### Form 990

#### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

June 30 20 08 2007, and ending For the 2007 calendar year, or tax year beginning July 1 D Employer identification number C Name of organization B Check if applicable use IRS 62 1710735 Project For Neighborhood Aftercare, Inc. Address change E Telephone number orint or Number and street (or P.O box if mail is not delivered to street address) Name change type. 2807 Bransford Avenue, Suite C (615) 385-7067 Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash Accrual Termination Nashville, TN 37204 tions. ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? Yes V No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► www.projectforneighborhoodaftercare.com H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions) J Organization type (check only one) ► ✓ 501(c) ( 3 ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 H(d) Is this a separate return filed by an 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. Group Exemption Number ▶ Check ▶ ☐ If the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 11,195 1a Contributions to donor advised funds . . . 1b **b** Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) . . . 1d d Government contributions (grants) (not included on line 1a) 1e 11,195 e Total (add lines 1a through 1d) (cash \$\_\_ \_ noncash & 2 773,776 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments . . . . . . 3 1,309 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities . . 6a 6a Gross rents . . . 6b b Less: rental expenses

c Net rental income (less) Subtract line 6b from line 6a 6c 7 Other investment income (describe 8a Gross an in in the sale of passets of (A) Securities (B) Other than inveก์ใช่ry . . . . . . . . 8a b Less cost or other basis and sales expenses 8b 8c c Gain or (loss) (a) (a) (a) (b) T 8d d Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . . . . . . . . . Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1b) . . . . . . . . 9a **b** Less: direct expenses other than fundraising expenses 9b 9с c Net income or (loss) from special events. Subtract line 9b from line 9a . . . 10a Gross sales of inventory, less returns and allowances . N 10c c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 0 Other revenue (from Part VII, line 103) . . . . . . . 11 ASCANNERS. JAN Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 786,280 12 654,283 Program services (from line 44, column (B)) . . . 13 13 81,545 14 14 Management and general (from line 44, column (C)) 24,019 15 15 Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) . . . 16 16 17 Total expenses. Add lines 16 and 44, column (A) 759,847 17 18 26,433 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 142,740 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 20 Other changes in net assets or fund balances (attach explanation). ğ 21 169,173 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
 2a		+				
Za	(cash \$ noncash \$)					
	If this amount includes foreign grants, check here	7 22a				
2h	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$)					
	If this amount includes foreign grants, check here	] 22b				
3	Specific assistance to individuals (attach schedule)	23				
4	Benefits paid to or for members (attach schedule)	24				
5a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	91,928	81,816	7,354	2,75
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
	Compensation and other distributions, not					
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons	25c				
	described in section 4958(c)(3)(B)	200				
	Salaries and wages of employees not included on lines 25a, b, and c	26	472,430	421,246	39,315	11,869
	Pension plan contributions not included on lines 25a, b, and c	27				
8	Employee benefits not included on lines					
	25a – 27	28	12,837	5,777	6,419	64
9	Payroll taxes	29	43,132	38,443	4,050	639
0	Professional fundraising fees	30				
	Accounting fees	31				
	Legal fees	32	40.704	40 225	2 422	<u> </u>
	Supplies	33	19,734	16,235 11,846	3,432 2,556	1,420
	Telephone	34	15,822	11,040	2,330	1,420
	Postage and shipping	35 36	13,622	7,900	3,678	2,04
	Occupancy	37	13,022	7,300	3,070	2,01
	Equipment rental and maintenance	38	5,979	5,145	834	
	Printing and publications	39	3,742	2,700	897	14:
	Conferences, conventions, and meetings	40	0,7.12	2,700		
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42	6,415	3,336	2,309	77(
	Other expenses not covered above (itemize):					
	See Statement 1 - attached	43a	74,206	59,839	10,701	3,660
b		43b				
		43c				
_		43d				
		43e				
_		43f				
		43g				
4	Total functional expenses. Add lines 22a through 43g. (Organizations completing				<u>-</u> -	
	columns (B)-(D), carry these totals to lines					
	13–15)	44	759,847	654,283	81,545	24,019

#### Part III Statement of Program Service Accomplishments (See the instructions.)

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.

