Form **990**

Department of the Treasury

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)

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

Inspection

2004 Open to Public

OMB No. 1545-0047

A F	or the	e 2004 calendar year, or tax year beginning July 1	2004, ar	nd ending June	30	, 20 05
		pplicable: Please C Name of organization				r identification number
_		use IRS ONE (ORGANIZED NEIGHBORS OF EDGEHIL	L) INC		62 15	40325
_		change label or		ess) Room/suite	E Telephor	ne number
	ame ch	type. 1001 EDGEHILL AVENUE		,	•	256-4617
_	itial retu	Specific C:ty as town state or country and 7ID 4				
∐ Fi	nal retu	um City or town, state or country, and ZIP + 4 NASHVILLE TN 37203-4915		1	_	method:
☐ A	mended	d return		l Harri I a san		er (specify) ►
☐ A _I	oplicatio	on pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt trusts must attach a completed Schedule A (Form 990 or 990)	charitable)-EZ).	H(a) Is this a g	r <i>appiicable i</i> group return	to section 527 organizations. for affiliates? Yes No
G V	/ebsite:		·	H(b) If "Yes,"	enter numbe	r of affiliates ►
J C	rganiza	ation type (check only one) \blacktriangleright \square 501(c) (3) \blacktriangleleft (insert no.) \square 4947(a)(1) of	or 🗌 527	H(c) Are all aff (If "No," a		led? Yes No See instructions.)
		here \blacktriangleright if the organization's gross receipts are normally not more than \$2 tion need not file a return with the IRS; but if the organization received a Form 95			eparate return on covered by	filed by an a group ruling? Yes No
		ail, it should file a return without financial data. Some states require a complete			cemption Nu	mber ►
				M Check I	▶ ☐ if th	ne organization is not required
L C	Pross r	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 196,320)	to attach	n Sch. B (Fo	orm 990, 990-EZ, or 990-PF).
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fu	ind Bal	ances (See pa	age 18 o	f the instructions.)
	1	Contributions, gifts, grants, and similar amounts received:				
		Direct public support	1a	26,2	48	
			1b	113,9		
		Indirect public support				
	С	Government contributions (grants)	1c	55,0		105 220
		Total (add lines 1a through 1c) (cash \$194,830 noncash				195,220
	2	Program service revenue including government fees and contract	s (from F	Part VII, line 93)		
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			. 4	84
	5	Dividends and interest from securities			5	
		Gross rents	6a			
		Less: rental expenses	6b			
					6c	
		Other investment income (describe		• • • • • •	7	
Revenue		(A) Securities		(B) Other	' - - ' - 	
ve	ва	Gross amount from sales of assets other	8a	1-7		
æ		than inventory				
	b	Less: cost or other basis and sales expenses	8b			
	С	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			. 8d	
	9	Special events and activities (attach schedule). If any amount is from g	aming, c	heck here 🕨 🗌]	
	а	Gross revenue (not including \$ of			1.	
		contributions reported on line 1a)	9a	1,0	016	
	ь	Less: direct expenses other than fundraising expenses .	9b		105	
	1	Net income or (loss) from special events (subtract line 9b from	n line Qa		9c	611
	10a	Gross sales of inventory, less returns and allowances	10a	4		
		•	10b			
	b	Less: cost of goods sold		21 (1: 40.)	10c	
		Gross profit or (loss) from sales of inventory (attach schedule) (subtra				
	11	Other revenue (from Part VII, line 103)	٠.		. 11	405.045
	 	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1				195,915
S	13	Program services (from line 44, column (B))				111,191
ıse	14	Management and general (from line 44, column (C))				2,871
Expenses	15	Fundraising (from line 44, column (D))				3,471
ű	16	Payments to affiliates (attach schedule)			. 16	
	17	Total expenses (add lines 16 and 44, column (A))		<u> </u>	. 17	117,533
şts	18	Excess or (deficit) for the year (subtract line 17 from line 12)			. 18	78,382
(556	19	Net assets or fund balances at beginning of year (from line 7				225,161
Net Assets	20	Other changes in net assets or fund balances (attach explan				• • • • • • • • • • • • • • • • • • • •
ž	21	Net assets or fund balances at end of year (combine lines 18, 19				303,543

