

## **Filing Instructions**

**Children's House Of Nashville, Inc.**

**Exempt Organization Tax Return**

**Taxable Year Ended May 31, 2010**

**COPY**

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** None is required. Your Form 990 for the tax year ended 5/31/10 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

McKerley & Noonan, PC, CPA  
104 Woodmont Blvd. Suite 410  
Nashville, TN 37205

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning 6/01, 2009, and ending 5/31, 20 10.

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

**2009**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**CHILDREN'S HOUSE OF NASHVILLE, INC.**Employer identification number  
**62-6110201**

Name and title of officer

**ANNE COLLEY  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>778,531</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **MCKERLEY & NOONAN, PC, CPA** to enter my PIN **12345** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

**COPY**

Officer's signature ▶

Date ▶ **11/08/10****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**62570912345**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

Form **990**Department of the Treasury  
Internal Revenue Service**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.

OMB No. 1545-0047

**2009****Open to Public  
Inspection****A** For the 2009 calendar year, or tax year beginning **06/01/09**, and ending **05/31/10****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**CHILDREN'S HOUSE OF NASHVILLE, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**3404 BELMONT BLVD.**

Room/suite

City or town, state or country, and ZIP + 4

**NASHVILLE****TN 37215****D** Employer identification number**62-6110201****E** Telephone number**615-298-5647****G** Gross receipts \$**789,185****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates  
included?☐ Yes☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.CHILDRENSHOUSENASHVILLE.ORG****H(c)** Group exemption number ▶**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1973****M** State of legal domicile: **TN****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities:	
	THE CHILDREN'S HOUSE IS A MONTESSORI PRESCHOOL AND KINDERGARTEN THAT GUIDES A DIVERSE GROUP OF CHILDREN TO BE JOYFUL, LIFELONG LEARNERS WHO RESPECT OTHERS.	
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>16</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>19</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>40</b>
<b>Revenue</b>	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>113,955</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>667,558</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,056</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-4,038</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>778,531</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>31,125</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>536,047</b>
<b>Expenses</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>31,943</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>147,735</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>714,907</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>63,624</b>
	<b>20</b> Total assets (Part X, line 16)	<b>1,032,686</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>80,507</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>964,830</b>

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <b>ANNE COLLEY</b>		Date <b>EXECUTIVE DIRECTOR</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>J.R. NOONAN</b>		Date <b>12/09/10</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>MCKERLEY &amp; NOONAN, PC, CPA</b> <b>104 WOODMONT BLVD. SUITE 410</b> <b>NASHVILLE, TN 37205</b>		Preparer's identifying number (see instructions) <b>P00037315</b>	
	EIN ▶		Phone no. ▶ <b>615-279-0088</b>	
	May the IRS discuss this return with the preparer shown above? (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**THE CHILDREN'S HOUSE IS A MONTESSORI PRESCHOOL AND KINDERGARTEN THAT GUIDES A DIVERSE GROUP OF CHILDREN TO BE JOYFUL, LIFELONG LEARNERS WHO RESPECT OTHERS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **577,038** including grants of \$ **31,125** ) (Revenue \$ )  
**PROVIDED MONTESSORI EDUCATION TO 75 CHILDREN DURING SEPTEMBER - MAY;**  
**PROVIDED CHILDCARE TO 50 CHILDREN DURING SUMMER AND BEFORE AND AFTER SCHOOL**  
**DURING SCHOOL YEAR**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► **577,038**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		<b>X</b>
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>X</b>	
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>X</b>	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<b>X</b>	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	2
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

### Section A. Governing Body and Management

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	<b>16</b>	
<b>b</b> Enter the number of voting members that are independent	<b>16</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?		<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<b>X</b>
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b> Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b> Does the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>b</b> Other officers or key employees of the organization		<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed ► **TN**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☐ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **ANNE COLLEY 3404 BELMONT BLVD. NASHVILLE TN 37215 615-298-5647**



