Department of the Treasury Internal Revenue Service

Short Form

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)

For organizations with gross receipts less than \$100,000 and total assets less

than \$250,000 at the end of the year.

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

2004

OMB No. 1545-1150

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning , 2004, and ending , 20						
B Check if applicable: Please C Name of organization D Employer i	identification number					
Address change use IR8 label or Tennessee Alliance For Progress 03:047						
Name change print or Number and street (or D.O. hour Marriella and the street of the s						
type D D Pov 60220						
Final return	26-8070					
Amended return Matrue- City or town, state or country, and ZIP + 4	emption					
Application pending tions. Nashville, TN 37206-0338 Number .	▶					
 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method 	: Z Cash Accrual					
a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶						
H Check ► ☑ if th	o organization					
Website: ► www.TennesseeAllianceforProgress.org H Check ► ☑ if the is not required to a						
	990, 990-EZ, or 990-PF).					
K Check ▶☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a	rn with the IRS; but if the					
Add lines Els Els and The A. P. O. A.						
Part I Revenue, Expenses, and Changes in Net Assets or Fund Ralances (See page 37 of the						
get in the balances (see page of of the	instructions.)					
1 Contributions, gifts, grants, and similar amounts received	32407					
Program service revenue including government fees and contracts						
3 Membership dues and assessments	4105					
4 Investment income						
b Less: cost or other basis and sales expenses						
c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	· ·					
6 Special events and activities (attach schedule). If any amount is from gamine, about here.						
2 - Paris article and addition schooling, it any amount is from gaming, check here						
a Gross revenue (not including \$ of contributions						
Topolog of mid 1/						
b Less: direct expenses other than fundraising expenses	000					
c Net income or (loss) from special events and activities (line 6a less line 6b)	3					
7a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	0					
8 Other revenue (describe ► \ \ g						
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	36512					
10 Grants and similar amounts paid (attach schedule)						
11 Benefits paid to or for members						
12 Salaries, other compensation, and employee benefits						
13 Professional fees and other payments to independent contractors						
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 14						
AB BULL II II I FARA AFF - TO II II I						
1/ Total avpances (add lines 10 thursus 10)						
18 Excess or (deficit) for the year (line 9 less line 17)						
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	7.77					
end-of-year figure reported on prior year's return)	2644					
20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18 through 20))					
The Delichood at and of year (combine lines to (mough 20).	9227					
en all control of the	d of Form 990-EZ.					
(See page 40 of the instructions.) (A) Beginning of year	(B) End of year					
22 Cash, savings, and investments	22 9227					
23 Land and buildings	23 0					
24 Other assets (describe ▶	24 2 0					
25 Total assets						
78 T-1-11-11-1-11-1						
78 T-1-11-11-1-11-1	26 0					

Part III	Statement of Program Service Accomp	olishments (See page 41	of the instruction	ns.)		Expenses	\$	_
What is the organization's primary exempt purpose? Educational (Required and 4) or						uired for 50		
Describe wh	at was achieved in carrying out the organiza	ition's exempt purposes. In	a clear and conci-	se manner,	and	4947(a)(1)	trusts;	
	services provided, the number of persons ber				optio	nal for othe	ers.)	_
	e public on state issues; distribute newsl	etter to 500 people, publis	h op-eds in majo	r papers,				
distribu	ute information via email						200.	-
11.1.1.0		(G	rants \$	1500)	28a		2087	_
	ompass II conference in March 2004 that I	prought together activists	from around the	state-				
125 pe	ople attended			4000			1098	A
- Mot wit	h organizations around the state in Knox		irants \$	1800)	29a		1030	_
	ng process. Met with 100 people.	ville, memphis & elsewner	e as part of strat	egy				
plannin	ig process. Met with the people.		vente f	6535)	200		1147	Δ
31 Other pr	ogram services (attach schedule)		irants \$ irants \$	0333)	30a 31a		1147	_
	ogram service expenses (add lines 28a th				32		2454	5
Part IV	List of Officers, Directors, Trustees, and Key			d. See page 4		e instruction		_
		(B) Title and average	(C) Compensation	(D) Contribution	ns to	(E) Exp	oense	
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans & nsation	accoun other allo		
Bernella L	evin	0	A 40001		21/4		N1/	_
1611 Forre	est Ave, Nashville, TN 37206	Organizer, 20hrs/week	\$1300/mo		N/A		N/A	A
Cliff Cock		Chair, 5hrs/week	0		N/A		N/	٨
	lve., North, Nashviile, TN 37212	Ollali, Jilisiweek	U		MA		14/	_
Eugene Te		Sec/Treasurer, 5hrs/wk	0		N/A		N.	A
	en, Nashville, TN 37212					154		1
Part V	Other Information (Note the attachm						es No	_
	organization engage in any activity not previously							_
	ny changes made to the organizing or governing docum						V	in.
35 If the	organization had income from business activi	ties, such as those reported	on lines 2, 6, and	d 7 (among d	others)	, but		
a Didthe	ported on Form 990-T, attach a statement ex	plaining your reason for not	reporting the inco	me on Form	990-1			1 1804
h If "Vos	organization have unrelated business gross incon s," has it filed a tax return on Form 990-T f	ne of \$1,000 or more or 6033(e)	notice, reporting, an	d proxy tax re	quirem	ents?		7
	here a liquidation, dissolution, termination, or			" ottock a a	tatom.	· · ·		_
	amount of political expenditures, direct or in			37a	laterin	N/A		S (4)
	ne organization file Form 1120-POL for this		matructiona.				✓	1
	ne organization borrow from, or make any k		or trustee or kev	employee o	r were	a anv		
such	loans made in a prior year and still unpaid a	at the start of the period co	overed by this retu	ırn?		L		_
b If "Yes	s," attach the schedule specified in the line 38	instructions and enter the an	nount involved.	38b				
	(7) organizations. Enter: a Initiation fees and		ided on line 9	39a				
	receipts, included on line 9, for public use			39b				
40a 501(c)	(3) organizations. Enter: Amount of tax imposed of	on the organization during the	year under:					
Section	n 4911 ▶; section 4	912	; section 4955	>		0		2.5
b 501(c)	(3) and (4) organizations. Did the organization	on engage in any section 49	358 excess benefit	transaction	durin	g the	- √	/
o Amour	or did it become aware of an excess benefit	transaction from a prior ye	ar? If "Yes," attac	h an explan	ation.	٠. ـ		
d Enter	nt of tax imposed on organization managers or dis : Amount of tax on line 40c, above, reimbur	qualified persons during the ye		, and 4958 -				
	e states with which a copy of this return is file		• • • • •		· ———			
	ooks are in care of ► LeAnn Wood		Tolon	hono no	(615	5) 370-52	49	
Locat	ed at P.O. Box 60338, Nashville, TN			ZIP + 4	,	06-0338		
43 Section	on 4947(a)(1) nonexempt charitable trusts fil	ing Form 990-F7 in lieu of	Form 1041-Cho	ck hore				
and e	nter the amount of tax-exempt interest rece	gived or accrued during the	tax year	▶ 43				
	Under penalties of perjury, I declare that I have examined belief, it is true, correct, and complete. Declare	ined this return, including accomp	panying schedules and	statements, ar	d to the	a best of my	knowled	dge
Please		COUNTY OF PRESENT COURSE WHEN CONCERN	n) is based on all inton	TIBLIDIT OF WINCE	i prepai	r nas any	Knowled	ge.
Sign	Signature of officer	W.C.		3/2	0/	05		
Here	Signature of officer	e Secreta		Date /				
	Type or print name and title.	e screja	my- I ve	rsure				
		Date	Check if			L no Pitton (P		
Paid	Preparer's Jeann Woud		solf-			N or PTM (See 4-92-6155		4V)
Preparer's	Firm's name (or yours LeAnn Wood	10-1		EIN >	-71	7-02-0100		
Use Only	IT Self-employed)	ine, Brentwood, TN 37027		Phone no.	615	370-5249	,	
				/		Form 990-		004)
							- 1-0	/