Page 2 Form 990 (2004) All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations Part II Statement of and section 4947(a)(1) nonexempt chantable trusts but optional for others. (See page 22 of the instructions.) **Functional Expenses** Do not include amounts reported on line (C) Management (B) Program (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I. 22 Grants and allocations (attach schedule) . 44400 noncash \$ _ 44400 44400 22 (cash \$ _ 23 23 Specific assistance to individuals (attach schedule) 24 24 Benefits paid to or for members (attach schedule). 25 25 Compensation of officers, directors, etc. . . 46918 46918 26 26 Other salaries and wages 27 Pension plan contributions 27 1109 1109 28 28 Other employee benefits . . . 3589 3589 29 29 Payroll taxes 30 30 Professional fundraising fees . . 1665 1665 31 31 Accounting fees 32 32 Legal fees 947 71 1018 33 33 Supplies 2828 2545 283 34 34 Telephone . 148 133 15 35 35 Postage and shipping 36 36 Occupancy 37 160 144 37 Equipment rental and maintenance . . . 38 1408 1267 141 38 Printing and publications 39 39 3788 3788 40 40 Conferences, conventions, and meetings 41 41 51 48 3 42 42 Depreciation, depletion, etc. (attach schedule) 187 187 43a 43 Other expenses not covered above (itemize): a Insura 6706 3385 Contracted Services 43b 3321 b 1067 1067 Write off 1/15 forgivable mortgage 43c C Dues, Fees, & Miscellaneous 1110 470 490 150 43d d Up keep on house for sale 1381 1381 43e Total functional expenses (add lines 22 through 43). Organizations 3471 117533 111191 2871 completing columns (B)-(D), carry these totals to lines 13-15. Joint Costs. Check ► ☐ if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . 🕨 🗌 Yes 🔟 No If "Yes," enter (i) the aggregate amount of these joint costs \$____ __; (ii) the amount allocated to Program services \$__ (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III. Statement of Program Service Accomplishments (See page 25 of the instructions.) What is the organization's primary exempt purpose? Neighborhood revitalization, Leadership develop. Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) others.) Scholarships: Solicitated contributions for scholarships & advertized in the neighborhood that scholarships were available. Interviewed applicants. Granted scholarships to 24 neighborhood (Grants and allocations \$ 44,625 44,400) Housing: Worked on renovation of a home for sale to a low-incme buyer. 2,494 (Grants and allocations Neighborhood Organizing: See attached (Grants and allocations 64,072 (Grants and allocations \$ Other program services (attach schedule) (Grants and allocations

Total of Program Service Expenses (should equal line 44, column (B), Program services)

111,191

Part IV Balance Sheets (See page 25 of the instructions.)

N	ote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	6,582	45	62,017	
	46	Savings and temporary cash investments .		116,722	46	62,608
	47a	Accounts receivable	47a 1,337 47b	233	47c	1,137
	b	Less: allowance for doubtful accounts .	470	200	770	1,107
	1	Pledges receivable	48a 48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truste (attach schedule)			50	
′^	51a	Other notes and loans receivable (attach	15401			
Assets	١.	schedule)	51a 51b	9,598	51c	8,531
Ass	1	Less: allowance for doubtful accounts .		92,163	10.0	171,116
	52 53	Inventories for sale or use		02,:00	53	
	54	Prepaid expenses and deferred charges . Investments—securities (attach schedule) .			54	
		Investments—land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach	55b		55c	
	F.C.	schedule)	330		56	
	56	Investments—other (attach schedule) Land, buildings, and equipment: basis .	57a 11,390			
	1	Less: accumulated depreciation (attach		1		
	"	schedule)	57b 11,390	51	57c	-0-
	58	Other assets (describe >)		58	
	59	Total assets (add lines 45 through 58) (mus	st equal line 74)	225,349	59	305,409
_	60	Accounts payable and accrued expenses .		188	+	1,866
	61	Grants payable			61	
	62	Deferred revenue			62	
-iabilities	63	Loans from officers, directors, trustees, an schedule)	d key employees (attach		63	
abi	64a	Tax-exempt bond liabilities (attach schedule			64a	
=	1	Mortgages and other notes payable (attach			64b	
	65	Other liabilities (describe)		65	
	66	Total liabilities (add lines 60 through 65) .		188	66	1,866
	Org	panizations that follow SFAS 117, check here	▶ ☐ and complete lines			
es		67 through 69 and lines 73 and 74.		1,229	67	45.656
anc	67	Unrestricted		214,334		249,356
3ali	68	Temporarily restricted		9,598		8,531
Fund Balances	Org	ganizations that do not follow SFAS 117, chec				<u> </u>
, T	70	complete lines 70 through 74. Capital stock, trust principal, or current fun	de		70	
ts c	71	Paid-in or capital surplus, or land, building,			71	
0.00	72	Retained earnings, endowment, accumulate	, ,		72	
Net Assets	73	Total net assets or fund balances (add lir 70 through 72;				
-		column (A) must equal line 19; column (B)		225,16	+	303,543
	74	Total liabilities and net assets / fund balar	nces (add lines 66 and 73)	225,349	74	305,409