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE COLLEY EXECUTIVE DIRECTOR	50.00	X						65,009	0	10,996
JAY CLOUD DIRECTOR	1.00	X						0	0	0
JEN COLE DIRECTOR	1.00	X						0	0	0
CHIP COX DIRECTOR	2.50	X		X				0	0	0
WILL CHEEK DIRECTOR	1.00	X						0	0	0
BETSY CUNAGIN DIRECTOR	1.00	X						0	0	0
VIC GATTO DIRECTOR	2.50	X		X				0	0	0
SHARI GREEN DIRECTOR	1.00	X						0	0	0
JEFF HEEREN DIRECTOR	1.00	X						0	0	0
ANGIE HENDERSON DIRECTOR	1.00	X						0	0	0
ANGIE HOWARD DIRECTOR	1.00	X						0	0	0
ELIZABETH LINGO DIRECTOR	1.00	X						0	0	0
ANDY PFEIFER DIRECTOR	1.00	X						0	0	0
PAM SCRETCHEN DIRECTOR	2.50	X		X				0	0	0
KRISTINA STORCK DIRECTOR	1.00	X						0	0	0
RENE WARD DIRECTOR	1.00	X						0	0	0
ANGELA WILLIAMSON DIRECTOR	1.00	X						0	0	0



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	35,726			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	78,229			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		28,030			
	<b>h</b> Total. Add lines 1a-1f		113,955			
<b>Program Service Revenue</b>	<b>2a</b> TUITION	Busn. Code	620,212	620,212		
	<b>b</b> EXTENDED CARE FEES		37,339	37,339		
	<b>c</b> APPLICATION FEES		4,960	4,960		
	<b>d</b> OTHER MISCELLANEOUS FEES		2,888	2,888		
	<b>e</b> SUMMER SCHOOL TUITION		2,159	2,159		
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f		667,558			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,056		
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross Rents		(i) Real (ii) Personal				
<b>b</b> Less: rental exps.						
<b>c</b> Rental inc. or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis & sales exps.						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ 35,726 of contributions reported on line 1c). See Part IV, line 18		<b>a</b>	5,187			
<b>b</b> Less: direct expenses		<b>b</b>	10,491			
<b>c</b> Net income or (loss) from fundraising events			-5,304			-5,304
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b>	327			
<b>b</b> Less: cost of goods sold	<b>b</b>	163				
<b>c</b> Net income or (loss) from sales of inventory		164			164	
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> REST MAT/COVER		1,102			1,102	
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		1,102				
<b>12</b> Total Revenue. See instructions.		778,531	667,558	0	-2,982	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	31,125	31,125		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,588	20,647	41,294	20,647
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	375,876	328,480	42,656	4,740
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,025	11,898	1,915	212
9 Other employee benefits	29,221	29,221		
10 Payroll taxes	34,337	26,627	6,002	1,708
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	910		910	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	10,271	9,460		811
12 Advertising and promotion	1,837	1,837		
13 Office expenses	33,249	27,464	1,969	3,816
14 Information technology	1,515	1,033	482	
15 Royalties				
16 Occupancy	58,323	55,862	2,461	
17 Travel	3,591	2,853	738	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,459	2,264	195	
20 Interest				
21 Payments to affiliates	1,009	1,009		
22 Depreciation, depletion, and amortization	30,905	26,238	4,667	
23 Insurance	2,490	500	1,990	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a GIFTS	678	145	524	9
b BAD DEBTS	228	228		
c TAXES & REGULATORY FEES	216	144	72	
d BANK CHARGES	51		51	
e ROUNDING	3	3		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	714,907	577,038	105,926	31,943
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	25,538	1	5,390
	2 Savings and temporary cash investments	125,546	2	81,247
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	15,551	4	12,736
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	493	8	837
	9 Prepaid expenses and deferred charges		9	2,905
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,492,751		
	b Less: accumulated depreciation	10b 486,905	10c	1,005,846
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,032,686	16	1,108,961	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,633	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	65,223	25	80,507
	26 <b>Total liabilities.</b> Add lines 17 through 25	67,856	26	80,507
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	964,830	31	1,005,845
	32 Retained earnings, endowment, accumulated income, or other funds		32	22,609
33 <b>Total net assets or fund balances</b>	964,830	33	1,028,454	
34 <b>Total liabilities and net assets/fund balances</b>	1,032,686	34	1,108,961	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>		<b>X</b>
<b>2c</b>		
<b>3a</b>		
<b>3b</b>		