SCHEDULE A (Form 990 or 990-EZ)

RECEIVED MAY 1 9 2009 Organization Exempt Under Section 501(c)(3)

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

 ${\bf Supplementary\ Information-(See\ separate\ instructions.)}$

2004

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.

Tennessee Alliance for		220		
Part Compensation of the Five High	est Paid Employees Other	Than Officers,	Directors, and	Trustees
(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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 Part II Compensation of the Five High	est Paid Independent Con	itractors for Pro	ofessional Serv	ices
(Wheth	individuals of firms). If there a	are none, enter Nor	ne.")	T
None				(c) companionation
	Interest that a state of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation			
		_		
Total number of others receiving over \$50,000 for professional services ▶	Ø			

Private School Questionnaire (See 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?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
	boes the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		SHE LAMBOON AND ADDRESS.
	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 c		
	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.)			
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?			
	e Educational policies?	33e		
	f Use of facilities?	33 f		-
	g Athletic programs?	33 g		
	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.)			
		-		
	a Does the organization receive any financial aid or assistance from a governmental agency?			
	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.	341		
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		
BΔ	^	1 22		

d Mailings to members, legislators, or the public....
e Publications, or published or broadcast statements....

i Total lobbying expenditures (add lines c through h.).....

f Grants to other organizations for lobbying purposes.....

g Direct contact with legislators, their staffs, government officials, or a legislative body.h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2004 Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization (directly or inc	directly engage in any of the following	ng with any other organization described in ing to political organizations?	n section	501 n	(c)
a Transf	ers from the reporting or	ganization to	a noncharitable exempt organization	ng to political organizations?		'es	No
					1 a (i)	-	X
					a (ii)	\neg	Ŷ
	transactions:						
(i)Sa	ales or exchanges of ass	ets with a no	ncharitable exempt organization		b (i)		Y
					b (ii)		Ŷ
					b (iii)		Y
					b (iv)	-	Ŷ
					b (v)		♦
(vi)Pe	erformance of services of	r membershii	n or fundraising solicitations		b (vi)		\rightarrow
					C C		Ŷ
d If the	answer to any of the abo	ove is 'Yes.'	complete the following schedule. Col	umn (b) should always show the fair mark	ket value	e of	
the go	ods, other assets, or ser ansaction or sharing arra	rvices given l	by the reporting organization. If the	lumn (b) should always show the fair mark organization received less than fair marke oods, other assets, or services received:	et value i	in	NIA
(a)	(b)			(d)		•	4/11
Line no.	Amount involved	Name of r	(c) noncharitable exempt organization	Description of transfers, transactions, and shar	ring arrang	emen	ts
				·			
			·			·	
		-				1	
		-					
		-					
		-					
		-					
		ļ					
					•		
52a Is the descr	e organization directly or ribed in section 501(c) of	indirectly aff the Code (o	iliated with, or related to, one or mo ther than section 501(c)(3)) or in sec	re tax-exempt organizations ction 527?	Yes	· 🔀	No
D IT Ye	s,' complete the following	g schedule:	NIH	Ţ			
	(a) Name of organization		(b) Type of organization	(c) Description of relationsh	hin		
			Type of organization	Description of relations			
				<u> </u>			
				<u> </u>			
BAA				Schedule A (Form 9	990 or 99	90-E	Z) 2004