W	nat is the organization's primary exempt purpose?   See Statement 2 - attached	Program Service
All of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) panizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
а		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	654,283
b		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
С		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	654,283

Form 990 (2007)

Pa	art IV	Balance Sheets (See the instructions	.)				
1	lote:	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		. L	(7,302)	45	
	46	Savings and temporary cash investments .			58,629	46	121,116
		Accounts receivable	47a 47b		20,986	47c	
		Pledges receivable	48a 48b			48c	
	49	Grants receivable	·		61,870		52,266
	1	Receivables from current and former officers	, directors, trustees, a	ınd		50a	
	ь	key employees (attach schedule) Receivables from other disqualified persons (4958(f)(1)) and persons described in section 495	as defined under secti	ion	· -	50b	
ts	51a	Other notes and loans receivable (attach schedule)	51a				
Assets	ь	Less: allowance for doubtful accounts	51b			51c	
ĕ	52	Inventories for sale or use				52	=
	53	Prepaid expenses and deferred charges .			6,545	53	2,098
	54a	Investments—publicly-traded securities				54a	
		Investments—other securities (attach schedu		1		54b	
	55a	Investments—land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)		. L		56	
	57a	Land, buildings, and equipment: basis .	57a 43	3,212			
	b	Less: accumulated depreciation (attach schedule)	57b 21	,088	9,473	57c	22,124
	58	Other assets, including program-related invertible ►		,	1,175	58	1,175
	59	Total assets (must equal line 74). Add lines	45 through 58	.′ [	151,376	59	198,779
	60	Accounts payable and accrued expenses .			8,636	60	6,396
	61	Grants payable				61	· · · · · · · · · · · · · · · · · · ·
	62	Deferred revenue				62	23,210
ilities	63	Loans from officers, directors, trustees, and schedule)	key employees (attac	ch		63	
Liabi	64a	Tax-exempt bond liabilities (attach schedule)		·		64a	<del></del>
ij		Mortgages and other notes payable (attach s				64b	
						65	
	66	Total liabilities. Add lines 60 through 65 .			8,636	66	29,606
		nizations that follow SFAS 117, check here ▶	<del></del>	es	· • • • • • • • • • • • • • • • • • • •		
S	0.9	67 through 69 and lines 73 and 74.	and complete inte	~			
ë	67	Unrestricted			142,740	67	169,173
la l		Temporarily restricted				68	
Ba						69	
Fund		nizations that do not follow SFAS 117, check complete lines 70 through 74.					,
5		Capital stock, trust principal, or current funds	S			70	
ş	71	Paid-in or capital surplus, or land, building, a				71	
SSe		Retained earnings, endowment, accumulated				72	
Net Assets or Fund Balances	73	Total net assets or fund balances. Add line 70 through 72. (Column (A) must equal line 1	s 67 through 69 or line	es			
=		equal-line 21)	<del></del>		142,740	73	169,173
	74	Total liabilities and net assets/fund balance	s. Add lines 66 and 73		151,376	74	198,779

