512(b)	(13) of the Cod	le? If		<u>X</u>
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descriptio transfe		(D Amount o) f trans	sfer
a							
b							
с							
	Totals						
107	Did the reporting organization receive any transfers to 'Yes,' complete the schedule below for each controlled	rom a controlled entity as d	efined in section 5	12(b)(13) of the	e Code? If	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Descripti transf	on of	(I Amount o	O) of tran	
a							
b							
с							
	Totals						
						Yes	No
108 ———	Did the organization have a binding written contract annuities described in question 107 above?	•	, covering the inte		alties, and		Х
Plea Sigr Here	Signature of officer	turn, includirg accompanying schedul ifficer) is based on all information of v	Date	to the best of my kni nowledge. Novembe		elief, it is	; <u>} </u>
Paid Pre-	signature		, A O T Sel		reparer's SSN c eneral Instruction /A	or PTIN	(See
pare Use Only	yours if self- employed). 3310 WEST END AVENUE.	STE. 550	EIN	1.55	5) 383-	6502	ı
BAA	TOTAL TRANSPORTER TO STATE OF THE STATE OF T			one no. <u>► (61</u> .		990 (

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e). 501(f), 501(k). 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

62-0674974 FIRST STEPS Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees [to []] (See instructions. List each one. If there are none, enter 'None.') (d) Contributions (b) Title and average (c) Compensation (e) Expense (a) Name and address of each to employee benefit plans and deferred hours per week devoted to position account and other employee paid more than \$50,000 allowances compensation NONE Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services. িব্যালি টি Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services......

Schedule A (Form 990 or 990-EZ) 2006 FIRST STEPS, INC.	62-0674974		<u>Pa</u>	<u>ge 2</u>
Statements About Activities (See instructions.)		Y	es	No
1 During the year, has the organization attempted to influence national, state, or local legislation, include to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses particular or incurred in connection with the lobbying activities \(\bigsis \)	_	1		Х
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI- organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed describing activities.	A. Other ription of the			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following act substantial contributors, trustees, directors, officers, creators, key employees, or members of their far taxable organization with which any such person is affiliated as an officer, director, trustee, majority of beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transaction.)	numes, or with any			
a Sale, exchange, or leasing of property?		2 a		X
b Lending of money or other extension of credit?		2 b		Х
c Furnishing of goods, services, or facilities?	ART V	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		2 d	Х	
e Transfer of any part of its income or assets?		2 e	-	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach a explanation of how the organization determines that recipients qualify to receive payments.)	n 	3a		<u>X</u>
b Did the organization have a section 403(b) annuity plan for its employees?		3ь		Х
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		3с		Х
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation s	services?	3d		Х
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No 4f and 4g	o,' complete lines	4a		_X
b Did the organization make any taxable distributions under section 4966?		4b	N,	ľΑ
c Did the organization make a distribution to a donor, donor advisor, or related person?		4c	N.	/A
d Enter the total number of donor advised funds owned at the end of the tax year				N/I
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	r			N/1
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding do funds included on line 4d) where donors have the right to provice advice on the distribution or inves amounts in such funds or accounts.	tment of			(
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of th	e tax year ►			0.

62-0674974

	Reason for Non-Private F				
certi	fy that the organization is not a private for	oundation because it is: (F	Please check only ONE app	licable box.)	
5	A church, convention of churches, or	association of churches.	Section 170(b)(1)(A)(i).		
6	A school. Section 170(b)(1)(A)(ii). (A	also complete Part V.)			
7	A hospital or a cooperative hospital	service organization. Sect	ion 1 70(b)(1)(A)(iii).		
8	A federal, state, or local government	t or governmental unit. Se	ection 170(b)(1)(A)(v).		
9	A medical research organization operand state ►	erated in conjunction with	a hospital. Section 170(b)(1)(A)(iii). Enter the ho	spital's name, city,
10	An organization operated for the ber (Also complete the Support Schedu	nefit of a college or univer le in Part IV-A.)	rsity owned or operated by	a governmental unit. S	Section 170(b)(1)(A)(iv).
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also compared)	es a substantial part of its lete the Support Schedu	s support from a governme le in Part IV-A.)	ntal unit or from the g	eneral public.
11 b	A community trust. Section 170(b)(1)(A)(vi). (Also complete the	he Support Schedule in Pa	rt IV-A.)	
12	An organization that normally receive from activities related to its charitate from gross investment income and organization after June 30, 1975. See	ile, etc, functions – subject unrelated business taxable	ct to certain exceptions, an e income (less section 511	d (2) no more than 33 tax) from businesses	-1/3% of its support
13	An organization that is not controlle requirements of section 509(a)(3).	d by any disqualified pers	ons (other than foundation	managers) and other	wise meets the
	Type I Type II	Type III-Function		Type III-Other	
			out the supported organiz		ns.)
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?	(e) Amount of support
				Yes No	
		-			
	-	_			
					