Form **990** (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

Employer identification number

**CHILDREN'S HOUSE OF NASHVILLE, INC.**

**62-6110201**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ► \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

**CHILDREN'S HOUSE OF NASHVILLE, INC.**

Employer identification number

**62-6110201****Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<b>1</b>	<b>DAVID EMERY</b> <b>415 WEST TYNE DRIVE</b> <b>NASHVILLE TN 37205</b>	\$ <b>11,600</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>2</b>	<b>TOM CIGARRAN</b> <b>5335 STANFORD DRIVE</b> <b>NASHVILLE TN 37215</b>	\$ <b>6,150</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>3</b>	<b>TAVIS MCCOURT</b> <b>182 VALLEY FORGE</b> <b>NASHVILLE TN 37205</b>	\$ <b>6,050</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Employer identification number

**CHILDREN'S HOUSE OF NASHVILLE, INC.****62-6110201****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_

4 Number of states where property subject to conservation easement is located ▶ \_ \_ \_ \_ \_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_ \_ \_ \_ \_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ..... ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_ \_ \_ \_ \_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_ \_ \_ \_ \_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_ \_ \_ \_ \_

b Assets included in Form 990, Part X ..... ▶ \$ \_ \_ \_ \_ \_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		75,078		75,078
b Buildings		1,324,173	412,137	912,036
c Leasehold improvements				
d Equipment		30,600	25,075	5,525
e Other		62,900	49,693	13,207
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,005,846



## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Part XIV Reconciliation of Change in Net Assets		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Part XIII		Recommendation of Revenues per Financial Statement		Total Revenue	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	

### Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Part XIII Reconciliation of Expenses per Audited Financial Statements			1
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

[illegible]



Part XIV Supplemental Information (continued)

Supplemental information area with horizontal lines for text entry.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Schools**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.  
► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

**CHILDREN'S HOUSE OF NASHVILLE, INC.**

Employer identification number

**62-6110201**

	YES	NO
1 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? .....	<b>X</b>	
2 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? .....	<b>X</b>	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990) <b>THROUGH A YEARLY NEWSPAPER AD AND ON THE APPLICATION FORMS AND ON BROCHURE MAILED TO EVERY PERSON MAKING AN INQUIRY ABOUT ENROLLMENT AND ON OUR WEBSITE</b>	<b>X</b>	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>X</b>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>X</b>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>X</b>	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>X</b>	
If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990). .....		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		<b>X</b>
b Admissions policies? .....		<b>X</b>
c Employment of faculty or administrative staff? .....		<b>X</b>
d Scholarships or other financial assistance? .....		<b>X</b>
e Educational policies? .....		<b>X</b>
f Use of facilities? .....		<b>X</b>
g Athletic programs? .....		<b>X</b>
h Other extracurricular activities? .....		<b>X</b>
If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990). .....		
6a Does the organization receive any financial aid or assistance from a governmental agency? .....		<b>X</b>
b Has the organization's right to such aid ever been revoked or suspended? .....		<b>X</b>
If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990). .....		
7 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," explain on Schedule O (Form 990). .....	<b>X</b>	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) 2009



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>AUCTION</b> (event type)	<b>WINTER BAZAAR</b> (event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts .....	29,900	10,163		40,063
	2 Less: Charitable contributions .....	27,814	7,912		35,726
	3 Gross revenue (line 1 minus line 2) .....	2,086	2,251		4,337
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	600			600
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	5,971	3,920		9,891
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				10,491
	11 Net income summary. Combine line 3, column (d), and line 10 .....				-6,154

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Combine line 1, column d, and line 7 .....				