Pai	rt IV-A Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue pe	r Return	(See the
	Total revenue, gains, and other support per audit	od financial statements			а	855,485
a b	Amounts included on line a but not on Part I, line					
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2			
3	Recoveries of prior year grants		b3			
4	Donated Food					
7			b4	69,205		
	Add lines b1 through b4				b	69,205
С					С	786,280
d	Amounts included on Part I, line 12, but not on lii					
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):				İ	
			d2			
	Add lines <b>d1</b> and <b>d2</b>				d	
е	Total revenue (Part I, line 12). Add lines c and d				е	786,280
Pa	rt IV-B Reconciliation of Expenses per Au	dited Financial Stater	ments With Ex	penses p	er Retur	
а	Total expenses and losses per audited financial s	statements			a	829,052
b	Amounts included on line a but not on Part I, line	e 17:				
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20		b3			
4	Other (specify): Donated Food		1	20.005		
			b4	69,205	.	
	Add lines <b>b1</b> through <b>b4</b>				<b>b</b>	69,205
С						759,847
d	Amounts included on Part I, line 17, but not on III		1 44 1			
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):		d2			
	A d d b a a d d A				4	
e	Add lines d1 and d2	d			d e	759,847
_	rt V-A Current Officers, Directors, Trustees					
	or key employee at any time during the year					, director, trustee,
		(B)	(C) Compensation	(D) Contributu	ons to employee	(E) Expense account
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter	benefit plar compens	ns & deferred ation plans	and other allowances
Illia	Moore	Executive Director, 40 hrs				
280	7 Bransford Ave., Suite C, Nashville, TN 37204		51,934		1,872	·   0
	dy Johns	Director of Finance, 40				
280	7 Bransford Ave., Suite C, Nashville, TN 37204	hrs	39,994		1,872	0
						<u> </u>
See	list of Board of Directors - attached					
71	Board Mentes contribute					
2	has per uk. and for theme					
(	c)(a) +(E)					
	-O- for all board nearless.					
			ĺ	1		
			}			
						<u> </u>
		]				
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Pai	rt V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No				
	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings							
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)							
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		1				
	If "Yes," attach a statement that includes the information described in the instructions.    Does the organization have a written conflict of interest policy?	75d	1	1				
	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Bene officer, director, trustee, or key employee received compensation or other benefits (described below) during person below and enter the amount of compensation or other benefits in the appropriate column. See the instance of the compensation or other benefits in the appropriate column.	fits (If	ear, II	former st that				
	(A) Name and address  (B) Loans and Advances  (C) Compensation (if not paid, enter -0-)  (II) Contributions to employee benefit plans & deferred compensation plans	accou	Experient and owance	lother				
NON	IE .							
		-						
Pai	rt VI Other Information (See the instructions.)		Yes	No				
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		1				
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		<b>✓</b>				
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		1				
	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		1				
80a 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?								
þ	If "Yes," enter the name of the organization ▶							
81a b	and check whether it is exempt or nonexempt or interest and indirect political expenditures. (See line 81 instructions.)	81b		1				
			990	(2007)				

b	If "Yes," you may indicate the value of these items here. Do not include this			1
	amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)  (82b   69,205			
22~	(See instructions in Part III.)	83a	1	1
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	1	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	84b		<u> </u>
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	ļ	ļ
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	L	
	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.			ļ
	Dues, assessments, and similar amounts from members	1		1
	Coction 102(c) tobbying and pointed experiences	ĺ	]	ł
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	i		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		İ
_	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			1
	following tax year?	85h	L	<u> </u>
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			İ
	Gross receipts, included on line 12, for public use of club facilities	}		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	ĺ		İ
	partnership, or an entity disregarded as separate from the organization under Regulations sections	00-		/
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		<b>✓</b>
Ö	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 XI	88b		1
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	ļ		
	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		<b>✓</b>
С	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 ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			,
	transaction?	89e		<b>V</b>
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		-
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			ĺ
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		l
90a	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			57
91a	The books are in care of ▶ Sandy Johns  Telephone no. ▶ (615)	38	5-706	
	Located at ▶ 2807 Bransford Avenue, Suite C, Nashville, TN ZIP + 4 ▶ 372	04		
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	041	Yes	
		91b		✓
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			İ
	· · · · · · · · · · · · · · · · · · ·	_		