Tota		<u> </u>	<u> </u>	<u> </u>	0.
	П				
14 BAA	An organization organized and ope	rated to test for public saf	ety. Section 509(a)(4). (Se		orm 990 or 990-EZ) 2006
שאכ				Ochedule A (F	51111 JJO 01 JJO+LZ) 2000

Note:	You may use the worksheet in th	e instructions for con	verting from the accru	ual to the cash metho	d of accounting.	
Calei begii	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,139,265.	1,182,043.	1,228,512.	992,046.	4,541,866.
16	Membership fees received					0.
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.	346,090.	221,061.	202,815.	223,895.	993,861.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	4,397.	4,612.	1,119.	1,234.	11,362.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalt					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE. STMT11		16.	2,847.	7,306.	10,169.
23	Total of lines 15 through 22	1,489,752.	1,407,732.	1,435,293.	1,224,481.	5,557,258.
24	Line 23 minus line 17	1,143,662.	1,186,671.	1,232,478.	1,000,586.	4,563,397.
_25	Enter 1% of line 23	14,898.	14,077.	14,353.	12,245.	
	Organizations described on line			column (e), line 24	2 1 2 2 1 2	91,268.
	b Prepare a list for your records to show th supported organization) whose total gifts return. Enter the total of all these excess	for 2002 through 2005 excee	ded the amount shown in	line 26a. Do not file this li	st with your	16,605.
	c Total support for section 509(a)(d Add: Amounts from column (e) f		11,362. 10,169.	19 26b 16,0	. A	
	e Public support (line 26c minus li	 ne 26d total)				
	Public support percentage (line	26e (numerator) divid				
27	Organizations described on line a For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	i, 16, and 17 that were lived in each year from	n, each 'disqualified	person.' Do not file ti	nis list with your retu	rn. Enter the sum of
	(2005) b For any amount included in line to show the name of, and amous \$5,000. (Include in the list organ After computing the difference be differences (the excess amounts)	17 that was received nt received for each y- izations described in etween the amount re) for each year:	from each person (ole ear, that was more the lines 5 through 11b, ceived and the large	ther than 'disqualified han the larger of (1) t as well as individuals ir amount described in	persons'), prepare a he amount on line 25 .) Do not file this list n (1) or (2), enter the	list for your records for the year or (2) with your return. sum of these
	(2005)	(2004)	(2003) _		_ (2002)	
1	c Add: Amounts from column (e) f	or lines: 15		16		1
	17	20 _	- 4 II 076 1 A 1	21	27c	
	Public support (line 27c total mi	aı	no line 27b total		270	
,	(2005) c Add: Amounts from column (e) f 17 d Add: Line 27a total e Public support (line 27c total min 1 Total support for section 509(a)(2) test: Enter amount	from line 23, column) (e) ► 27f	2/e	
	g Public support percentage (line	27e (numerator) divid	ded by line 27f (deno	minator))		8
	h Investment income percentage	(line 18, column (e) (n	umerator) divided b	y line 27f (denominat	or)) ► 27h	- %
	Unusual Grants: For an organizatist for your records to show, for nature of the grant. Do not file the	ation described in line	10, 11, or 12 that re	ceived any unusual g	rants during 2002 thre	nuch 2005, prepare a