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2004)							Page 4
Part IV-A Reconciliation of Revenue princial Statements with Financial Statements with Financial Statements with Financial Statements and Financial Statements are page 27 of the information of Revenue principles.	Revenue po	er	Fir	conciliation of ancial Stateme turn			
a Total revenue, gains, and other support per audited financial statements . ▶ b Amounts included on line a but not on	а		audited fina	nses and loss incial statements cluded on line a	s`►	а	
line 12, Form 990: (1) Net unrealized gains on investments \$			(1) Donated s	ervices			
(2) Donated services and use of facilities \$			(2) Prior year adj reported on Form 990.	line 20,			
(3) Recoveries of prior year grants \$			(3) Losses repo	orted on S			
\$ Add amounts on lines (1) through (4) ▶	ь		(4) Other (spec				
/idd diffeding on lines (i) diffedgii (i)	С		Add amour c Line a min	ts on lines (1) throus line b	▶	b c	
d Amounts included on line 12, Form 990 but not on line a:			Form 990 !	cluded on line 1 but not on line a			
(1) Investment expenses not included on line 6b, Form 990 \$			(1) Investment of not included 6b, Form 99	i on line 5 <u>\$</u>			
(2) Other (specify):			(2) Other (spe				
Add amounts on lines (1) and (2) e Total revenue per line 12, Form 990 (line c plus line d)	d e		e Total exper	nts on lines (1) anses per line 17,	Form 990	d	
Part V List of Officers, Directors, Tru		d Key E					; see page 27 of
(A) Name and address		(B) Title an	d average hours per evoted to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit deferred combe	plans &	(E) Expense account and other allowances
King Hollands, 911 14th Ave. S. Nashville, TN 37212		Chair		-0-		-0-	-0-
Doris Huggins, 1321 Southside Court Nashville, TN 37212		Vice-Cha	air 	-0-		-0-	-0-
Arlene Lane, P.O. Box 120171 Nashville, TN 37212		Secretar	-у	-0-		-0-	-0-
Betty Forrester, 1410 Villa Place Nashville, TN 37212		Treasure	er	-0-		-0-	-0-
					_		
75 Did any officer, director, trustee, or key em organization and all related organizations, or If "Yes," attach schedule—see page 28	f which more	e than \$10	0,000 was provided	of more than \$100 by the related org	0,000 from y panizations?	your .▶	Yes 🗹 No

Page	5

	Other Information (See page 28 of the instructions.)		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		√
76 77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		√
77	If "Yes," attach a conformed copy of the changes.	2. 2.5 3.5		3, 3, \$
782	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		✓
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		√
	Is the organization related (other than by association with a statewide or nationwide organization) through common		êz	
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	32	✓
b	If "Yes," enter the name of the organization ▶ and check whether it is ☐ exempt or ☐ nonexempt.			Track.
81a	Enter direct and indirect political expenditures. See line 81 instructions			
	Did the organization file Form 1120-POL for this year?	81b	<u> </u>	✓
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		1	
	or at substantially less than fair rental value?	82a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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.).			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.	83b	✓	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
	If "Yes," did the organization include with every solicitation an express statement that such contributions	0.41		
	or gifts were not tax deductible?	84b	+	+
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	85a	1	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			
С	Dues, assessments, and similar amounts from members			155
	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
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	Ц	ļ
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	1	+
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	4		1."
b	Gross receipts, included on line 12, for public use of club facilities	4		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other		12.1	10 /
	sources against amounts due or received from them.)	4		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		-	1
	partnership, or an entity disregarded as separate from the organization under Regulations sections			10 , 50
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	-	-
8 9a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			- S
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	891	,	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			-0-
	I Enter: Amount of tax on line 89c, above, reimbursed by the organization			-0-
	List the states with which a copy of this return is filed Tennessee			
t	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		1	
91	The books are in care of ► Barbara Cloud Telephone no. ► (615)	297-1	523	
	Located at ► 2105 20th Ave. South, Nashville, TN ZIP + 4 ► 3721	∠-43 1		
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			▶ ∐
	and enter the amount of tax-exempt interest received of accided during the tax year 92			