- 9 Enter the state(s) in which the organization operates gaming activities: .....
- a Is the organization licensed to operate gaming activities in each of these states? .....
- b If "No," Explain: .....
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....
- b If "Yes," Explain: .....
- 11 Does the organization operate gaming activities with nonmembers? .....
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility

13a %

**b** An outside facility

13b %

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$**c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

**16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

CHILDREN'S HOUSE OF NASHVILLE, INC.

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ....

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

# 2009

# Open to Public Inspection

### Part III

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>SCHOLARSHIPS</b>	<b>7</b>	<b>31,125</b>			
<b>Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.</b>					

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION USES A THIRD PARTY TO REVIEW THE APPLICATION AND APPROVE

**THE ASSISTANCE PROVIDED.**

**SCHEDULE M**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

**2009****Open To Public  
Inspection**

Name of the organization

**CHILDREN'S HOUSE OF NASHVILLE, INC.**

Employer identification number

**62-6110201****Part I** **Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	<b>X</b>	<b>2</b>	<b>1,490</b>	<b>SELLING PRICE</b>
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( <b>MISCELLANEOUS</b> )	<b>X</b>	<b>249</b>	<b>26,540</b>	<b>SELLING PRICE</b>
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for  
which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that  
it must hold for at least three years from the date of the initial contribution, and which is not required to be  
used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard  
contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a	<b>X</b>	



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS**

**AINTREE CAPITAL SOLD THE DONATED PUBLICLY TRADED SECURITIES**

**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection**CHILDREN'S HOUSE OF NASHVILLE, INC.**

Employer identification number

**62-6110201**

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

EXECUTIVE DIRECTOR WILL PROVIDE FORM 990 TO THE BOARD OF DIRECTORS VIA AN  
EMAIL ATTACHED DOCUMENT AND ALSO PROVIDE A PAPER COPY AT BOARD MEETING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A CONFLICT OF INTEREST AGREEMENT AND DISCLOSURE IS SIGNED BY ALL STAFF,  
VOLUNTEERS AND BOARD MEMBERS TO BE KEPT ON FILE AND UPDATED AS APPROPRIATE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE LOCATED ON THE ORGANIZATION'S WEBSITE.



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
.....										
.....										
.....										
.....										
.....										
.....										

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
.....							
.....							
.....							
.....							
.....							

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	AMERICAN MONTESSORI SOCIETY	L	1,009
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI**      **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