1615	Private School Questionnaire (See instructions.)	N/A		
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29		
		.*		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs,	30		
	and scholarships?	. 50	1-	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during		j.	
	the period of solicitation for students, or during the registration period in this solicitation for students, or during the registration period in this solicitation for students, or during the registration period in this solicitation for students, or during the registration period in this solicitation for students, or during the registration period in this solicitation for students, or during the registration period in this solicitation for students, or during the registration period in this solicitation for students, or during the registration period in this solicitation for students, or during the registration period in this solicitation period in this solicitation period in this solicitation for students, or during the registration period in this solicitation period in the solicitation period in this solicitation period in the solic	. 31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			<u>.</u>
				1.
				it is
32	Does the organization maintain the following:		}	1 -
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32	a	+
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32	b	
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32	d	
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
9:	Deep the experientian discriminate by some in any way with respect to:			
33	B Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33	a	
	b Admissions policies?	33	D	+
	c Employment of faculty or administrative staff?	33	с	
	d Scholarships or other financial assistance?	33	d	-
	e Educational policies?	33	e	
			1	
	f Use of facilities?	33	f	
	g Athletic programs?	33		
	g Attrictic programs:	33	9	+
	h Other extracurricular activities?	33	h	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
	in your answered. Tes to any of the above, please explain. (If you need more space, attach a separate statement.)			
				-
2	4a Does the organization receive any financial aid or assistance from a governmental agency?	34		
3	Ta boos the organization receive any inhancial aid or assistance norm a governmental agency?	··· -34	a	
	b Has the organization's right to such aid ever been revoked or suspended?	34	ь	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
3	5 Does the organization certify that it has complied with the applicable requirements of			
	sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35	,]	

· land	Lobbying Ex (To be complete	penditures by Elect d ONLY by an eligible or	ing Public Chariti ganization that filed F	es (See instructio orm 5768)	ns.)		N/A	
Check		ation belongs to an affilia			ecked 'a' and 'li	mited co	ntrol' prov	isions apply.
		mits on Lobbying E			(a) Affiliated tota	group	To b	(b) e completed all electing
	(The term	'expenditures' means an	nounts paid or incurred	i.)				ganizations
	Total lobbying expenditu				36			
37		ires to influence a legisla		—	37			
38		res (add lines 36 and 37			38		_	
39		expenditures			39			
40		xpenditures (add lines 38			40			
41		nount. Enter the amount						
	If the amount on line 40		bbying nontaxable ar					
		20% (
		,000,000 \$100,00			43			
		\$1,500,000\$175,00			41			
		\$17,000,000\$225,00						
40		\$1,00			42			#-\$25;
42		amount (enter 25% of lin ne 36. Enter -0- if line 42			43			
43		ne 38. Enter -0- if line 41			44			
44		amount on either line 43				- 3274 - 1457 T		
	Caution. Il there is all t				<u>مدَ حَدُقَةً فِي هُذَا فِينَ مِنْ مَا فَا لَا مُسَادًا</u>	مالعالم ويعاف	. <u>0.046. 1.1</u>	شائبة بمخشفه هواج مناسلات وي
	(Some organ	izations that made a sec	veraging Period lation 501 (h) election do the instructions for line	not have to comp	olete all of the fi	ve colum	ns below.	
			Lobbying Expend	litures During 4 - \	ear Averaging I	Period		
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	-	d) 003		(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots non- taxable amount							
49	(150% of line 48(e))							
	Grassroots lobbying expenditures	ali da a ba Alamata ali	Dublic Charle					
[Ear	Lobbying A (For reporting	only by organizations that	ng Public Chantle it did not complete Pa	rt VI-A) (See instri	uctions.)		N/2	Ą
Duri atte	ng the year, did the orga mpt to influence public o	inization attempt to influe pinion on a legislative m	ence national, slate or atter or referendum, the	local legislation, in a local legislation, in a local legislation in a local legislation, in a local legislation in a local legislati	ncluding any	Yes 1	No	Amount
;	a Volunteers	· · · · · · · · · · · · · · · · · · ·					17.	
	b Paid staff or managem							
	c Media advertisements							
•	d Mailings to members, I	egislators, or the public .						
•	e Publications, or publish	ned or broadcast stateme	nts					
	f Grants to other organiz							
	g Direct contact with legi							
	h Rallies, demonstrations							
i	i Total lobbying expendi	· · · · · · · · · · · · · · · · · · ·						
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.							