Part \	Analysis of Income-Producing Activ	vities (See pa	ge 33 of the i			
Note:	Enter gross amounts unless otherwise	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(E) Related or
indica	=	(A)	(B)	(C)	(D)	exempt function
	Program service revenue:	Business code	Amount	Exclusion code	Amount	income
a. b						
e						
	Medicare/Medicaid payments					
	Fees and contracts from government agencies					
	Membership dues and assessments					
	Interest on savings and temporary cash investments			14	84	
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:	1.0				
	debt-financed property					
	not debt-financed property					
	Net rental income or (loss) from personal property					
	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events .			02 & 05	611	
102	Gross profit or (loss) from sales of inventory		_			
103	Other revenue: a					
b						
С						
d			 			
е					605	
104	Subtotal (add columns (B), (D), and (E))				695	
105	Total (add line 104, columns (B), (D), and (E)) .				-	695
	Line 105 plus line 1d, Part I, should equal the a				01 (11 1	
Part	• • • • • • • • • • • • • • • • • • • •					
Line					nportantly to the	accomplishment
	of the organization's exempt purposes (other	than by providir	ig fullus for such	purposes).		
						
Part	IX Information Regarding Taxable Subsid	iaries and Dis	regarded Entit	ies /See page	24 of the inetri	untings)
T GIT C	(A)	(B)				(E)
	Name, address, and EIN of corporation, Po	ercentage of lership interest	(C) Nature of		(D) Total income	End-of-year
	partnership, or disregarded entity	% Mersing interest				assets
		%				
		%				-
		%				
Pari	X Information Regarding Transfers Associa		onal Benefit Co	ntracts (See p	age 34 of the in	structions.)
4.	Did the organization, during the year, receive any funds, dire					
(a) (b)	Did the organization, during the year, leceive any littles, die					☐ Yes ☑ No
	te: If "Yes" to (b), file Form 8870 and Form 472			a personal be	nem contract:	□ les Œ luo
	Under penalties of perjury, I declare that I have examine	ed this return, include	ding accompanying	schedules and sta	itements, and to the	best of my knowledge
Б.	and belief, it is true, correct, and complete. Declaration	of preparer (other	than officer) is bas	ed on all informat	ion of which prepare	er has any knowledge.
Pleas	se King M. Hall			1	10/18/20	005
Sign	Signature of officer			<u> </u>	Date /	
Here	King Mr. Hollowds, DIE	BOARD C	HAIR			
	Type or print name and litle.					
Paid	Preparer's 12 Con On CIC	000 1	Date	Check if self-	Preparer's SSN	or PTIN (See Gen. Inst. W)
Prepar	arts signature \ D W face U U	crua	10/17/64	employed >	✓ 363	-38-4981
	CI 3 =		11170	2 1		
Use O	I Firm's name (or yours). Porhage A Cloud	achvilla TN 0	7747	EIN	► 62:104 e no. ► (615)2	

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 Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

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 Employer identification number Name of the organization 62:1540325 ONE (ORGANIZED NEIGHBORS OF EDGEHILL) INC 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.") (d) Contributions to (e) Expense (b) Title and average hours per week devoted to position (a) Name and address of each employee paid more (c) Compensation riployee benefit plans & account and other than \$50,000 deferred compensation allowances None Total number of other employees paid over \$50,000. \triangleright Part II 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.

-0-

_	•
Page	-

Part	i III	Statements About Activities (See page 2 of the instructions.)	Y	'es	No							
	atten or in Part	ng the year, has the organization attempted to influence national, state, or local legislation, including any npt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities * (Must equal amounts on line 38, VI-A, or line i of Part VI-B.)	1	जु	√							
	orga	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 b c	Lend	, exchange, or leasing of property?	2a 2b 2c		√ √ √							
d	-	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d 2e		V							
е 3а	Do y	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	3a	✓								
	Doy	you have a section 403(b) annuity plan for your employees?	3b	_	1							
4a		you maintain any separate account for participating donors where donors have the right to provide advice	1.	✓								
b		he use or distribution of funds?	4a 4b		1							
Par	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	•									
The		nization is not a private foundation because it is: (Please check only ONE applicable box.)										
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 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 9		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hos and state ▶	pital's n	nam	e, city							
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec (Also complete the Support Schedule in Part IV-A.)	tion 170	(b)(1)(A)(iv)							
		An organization that normally receives a substantial part of its support from a governmental unit or from the gene 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	eral publ	lic. S	ection							
		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 331/2% of its support from contributions, membersh receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no moits support from gross investment income and unrelated business taxable income (less section 511 tax) from but by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part	o <mark>re th</mark> ar usinesse	1 33	%% o							
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supplementation described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)										
		Provide the following information about the supported organizations. (See page 5 of the instructions										
		(a) Name(s) of supported organization(s)	m above									
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instru-	ctions.)									