Form 990	) (2007)						P	age 8	
Part \	Other Information (continued)						Yes	No	
c / l: 92 - 5	At any time during the calendar year, did the of "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest re-	filing Form 990	) in lieu of <b>Form</b>	1041—Check	here			<b>✓</b>	
Part					92				
			ousiness income		tion 512, 513, or 514		(E)		
indicate	Inter gross amounts unless otherwise	(A)	(B)	(C)	(D)		elated		
-	Program service revenue:	Business code	Amount	Exclusion code		exempt fur			
а	Registration Fees					_	69	9,770	
b									
C									
d .			<del> </del>						
e			<del> </del>	<del>                                     </del>					
	Medicare/Medicaid payments			<del> </del>			70/	4,006	
_	Fees and contracts from government agencies		<del> </del>	<del>                                     </del>		ļ —		1,000	
	Membership dues and assessments		<del> </del>	14	1,309				
	Dividends and interest from securities	-	<del></del>		· - ·				
	Net rental income or (loss) from real estate:								
	debt-financed property								
	not debt-financed property								
98	Net rental income or (loss) from personal property		<u> </u>	ļ					
	Other investment income		<del></del>	<del> </del>					
	Gain or (loss) from sales of assets other than inventory								
	Net income or (loss) from special events .  Gross profit or (loss) from sales of inventory			†·					
	Other revenue: <b>a</b>								
ь									
C									
d.									
е.		<u> </u>	<u> </u>						
104	Subtotal (add columns (B), (D), and (E))		<u> </u>		1,309			3,776 5 005	
105 Note: /	<b>Fotal</b> (add line 104, columns (B), (D), and (E)) . Line 105 plus line 1e, Part I, should equal the a		12 Part I		·			5,085	
Part V				noses (See th	e instructions )				
Line N						accor	nolish	ment	
	of the organization's exempt purposes (other	er than by provid	ling funds for sucl	h purposes).					
93a.	Semiannual fees paid by students to cover par								
93g.	Grant funds from Metro Nashville and Davidson	n County to provi	ide aftercare serv	ice to children	in public schools				
		<del></del>	<del></del>		·				
Dovt	V Information Remodiles Touchie Cuts	idianian and D	lana manda d Fast	41 (C 41-					
Part !	(A)	(B)					(E)		
ı	Name, address, and EIN of corporation, partnership, or disregarded entity own	ercentage of nership interest	(C) Nature of a	ctivities	(D) Total income		<b>(E)</b> d-of-yeassets		
N/A	pararelating, or disregulated charty	%					155615		
		%						_	
		%							
		%							
Part )	Information Regarding Transfers Associ	iated with Per	sonal Benefit Co	ntracts (See ti	ne instructions.)				
(b) l	Did the organization, during the year, receive any funds, dir Did the organization, during the year, pay premarks if "Yes" to (b), file Form 8870 and Form 472	nums, directly	or indirectly, on		•	☐ Ye ☐ Ye			

Part	XI Information Regarding 1 is a controlling organization	ransfers To and From	n Controlled Entities 1512(b)(13).	. Complete or	nly if the orga	nization
106	Did the reporting organization ma the Code? If "Yes," complete the	ike any transfers to a con	trolled entity as defined	ın section 512	ļ	es No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer	1	(D) Amount of tra	ansfer
а						
b						
С						
	Totals					
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"	ceive any transfers from a complete the schedule be	controlled entity as de low for each controlled	fined in section entity.	<b>├</b>	es No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	ŗ	(D) Amount of tra	insfer
a						
b						
С						
	Totals					
108	Did the organization have a bindir rents, royalties, and annuities des			covering the in	<b> </b> -	es No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and comple	have examined this return, include	ing accompanying schedules a than officer) is based on all in	formation of which	i to the best of my k preparer has any k	knowledge knowledge
Paid Prepare	Preparer's signature		Date Check I Self- employe		r's SSN or PTIN (Sea (	Gen. Inst. X)
Jse Onl	Firm's name (or yours thomason if self-employed),	Financial Resources, Inc.		EIN ► 33		
	address, and ZIP + 4 1009 Hardin	ng Trace Ct., Nashville, TN 3	01441	Phone no. ► ( 6		307