shadula A	(Form 990 or 990-EZ) 20	ne FTRS	T STEPS.	INC.		62-0674	974	Pa	age 7
En vide	Information Regard Exempt Organization	ing Transi	fers To and	Transactions and	d Relationships With	Nonchari	table		
51 Did the	e reporting organization (directly or inc	directly engage	e in any of the following in section 527, relat	ng with any other organizat ting to political organization	ion describe	ed in secti	on 50	l(c)
a Tranef	ers from the reporting or	nanization to	a noncharital	ble exempt organizati	on of:		[Yes	No_
(ن) (ers from the reporting or seh	gamzanon					51 a (i)		Χ
									Χ
	transactions:								
		ets with a no	ncharitable ex	cempt organization			b (i)		X
									X
									X
(iv)Re	eimbursement arrangeme	ents					b (iv)		X
(v)Lo	oans or loan guarantees.		<i>.</i>				b (v)		Х
(vi)P	erformance of services of	r membershi	p or fundraisir	ng solicitations			_b (vi)		X
c Sharir	on of facilities, equipmen	t mailing lis	ts other asset	s or paid employees.		. 	c		X
d If the the go any tr	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ove is 'Yes,' rvices given angement, sh	complete the f by the reporting now in column	following schedule. Cong organization. If the (d) the value of the g	olumn (b) should always sho organization received less goods, other assets, or serv	ow the fair in than fair ma ices receive	market val arket value ed:	ue of e in	
(a) Line no.	(b) Amount involved			exempt organization	Description of transfers, tra	(d)			its
N/A									
		 							
		ļ		 	 				
					 				
		 			 				
	 	 			 				
	-	<u> </u>			 				
		-							
descr	e organization directly or ibed in section 501(c) of s,' complete the following	the Code (o	filiated with, or ther than sect	related to, one or moion 501(c)(3)) or in se	ore tax-exempt organization 527?)S	. ► □ Y	es X] No
	(a) Name of organization	g dolledule.	Туре	(b) of organization	Descripti	(c) on of relation	onship		
N/A									
							_		
								-	

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FIRST STEPS, INC.

62-0674974

STATEMENT 1 FORM 990, PART I, LINE 8 **NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS: 58,304.

58,304.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$

STATEMENT 2 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
VINO ON THE VERANDA CHAMPIONS FOR CHILDREN DINNER	31,313.	0.	31,313.	10,613.	20,700.
TOTAL 3	1,600. \$ 32,913.	<u>0.</u> \$ 0.	1,600. \$ 32,913.	<u>0.</u> \$ 10,613.	1,600. \$ 22,300.

STATEMENT 3 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS....

TOTAL \$

STATEMENT 4 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C)	(D)
	TOTAL	SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADVERTISING BAD DEBTS DUES FOOD INSURANCE LICENSES MISCELLANEOUS PROFESSIONAL SERVICES	2,017. 2,103. 1,369. 16,208. 10,000. 1,655. 5,864. 50,309.	1,369. 1,371. 32. 16,208. 10,000. 1,435. 2,751. 32,884.	648. 732. 1,337. 220. 3,113. 17,425.	
UTILITIES	TOTAL $\frac{12,313.}{\$ 101,838.}$	12,313. \$ 78,363.	\$ 23,475.	\$ 0.

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STATEMENT 5 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EDUCATION AND TRAINING FOR DEVELOPMENTALLY DISABLED CHILDREN

STATEMENT 6 FORM 990, PART IV, LINE 54A INVESTMENTS - PUBLICLY TRADED SECURITIES

OTHER PUBLICLY TRADED SECURITIES		ATION HOD	AMOUNT		
MUTUAL FUNDS	MARKET	VALUE	\$	49,377.	
		TOTAL	\$	49,377.	

STATE AND MUNICIPAL OBLIGATIONS	VALUATION <u>METHOD</u>	AMOUNT
MUNICIPAL BONDS	MARKET VALUE	50,000.
	TOTAL \$	50,000.

99,377.