Page 3 Schedule A (Form 990 or 990-EZ) 2004 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. (a) 2003 (b) 2002 (c) 2001 (d) 2000 (e) Total Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do 60426 118984 39153 99388 317951 not include unusual grants. See line 28.). 16 Membership fees received . Gross receipts from admissions, merchandise 17 sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 0 167 1730 1897 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 258 297 428 1094 111 by the organization after June 30, 1975 income from unrelated business activities not included in line 18. Tax revenues levied for the organization's 20 benefit and either paid to it or expended on its behalf. 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. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 119409 41180 23 60537 99816 320942 119242 39450 24 Line 23 minus line 17 60537 99816 319045 31.55 J 605 Enter 1% of line 23 1192 395 998 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 6381 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 2000 through 2003 exceeded the 26b -0amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 319045 26c c Total support for section 509(a)(1) test: Enter line 24, column (e) 1094 19 _ Add: Amounts from column (e) for lines: 18 ___ 26d 1094 22 26b _ 317951 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 100 26f 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: 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 11, 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: 27c and line 27b total . _____ 27d d Add: Line 27a total. 27e e Public support (line 27c total minus line 27d total). f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f **27**g % g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶

Part V	Private School Questionnaire (See page 7 of the instructions.)
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	(10 Be completed that By concolo that oncolor the Box on mic o in tartify	
	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?	Yes No
	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.)	
32	Does the organization maintain the following:	32a
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? 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?	
	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:	
а	Students' rights or privileges?	33a
b	Admissions policies?	33b
С	Employment of faculty or administrative staff?	33c
d	Scholarships or other financial assistance?	33d
е	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
t	Has the organization's right to such aid ever been revoked or suspended?	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

Par	VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					tructions	.)
Chec	★ a ☐ if the organization belongs to an affiliat					mited contro	ol" provisions apply.
	Limits on Lobbyin (The term "expenditures" mean	-			Af	(a) filiated group totals	(b) To be completed for ALL electing organizations
				3	6		organizations
36 37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legisl			3			
38	Total lobbying expenditures (add lines 36 and 3		8				
39	Other exempt purpose expenditures			—	9		
40	Total exempt purpose expenditures (add lines 3				0		
41	Lobbying nontaxable amount. Enter the amount					W . : 1	10000
		bbying nontaxal					in the second
	Not over \$500,000 20% o	of the amount on	line 40	\			
	Over \$500,000 but not over \$1,000,000 . \$100,0	00 plus 15% of th	e excess over \$50	00,000		italia .	
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	00 plus 10% of the	excess over \$1,0	00,000 } 4	1		2
	Over \$1,500,000 but not over \$17,000,000. \$225,0	00 plus 5% of the	excess over \$1,5	00,000 🏥		er. Atto	
		,000					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
42	Grassroots nontaxable amount (enter 25% of li			–	2		
43	Subtract line 42 from line 36. Enter -0- if line 43			• • •	13 14		
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lin	e 38	• • • •	 		
	Caution: If there is an amount on either line 43	or line 44, you m	nust file Form 472	20.			
	4-Year Ave	eraging Period	Under Section	on 501(h)			<u> </u>
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to c	omplete all of			s below.
		Lob	bying Expenditu	res During 4	-Year <i>i</i>	Averaging	Period
	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	2004	2003	2002		2001	Total
45	Lobbying nontaxable amount	271 u 25 c					
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount	garrac egineyeti id		#8#####. VO	egine distr	e tage a te	
49	Grassroots ceiling amount (150% of line 48(e))		1				
50	Grassroots lobbying expenditures						
Pa	rt VI-B Lobbying Activity by Nonelec			D + 1/1 - A1 - //			
	(For reporting only by organiza				<u>-</u>		the instructions
	ing the year, did the organization attempt to infl				ing any	Yes	No Amount
atte	mpt to influence public opinion on a legislative r						✓
а	Volunteers					.	$\frac{\checkmark}{\checkmark}$
b				c through h.)		·	<u> </u>
c	* * * * * * * * * * * * * * * * * * * *					·	V
C						·	V
6	 Publications, or published or broadcast staten 	nents				· — +	/
1	Cronto to other avant-stless for labeling and	00000					V 1
	, , , ,					•	V
9	Direct contact with legislators, their staffs, gov	vernment officials	, or a legislative l	oody,		: -	√
	Direct contact with legislators, their staffs, gov	vernment officials s, speeches, lecti	, or a legislative l	oody, r means .		2.0022	1