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

# Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

(Se	mpensation of the Five High e page 1 of the instructions. L dress of each employee paid more than \$50,000	est Paid Employees Of ist each one. If there ar (b) Title and average hours per week devoted to position	ther Than Offic e none, enter "N (c) Compensation	(d) Contributions to employee benefit plans &	(e) Expense account and other
			(c) Compensation	employee benefit plans &	
None				_deferred_compensation	allowances
Total number of other	er employees paid over \$50,000 .				
	mpensation of the Five Higher page 2 of the instructions. List				
(a) Name ar	nd address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None					
			•		
Total number of o	thers receiving over \$50,000 for ces				
(Lis	mpensation of the Five Higher t each contractor who perform as. If there are none, enter "No	ed services other than p	rofessional serv	Other Services Ices, whether inc	lividuals or
(a) Name an	d address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None			-		
	ther contractors receiving over services	-			

Pa	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   \$	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.)			
а	Sale, exchange, or leasing of property?	2a	_	✓
b	Lending of money or other extension of credit?	2ь		✓
¢	Furnishing of goods, services, or facilities?	2c	$\dashv$	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		✓
е	Transfer of any part of its income or assets?	2e	$\dashv$	✓
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		✓
С	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	a	Ì	_
b		b	#	<u></u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	lc		✓
d	Enter the total number of donor advised funds owned at the end of the tax year			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			0
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			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instructi	ons.)		
ce	tify 1	that the organization is not a priva-	te foundation bed	ause it is (Please check	only ONE app	plicable box)			
5		A church, convention of churches	s, or association of	of churches. Section 170	)(b)(1)(A)(ı).				
6		A school. Section 170(b)(1)(A)(ii). (	Also complete Pa	art V.)					
7		A hospital or a cooperative hospit	tal service organi	zation. Section 170(b)(1)	(A)(III).				
8		A federal, state, or local governm	ent or governmer	ntal unit. Section 170(b)(	1)(A)(v).				
9		A medical research organization of and state ▶	-						
10		An organization operated for the be (Also complete the <b>Support Scheo</b>		or university owned or o	perated by a go	overnmental unit	:. Section 170(b)(1)(A)(iv)		
11a	Ø	An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmental	unit or from the	general public Section		
11b		A community trust Section 170(b	)(1)(A)(vi). (Also co	omplete the Support Sc	<b>hedule</b> in Part	IV-A.)			
12		An organization that normally receives: (1) more than 33%% 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 33%% 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 control requirements of section 509(a)(3)					nd otherwise meets the		
		☐ Type II ☐ Type II		III-Functionally Integrate		Type III-Other			
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the instru	uctions.)		
(a) Name(s) of supported organization(s)		(a)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizatio the sup organiz governing d	d) upported on listed in upporting eation's	(e) Amount of support		
					Yes	No			
ota	ı .	<u> </u>	· · · · · · · ·	_ <del> </del>	· · · · ·	▶	···		
14		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4), (See r	page 8 of the in	structions.)		

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) 2006 **(b)** 2005 (c) 2004 (d) 2003 (e) Total Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 714,998 719,359 657,435 775,667 2,867,459 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of 17 facilities in any activity that is related to the organization's charitable, etc., purpose . . . 62,417 34,319 24.092 21,740 142,568 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. 3,215 2,416 1,483 1.110 8,224 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 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 . . . . . . Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 . . . . 23 780.630 756,094 683,010 798,517 3,018,251 24 Line 23 minus line 17 . . . . . . . 718,213 721,775 658,918 776,777 2,875,683 25 Enter 1% of line 23 7,806 7,561 6.830 7.985 57,514 26a 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . 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 26b 0 amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 2,875,683 Total support for section 509(a)(1) test Enter line 24, column (e) . . . . . . . . . . . . . . . . . 26c Add: Amounts from column (e) for lines: 18 \_\_\_\_\_\_8,224 19 \_\_\_ 26d 8,224 22 26b \_ Public support (line 26c minus line 26d total) 26e 2,867,459 Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 99.7 % 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 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: Add: Amounts from column (e) for lines: 15 \_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_ 20 \_\_\_\_ 21 \_\_\_\_ . 27c 27d d Add: Line 27a total and line 27b total 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . . 27g % Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶ 27h

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)

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	Yes	No
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.)			
32	Does the organization maintain the following:			
a		32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32ь		
С	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:			
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	$\dashv$	
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?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
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		
	g and an organization , ,	_ ~ _		

