

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2007

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service (77)

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

**A** For the 2007 calendar year, or tax year beginning , 2007, and ending , 20

**B** Check if applicable:  
Address change  
Name change  
Initial return  
Final return  
Amended return  
Application pending

**C** Name of organization  
Please use IRS label or print or type. See Specific Instructions  
APHESIS HOUSE, INC.  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1124 FOURTH AVENUE SOUTH  
City or town, state or country, and ZIP + 4  
NASHVILLE, TN 37210

**D** Employer identification number  
27-0041227

**E** Telephone number  
(615) 742-3463

**F** Accounting Method: ☒ Cash ☐ Accrual  
Other (specify) ▶

**G** Website: ▶ www.aphesishouse.org

**H** and **I** are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? Yes ☐ No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes ☐ No

**I** Group Exemption Number ▶

**J** Organization type (check only one) ▶ ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527

**K** Check here ▶ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶

**M** Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances

<b>1</b>	Contributions, gifts, grants, and similar amounts received:		
<b>a</b>	Contributions to donor advised funds	<b>1a</b>	20,350.
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>	
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	59,351.
<b>e</b>	Total (add lines 1a through 1d) (cash \$ noncash \$ )	<b>1e</b>	79,701.
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	61,059.
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>	
<b>6a</b>	Gross rents	<b>6a</b>	
<b>b</b>	Less: rental expenses	<b>6b</b>	
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	
<b>7</b>	Other investment income (describe ▶ )	<b>7</b>	
<b>8a</b>	Gross amount from sales of assets other than inventory (A) Securities (B) Other	<b>8a</b>	
<b>b</b>	Less: cost or other basis and sales expenses	<b>8b</b>	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here ▶		
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>	
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>	
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	
<b>b</b>	Less: cost of goods sold	<b>10b</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>	
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	140,760.
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	89,668.
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	62,324.
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>	
<b>17</b>	Total expenses. Add lines 16 and 44, column (A)	<b>17</b>	151,992.
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	-11,232.
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	407.
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	-10,825.

**Part IV Balance Sheets**

Note: Where required, attached schedule and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
45	Cash-non-interest-bearing	5,756.	864.
46	Savings and temporary cash investments		
47a	Accounts receivable		
b	Less allowance for doubtful accounts		
48a	Pledges receivable		
b	Less allowance for doubtful accounts		
49	Grants receivable		
50a	Receivables from current and former officers, directors, trustees, and key 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)		
51a	Other notes and loans receivable (attach schedule)		
b	Less allowance for doubtful accounts		
52	Inventories for sale or use		
53	Prepaid expenses and deferred charges		
54a	Investments-publicly-traded securities	Cost FMV	
b	Investments-other securities (attach schedule)	Cost FMV	
55a	Investments-land, buildings, and equipment: basis	9,802.	
b	Less accumulated depreciation (attach schedule)	2,438.	
56	Investments-other (attach schedule)		
57a	Land, buildings, and equipment: basis		
b	Less accumulated depreciation (attach schedule)		
58	Other assets, including program-related investments (describe )		
59	Total assets (must equal line 74). Add lines 45 through 58	14,236.	8,228.
60	Accounts payable and accrued expenses		
61	Grants payable		
62	Deferred revenue		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		
64a	Tax-exempt bond liabilities (attach schedule)		
b	Mortgage and other notes payable (attach schedule)		
65	Other liabilities (describe CREDIT CARD PAYABLE)	13,829.	19,053.
66	Total liabilities. Add lines 60 through 65	13,829.	19,053.
Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	407.	-10,825.
68	Temporarily restricted		
69	Permanently restricted		
Organizations that do not follow SFAS 117, check here and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds		
71	Paid-in or capital surplus, or land, building, and equipment fund		
72	Retained earnings, endowment, accumulated income, or other funds		
73	Total net assets of fund balances. Add lines 67 through 69 or lines 70 through 72. Column (A) must equal line 19 and column (B) must equal line 21	407.	-10,825.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	14,236.	8,228.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>
<b>b</b>	Amounts included on line a but not on Part I, line 12:	
1	Net unrealized gains on investments	<b>b1</b>
2	Donated services and use of facilities	<b>b2</b>
3	Recoveries of prior year grants	<b>b3</b>
4	Other (specify):	<b>b4</b>
	Add lines b1 through b4	<b>b</b>
<b>c</b>	Subtract line b from line a	<b>c</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line a:	
1	Investment expenses not included on Part I, line 6b	<b>d1</b>
2	Other (specify):	<b>d2</b>
	Add lines d1 through d2	<b>d</b>
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d	<b>e</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>
<b>b</b>	Amounts included on line a but not on Part I, line 17:	
1	Donated services and use of facilities	<b>b1</b>
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>
3	Losses reported on Part I, line 20	<b>b3</b>
4	Other (specify):	<b>b4</b>
	Add lines b1 through b4	<b>b</b>
<b>c</b>	Subtract line b from line a	<b>c</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line a:	
1	Investment expenses not included on Part I, line 6b	<b>d1</b>
2	Other (specify):	<b>d2</b>
	Add lines d1 through d2	<b>d</b>
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d	<b>e</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.)