PUBLICLY TRADED SECURITIES \$

STATEMENT 7 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	 BASIS	 ACCUM. DEPREC.	 BOOK VALUE
MACHINERY AND EQUIPMENT IMPROVEMENTS	\$ 78,077. 106,054.	\$ 45,341. 59,484.	\$ 32,736. 46,570.
TOTAL	\$ 184,131.	\$ 104,825.	\$ 79,306.

STATEMENT 8 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS

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	FIRST STEPS, INC.	62-0674974
STATEMENT 9 FORM 990, PART IV-I OTHER AMOUNTS SPECIAL EVENT EXE	B, LINE B(4) PENSE-NET WITH REVENUESTOTAL	L \$ 10,613. \$ 10,613.

STATEMENT 10 FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DANIELLE GILBERT	BOARD MEMBER \$	0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
JON SUNDOCK	FOUNDATION REPR	0.	0.	0.
BRENTWOOD, TN	1			
DEBBIE DAY	BRD ENHANCMT CH	0.	0.	0.
FRANKLIN, TN	1			
BEVERLY HEDRICK	MKT & DVLPMT CH	0.	0.	0.
NASHVILLE, TN	1			
WILL MORROW	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
MARLA WILLIAMS	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	•			
SUSAN BROWNIE	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
LINDSAY WRIGHT	PLACEMT CRDNTR	0.	0.	0.
NASHVILLE, TN	1			
AMY DUNLAP	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
ROBERT H. LAIRD, JR.	PRESIDENT-ELECT	0.	0.	0.
NASHVILLE, TN	1			

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FIRST STEPS, INC.

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STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MANDY CAWOOD	HUMAN RIGHTS CH \$			\$ 0.
NASHVILLE, TN	-			
DEE DOOCHIN	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	ī			
BOB MARTINEAU	PRESIDENT 1	0.	0.	0.
NASHVILLE, TN	•			
JONATHAN HARRIS	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	•			
BARBARA CRAWFORD, PH.D.	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	•			
BLAIR MCEVOY	SECRETARY 1	0.	0.	0.
NASHVILLE, TN	<u>*</u>			
BARBARA DADE	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
HEATHER HIGGINS	EXECUTIVE DIREC 38	51,608.	1,876.	0.
NASHVILLE, TN	30			
DIANA PARKER	DIRECTOR OF FIN	48,377.	1,798.	0.
BRENTWOOD, TN	50			
LARA DUNCAN	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
CHRISTINE GEBHARDT, PH.D.	PROG TSK FRC CH	0.	0.	0.
NASHVILLE, TN	1			:
BEVERLY GRANT	MKT & DVLMT MGR 38	39,893.	4,292.	0.
NASHVILLE, TN 37204	36			

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STATEMENT 10 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DARLENE HARRIS	HUMAN RESOURCE	\$ 0.	\$ 0.	\$ 0.
MURFREESBORO, TN	1			
MONICA MACKIE	TREASURER	0.	0.	0.
FRANKLIN, TN	1			
ROBIN MCWILLIAM, PH.D.	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
SHANA WITHEROW	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	I			
	TOTAL	\$ 139,878.	\$ 7,966.	\$ 0.

STATEMENT 11 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		_(A)	2005	<u>(B)</u>	2004	<u>(C</u>	2003	_(D	2002	(I	E) TOTAL
OTHER INCOME	TOTAL	\$ \$	<u>0.</u> 0.	\$ \$	16. 16.	\$ \$	2,847. 2,847.	\$ \$	7,306. 7,306.	\$ \$	10,169. 10,169.

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FORM 990, PART II, LINE 42 DEPRECIATION EXPENSE

PROPERTY AND EQUIPMENT ARE RECORDED AT COST OR, IF DONATED, AT THE ESTIMATED FAIR MARKET VALUE AS OF THE DATE OF DONATION. DEPRECIATION IS PROVIDED USING THE STRAIGHT-LINE BASIS OVER THE ESTIMATED USEFUL LIVES OF THE RESPECTIVE ASSETS, WHICH RANGE FROM TEN YEARS FOR BUILDING IMPROVEMENTS AND FURNITURE AND EQUIPMENT TO FIVE YEARS FOR VEHICLES. EXPENDITURES FOR REPAIRS AND MAINTENANCE ARE CHARGED TO EXPENSE AS INCURRED.