Pai	t VI-A Lobbying Expenditures by E (To be completed ONLY by a					e instruct	ions.	)
Chec	ck ▶ a ☐ If the organization belongs to an affili					d "limited c	ontrol"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea	_				(a) Affiliated g totals	roup	(b) To be completed for all electing organizations
26	Total lobbying expenditures to influence public	<del>-</del>	<del></del>		36			
36 37	Total lobbying expenditures to influence a legi				37			
38	Total lobbying expenditures (add lines 36 and	= :			38			
39	Other exempt purpose expenditures	•			39			
40	Total exempt purpose expenditures (add lines				40			
41								
	If the amount on line 40 is— The I	obbying nontaxa	able amount is-	-				
	Not over \$500,000 20%	of the amount or	line 40		į			
	Over \$500,000 but not over \$1,000,000 . \$100,	000 plus 15% of t	he excess over \$5	500,000	İ			
	Over \$1,000,000 but not over \$1,500,000 . \$175,	000 plus 10% of th	e excess over \$1,0	000,000	41			
	Over \$1,500,000 but not over \$17,000,000. \$225,	•						
		0,000						
42	Grassroots nontaxable amount (enter 25% of	•			42			
43	Subtract line 42 from line 36. Enter -0- if line 4				43 44			
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than iii	ne 38					<u> </u>
	Caution: If there is an amount on either line 4	3 or line 44, you i	nust file Form 47	720.				
	4-Year Av	eraging Perio	d Under Secti	ion 501(h)				
	(Some organizations that made a section See the instructions to						nns be	elow.
		Lob	bying Expenditu	ıres During	4-Yea	ar Averagi	ng Pe	riod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2006	(c) 2005		(d) 2004		(e) Total
	tion your regiment any	1 2007		2000			_	
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures				_			
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
	t VI-B Lobbying Activity by Nonelec				<u>_</u>			
	(For reporting only by organiza						of the	e instructions.)
	ng the year, did the organization attempt to influ				ling ar	y Yes	No	Amount
atten	npt to influence public opinion on a legislative n	natter or referend	um, through the	use of:				
a	Volunteers					·	1	
b	, and the second						7	
_	c Media advertisements							
d e						· · · · · · · · · · · · · · · · · · ·		
f								
g	Direct contact with legislators, their staffs, gov						<b>7</b>	
h	Rallies, demonstrations, seminars, conventions						1	
i	Total lobbying expenditures (Add lines c through	gh <b>h.</b> )						0
	If "Yes" to any of the above, also attach a stat	ement giving a de	etailed descriptio	n of the lobi	oying	activities.		

Par	t VI			ransfers To and Transa ee page 14 of the instructio		Relationships	With	Nonc	harit	table
51				indirectly engage in any of the 01(c)(3) organizations) or in secti						
а	Tran	nsfers from the rep	orting organization	to a noncharitable exempt orga	anization of:				Yes	-
	(i)	Cash						51 <u>a(i)</u>		✓
	(ii)	Other assets .						a(ii)		1
b	• •	er transactions:						ĺ		
_	(i)	-	es of assets with a	noncharitable exempt organiza	tion			b(i)		1
		_		itable exempt organization			•	b(ii)		<b>V</b>
	(ii)			· —			•	b(iii)		1
	(111)			her assets			•	b(iv)		7
	(iv)		·				•	b(v)	-	7
		Loans or loan gua					•			1
				ship or fundraising solicitations			-	b(vi)		<b>-</b>
		•		sts, other assets, or paid emplo	•		. !	С	<u> </u>	
d	good	ds, other assets, o	or services given by	' complete the following schedule y the reporting organization. If the column (d) the value of the good	he organization	received less tha	n fair n			
(a	)	(b)		(c)		(d)				
Line		Amount involved	Name of none	chantable exempt organization	Description of	transfers, transactions	s, and sh	aring am	angeme	ents
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						<u> </u>				
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					<del>                                     </del>					
	desc	cribed in section 50	01(c) of the Code (d	affiliated with, or related to, on other than section 501(c)(3)) or i	e or more tax n section 527?	-exempt organizat	ions	] Yes	Z	No
		(a)		(b)		(c)				
		Name of organiz	ation	Type of organization		Description of rel	ationship	1		
		<del></del>								
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							_			
		· · · · · ·				· · · · · · · · · · · · · · · · · · ·		<del>-</del>		
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#### FEDERAL STATEMENTS FOR 6/30/2008- #990 PROJECT FOR NEIGHBORHOOD AFTERCARE EIN: #62-1710735