(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 & deferred compensation plans	(E) Expense account and other allowances
JAMES SETTLES				
727 FALCON DR., MADISON, TN	EXEC DIR	50	30,000.	0. 0.
JIM BOYD				
1200 DIVISION ST NASHVILLE, TN	SEC/ADMIN		0.	0. 0.
BRYAN ANSLEY				
155 FRANKLIN RD, FRANKLIN, TN	CHM OF BD		0.	0. 0.
LUCAS JOHNSON				
104 POPLAR ST, NASHVILLE, TN	PUBLIC REL		0.	0. 0.
RICHARD SIMON				
521 ALLENTOWN RD 37138	ADVISOR		0.	0. 0.
JEFF SWEENEY				
515 BRENTVIEW HILL DR 37220	CHM ADV BD		0.	0. 0.
			0.	0. 0.
			0.	0. 0.
			0.	0. 0.
			0.	0. 0.

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (continued)

**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 6

**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) **75b** ☐ ☒

**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." **75c** ☐ ☒  
If "Yes," attach a statement that includes the information described in the instructions.

**d** Does the organization have a written conflict of interest policy? **75d** ☐ ☒

**Part V-B** Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
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**Part VI** Other Information

	Yes	No
<b>76</b> Did the organization make a change in its activities or method of conducting activities? If "Yes," attach a detailed description statement of each change <span style="float: right;"><b>76</b></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? <span style="float: right;"><b>77</b></span> If "Yes," attach a conformed copy of the changes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? <span style="float: right;"><b>78a</b></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;"><b>78b</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement <span style="float: right;"><b>79</b></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? <span style="float: right;"><b>80a</b></span> If "Yes," enter the name of the organization ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) <span style="float: right;"><b>81a</b></span>		
<b>b</b> Did the organization file Form 1120-POL for this year? <span style="float: right;"><b>81b</b></span>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Other Information**

Yes No

82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
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 II. (See instructions in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84a	Did the organization solicit any contributions of gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	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 waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or any entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part IX	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911    section 4912    section 4955			
b	501(c)(3) and 501(c)(4) orgs. 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	89b		X
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		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
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?	89g		
90a	List the states with which copy of this return is filed			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b		
91a	The books are in care of    JAMES SETTLES Located at    1124 FOURTH AVENUE SO., NASHVILLE, TN	Telephone no.    (615) 742-346 ZIP + 4    37210		
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)? If "Yes," enter the name of the foreign country	91b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				

**Part VI Other Information (continued)**

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c 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 ▶  
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a RESIDENT FEES					61,059.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					61,059.
105 Total (add line 104, columns (B), (D), and (E)) ▶					61,059.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

- Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes.)

93a PROVIDED TEMPORARY SHELTER FOR INDIVIDUALS RELEASED FROM PRISON

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No  
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No

Note: If "Yes" to (b), file Form 8870 and Form 4720.

# Other Functional Expenses Statement (Form 990, Part II)

2007

Organization Name

APHESIS HOUSE, INC.

EIN

27-0041227

Functional Expense Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
AUTO, VAN & BUS FARE EXP	18,808.		18,808.	
CONTRACT SERVICES	31,040.	15,520.	15,520.	
BANK CHARGES	26.		26.	
FOOD	709.	709.		
DONATIONS TO CHARITIES	2,300.	2,300.		
MISCELLANEOUS	387.		387.	
ENTERTAINMENT	1,734.	1,734.		
DRUG TESTS	663.	663.		
REFUNDS	2,229.	2,229.		
DUES	70.	70.		
OFFICE SUPPLIES	1,088.		1,088.	

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ X
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-month Extension of Time— Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension— check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	APHESIS HOUSE, INC.	27-0041227
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions	
	1124 FOURTH AVENUE SOUTH	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions	
	NASHVILLE, TN 37210	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► JAMES SETTLES

Telephone No ► 615) 742-3463

Fax No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a section 501(c) corporations required to file Form 990-T) extension of time until **AUGUST 15** 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 2007 or
- tax year beginning , 20 , and ending , 20
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$
- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2007)



• If you are filing for an Additional (not automatic) 3-month Extension, complete only Part II and check this box ☐ **Additional (not automatic) 3-month Extension.**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-month Extension, complete only Part I (on page 1).