Schedule A (Form 99					Page 6
Or	ganizatio	ns (See page 11	of the instructions.)	s and Relationships With Nonc	
51 Did the repo	orting organ e Code (oth	ization directly or ir er than section 501(ndirectly engage in any of the (c)(3) organizations) or in section	following with any other organization on 527, relating to political organization	ons?
a Transfers fro	om the repo	orting organization to	a noncharitable exempt orga	nization of:	Yes No
					51a(i) ✓
(ii) Other a	assets				a(ii) 🗸
b Other transa	actions:				
(i) Sales of	. b(i)				
			able exempt organization		. b(ii) 🗸
(iii) Rental	of facilities,	, equipment, or othe	er assets		. b(iii) ✓
(iv) Reimb	ursement ar	rrangements			
• •	•				. b(v) ✓ ✓
			nip or fundraising solicitations		. c \
				byees	•
goods, othe	er assets, o	r services given by	the reporting organization. If t	e. Column (b) should always show the the organization received less than fa ds, other assets, or services received:	ir market value of the
(a) Line no. Amou	(b) nt involved	Name of nonch	(c) naritable exempt organization	(d) Description of transfers, transactions, an	nd sharing arrangements
		_			
-					
-					
described	in section 5	•	other than section 501(c)(3)) or	one or more tax-exempt organization in section 527?	ns ▶ 🗌 Yes 🔽 No
	(a)		(b)	(c)	
N	ame of organi	zation	· Type of organization	Description of relation	onship
 					
				· · · · · · · · · · · · · · · · · · ·	
					
	-				
		_			

ONE (Organized Neighbors of Edgehill), Inc.

EIN: 62-1540325 Form 990 2004

Part II, line 22: Grants & allocations

Scholarships were given to 29 neighborhood youth to attend a college or technical school.

Part II, line 42: Depreciation AND Part IV, line 57 -- Land, bldgs, euqip.

Asset	Date acquired	Cost	Prior years' depreciation	Method	Useful life	Current depreciation	
Office equipment	Aug. 94	758	758 S	5.L.	5 yr.	0	
Garden tiller	Apr. 95	1,489	1,489 S	5.L.	7 yr.	0	
Office equipment	Dec. 95	2,180	2,180 9	5.L.	5 yr.	0	
Office equipment	Sept.97	2,988	2,988 S	5.L.	5 yr.	0	
Air conditioner	June 98	675	624 9	5.L.	7 yr.	0	
Computer	Aug.98	3,300	3,300 9	5.L.	5 yr.	51	
Total		\$11,390	\$11,339			\$51	

Part III, Primary purpose: Neighborhood revitalization & leadership development

Part III, line c, Neighborhood Organizing:

Held community meetings regarding:

- Nashville's long-range plans for the Edgehill area including zoning and affordable housing.
- the health and safety issues involved with an old dry cleaning establishment.
- Edgehill's need for a grocery store, pharmacy, bank, etc.

Formed a signed partnership with the new Chief of Police, the Police Department, and the Edgehill community and held monthly meetings between the Police Department and the community.

Formed partnerships with over 20 community resources to bring public and non-profit services to the Edgehill community. Produced flyers about neighborhood events and resources.

Held individual meetings with area residents, new managers of apartment complexes, and other neighborhood leaders about the future of the community.

Organized support to help neighborhood children succeed at school by arranging for tutoring and celebrating their accomplishments

Maintained a community garden and a small tool lending library.

Attachment for Schedule A (Form 990) (2004) Part III, line 4

Students receiving scholarships are chosen by a committee.

Applicants must:

- reside in the Edgehill community
- have been accepted by a college or technical school,
- fill out an application form
- be interviewed by the committee
- have a mentor/partner assigned to them

The committee considers the students' academic performance and involvement in the community in makeing its selections.