#### STATEMENT 1 - Form 990, Part 11, Line 43 - Other Functional Expenses

Description		Total Expenses	Program Services	Mgt. & General	Fund- <u>Raisin</u> g
Marketing	\$	763	763		
Bank Charges		873	126	747	
Dues & Subscript	ions	965	201	639	125
Employee Screen	ing	336	336		
Equipment (non-c	capital)	130	130		
Field Trips	- '	8,355	8,355		
Food		7,080	7,080		
Incentives/Award	S	3,649	3,649		
Insurance		23,470	22,777	462	231
Licenses & Permi	ts	430		430	
Miscellaneous		610		610	
Disposal of assets	}	787		787	
Professional Fees		6,500		3,250	3,250
Bus Lease		11,422	11,422		
Special Events		2,832	2,832		
Staff Training		4,363	1,445	2,858	60
Storage		714	357	357	
Meals & Entertain	nment	927	366	561	
Total	\$	74,206	59,839	10,701	3,666

#### STATEMENT 2 - Form 990, Part III-Stmt of Program Service Accomplishments

To develop a partnership of students, teachers, grandparents, and others in making schools' neighborhood centers for a community of learning. Approx. 1,100 students were served in fiscal year end June 30, 2008.

## STATEMENT 3-Form 990, Part IV, Line 57-Land Buildings and Equipment

	\$43,212	\$21,088	<u>\$ 22,124</u>
Computer Equipment	35,954	18,341	17,613
Office Equipment & Furniture	\$ 7,258	\$ 2,747	\$ 4,511
	Basis_	Deprec.	<u>Value</u>
	Cost	Accum.	Book

### PROJECT FOR NEIGHBORHOOD AFTERCARE 2007/08 BOARD OF DIRECTORS

Sharon Travis

463-8087

**Board Chairperson** 

418 Prestwick Ct.

Nashville, TN 37205 sert@bellsouth.net

Corine Jackson

259-8549

Metro Nashville Community Education

2601 Bransford Ave Nashville, TN 37204

corine.jackson@mnps.org

Bill Moody

885-8931

Principal, Two Rivers Middle School

2991 McGavock Pke

Nashville, TN 37214

william.moody@mnps.org

Marc Hill

862-6011

Nashville Area Chamber of Commerce

211 Commerce St. Suite 100

Nashville, TN 37201

mhill@nashvillechamber.com

Pippa Meriwether

262-6708

Kirkpatrick Elementary School Principal

1000 Sevier St

Nashville, TN 37206

Pippa.meriwether@mnps.org

Todd Liebergen

860-3614

**TNT Member** 

223 Walton Ln

Madison, TN 37115-5332

tliebergen@yahoo.com

LaTonya Gordon

874-2343 (Rose Park parent)

McMurray PNA parent

5004 Vineyard Pt

Nashville, TN 37076

tonyagordon@comcast.net

Laura McCarty

731-1091

Apollo PNA parent

429 Edencrest Dr.

Antioch, TN 37013

laura.mccarty@willis.com

LaShanda Moore

324-6500 (John Early Parent)

848 Bishopsgate Rd

Antioch, TN 37013

wilmomom01@yahoo.com

Deborah Mayberry

589-7178 H

Secretary

McMurray PNA Site Director (non-voting member)

441 Welchwood Dr #105

Nashville, TN 37211

Deborah.mayberry@mnps.org

Treasurer