## Part II Additional (not automatic) 3-month Extension of Time. You must file original and one copy.

Type or  
print

File by the  
extended  
due date for  
filing the  
return. See  
instructions

Name of Exempt Organization

Employer identification number

Number, street, and room or suite no. If a P.O. box, see instructions

For IRS use only

City, town, or post office, state, and ZIP code. For a foreign address, see instructions

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of ☐

Telephone No. ☐

Fax No. ☐

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until , 20

5 For calendar year , or other tax year beginning , 20 , and ending , 20

6 If this tax is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  8a \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868  8b \$

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  8c \$

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title ☐

Date ☐

### Notice to Applicant—To Be Completed by the IRS

☐ We have approved this application. Please attach this form to the organization's return.

☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other

Director

By:

Date

**Alternate Mailing Address**—Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or  
print

Name

Number and street (include suite, room, or apt. no.) or a P.O. box number

City or town, province or state, and country (including postal or ZIP code)

2007

**Statement to be Attached to Business Tax Return**

Name

APHESIS HOUSE, INC.

EIN

27-0041227

**Form/Schedule:** FORM 990, PAGE 3, PART III

**Line:** WHAT IS PRIMARY PURPOSE

**Explanation**

---

TO PROVIDE TRANSITIONAL LIVING HOMES FOR INDIVIDUALS BEING RELEASED FROM INCARCERATION. FURTHERMORE TO PROMOTE SELF-ESTEEM, SELF CONFIDENCE AND ADVANCED TRAINING TO EMPOWER EACH PARTICIPANT TO CHANGE THEIR BEHAVIOR AND HABITS AND ENABLE THE INDIVIDUAL TO RE-ENTER SOCIETY AS A PRODUCTIVE LAW-ABIDING CITIZEN.

2007

**Statement to be Attached to Business Tax Return**

Name

APHESIS HOUSE, INC.

EIN

27-0041227

Form/Schedule: 990 SCHEDULE A, PART III

Line: LINE2d

**Explanation**

---

JAMES SETTLES, EXECUTIVE DIRECTOR WAS PAID FOR MANAGEMENT SERVICES  
\$30000.00.

2007

**Statement to be Attached to Business Tax Return**

Name

APHESIS HOUSE, INC.

EIN

27-0041227

Form/Schedule: 990 SCHEDULE A, PART IV-A

Line: 22

**Explanation**

REVENUE FROM PROGRAM SERVICE FEES.

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.)**

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

OMB No 1545-0047

**2007**

Name of the organization  
APHESIS HOUSE, INC

Employer identification number

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part II-B 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 page 2 of the 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 . . . . . ▶

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 ✓

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . .

2a ✓

b Lending of money or other extension of credit? . . . . .

2b ✓

c Furnishing of goods, services, or facilities? . . . . .

2c ✓

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

2d ✓

e Transfer of any part of its income or assets? . . . . .

2e ✓

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .

3a ✓

b Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b ✓

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 . . . . .

3c ✓

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d ✓

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .

4a ✓

b Did the organization make any taxable distributions under section 4966? . . . . .

4b ✓

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c ✓

d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ \_\_\_\_\_

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ \_\_\_\_\_

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ \_\_\_\_\_

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ \_\_\_\_\_

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable 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). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► .....
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I      ☐ Type II      ☐ Type III-Functionally Integrated      ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(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	
Total .....					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	80831	22230	9800		112861
16 Membership fees received					
17 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					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	42632	30588	0		73220
23 Total of lines 15 through 22	123463	52818	9800		186081
24 Line 23 minus line 17	123463	52818	9800		186081
25 Enter 1% of line 23	1235	528	528		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	3722
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26b	4831
c Total support for section 509(a)(1) test: Enter line 24, column (e)				26c	186081
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 <u>73220</u> 26b <u>4831</u>				26d	78051
e Public support (line 26c minus line 26d total)				26e	108030
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	58 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c	
d Add: Line 27a total _____ and line 27b total _____				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)				27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					



**Part V Private School Questionnaire** (See page 9 of the instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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, and scholarships? . . . . .	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .	33a	
b Admissions policies? . . . . .	33b	
c Employment of faculty or administrative staff? . . . . .	33c	
d Scholarships or other financial assistance? . . . . .	33d	
e Educational policies? . . . . .	33e	
f Use of facilities? . . . . .	33f	
g Athletic programs? . . . . .	33g	
h Other extracurricular activities? . . . . .	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
34a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 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	

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? \_\_\_\_\_

- |     |    |
|-----|----|
| Yes | No |
|-----|----|

51a(i)		
--------	--	--

a(ii)		
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- |      |  |  |
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| b(i) |  |  |
|------|--|--|

b(ii)		
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b(iii)		
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b(iv)		
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$b(v)$		
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b(vi)		
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C		
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- ir market value of the

[illegible]

- ☐ Yes    ☐ No

[illegible]