62-6110201

**Federal Asset Report**

FYE: 5/31/2010

**Miscellaneous**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	ORIGINAL EQUIPMENT	1/01/80	0				0 0	HY		0	0
2	NEW CLASSROOM-MONTESSORI MAT	5/31/87	0				0 0	HY		0	0
3	CHAIRS, EASELS, ETC	6/30/88	0				0 0	HY		0	0
4	NEW EQUIPMENT	7/31/88	0				0 0	HY		0	0
5	PLAYGROUND EQUIPMENT	8/31/88	0				0 0	HY		0	0
6	MONTESSORI EQUIPMENT	10/01/90	0				0 0	HY		0	0
7	MONTESSORI EQUIPMENT	12/01/90	0				0 0	HY		0	0
8	MONTESSORI EQUIPMENT	1/01/91	0				0 0	HY		0	0
9	MONTESSORI EQUIPMENT	4/01/91	0				0 0	HY		0	0
10	MONTESSORI EQUIPMENT	5/01/91	0				0 0	HY		0	0
11	MONTESSORI EQUIPMENT	6/01/91	0				0 0	HY		0	0
12	MONTESSORI EQUIPMENT	7/01/91	0				0 0	HY		0	0
13	Montessori equipment	6/30/93	0				0 0	HY		0	0
14	Montessori language materials	11/30/93	0				0 0	HY		0	0
15	Montessori math materials	11/30/93	0				0 0	HY		0	0
16	Montessori math materials	3/31/94	0				0 0	HY		0	0
17	2 child-sized picnic tables	5/31/94	0				0 0	HY		0	0
18	Wooden children's tables (2)	6/01/94	0				0 0	HY		0	0
19	Montessori Math Equipment	5/29/95	0				0 0	HY		0	0
20	Tape player	12/31/93	0				0 0	HY		0	0
21	Equipment	3/31/94	0				0 0	HY		0	0
22	Papercutter	3/31/94	0				0 0	HY		0	0
23	Two adult-sized picnic tables	5/31/94	0				0 0	HY		0	0
24	Picnic Table	6/01/94	0				0 0	HY		0	0
25	Encyclopedia Set	6/22/94	0				0 0	HY		0	0
26	Computer Cart	8/15/94	0				0 0	HY		0	0
27	Computer Sound System	9/14/94	0				0 0	HY		0	0
28	Remodeling	10/31/93	0				0 0	HY		0	0
29	Computer Table	11/28/94	0				0 0	HY		0	0
30	Telephone System	1/09/95	0				0 0	HY		0	0
31	486 DX2 Computer And Printer	1/09/95	0				0 0	HY		0	0
32	Office Table	2/17/95	0				0 0	HY		0	0
33	Computer With Fax For Office	4/27/95	0				0 0	HY		0	0
34	Photo Button Camera	5/09/95	0				0 0	HY		0	0
35	Fax Jack	5/19/95	0				0 0	HY		0	0
36	Bookshelf	8/22/95	0				0 0	HY		0	0
37	Fax Machine	8/22/95	0				0 0	HY		0	0
38	Computer Table	8/29/95	0				0 0	HY		0	0
39	Workbench	9/25/95	0				0 0	HY		0	0
40	Chairs	10/13/95	0				0 0	HY		0	0
41	Shelf For Office	11/02/95	0				0 0	HY		0	0
42	Vacuum Cleaner	11/20/95	0				0 0	HY		0	0
43	Class A - CD player	6/09/96	0				0 0	HY		0	0
44	Answering machine	6/09/96	0				0 0	HY		0	0
46	Class A - printer	8/31/96	0				0 0	HY		0	0
47	Class A - CD ROM, Soundblaster	9/05/96	0				0 0	HY		0	0
48	Answering machine	12/11/96	0				0 0	HY		0	0
49	Class C - bookcase	1/07/97	0				0 0	HY		0	0
50	Office bookshelf	1/07/97	0				0 0	HY		0	0
51	Class C - stereo	4/08/97	0				0 0	HY		0	0
52	Telephone	5/06/97	0				0 0	HY		0	0
53	2 Taborets	5/27/97	0				0 0	HY		0	0
54	Office chairs	5/30/97	0				0 0	HY		0	0
56	CD ROM	4/16/96	0				0 0	HY		0	0
57	CI A shelf	8/12/97	0				0 0	HY		0	0
58	CI A 2 bookcases	8/13/97	0				0 0	HY		0	0
59	shelves for bathrooms	8/26/97	0				0 0	HY		0	0
60	classroomss C baths & janitor room	8/26/97	0				0 0	HY		0	0
61	refrigerator	9/17/97	0				0 0	HY		0	0
62	3 art tables	9/18/97	0				0 0	HY		0	0
63	chairs for CL B	9/22/97	0				0 0	HY		0	0
64	chairs CI C	9/26/97	0				0 0	HY		0	0
65	chair replacement	11/04/97	0				0 0	HY		0	0
66	refrigerator for classroom C	4/02/98	0				0 0	HY		0	0
67	laminator	5/30/98	0				0 0	HY		0	0
68	ORIGINAL FURNITURE & FIXTURES	Various	0				0 0	HY		0	0
69	BPI A/R MODULE	10/01/88	0				0 0	HY		0	0
70	WATER HEATER	4/01/89	0				0 0	HY		0	0



62-6110201

**Federal Asset Report**

FYE: 5/31/2010

**Miscellaneous**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
71	SHELVES	8/01/89	0				0	0	HY	0	0
72	ANSWERING MACHINE	8/01/91	0				0	0	HY	0	0
73	CAMERA	10/01/91	0				0	0	HY	0	0
74	COMPUTER EQUIPMENT	2/01/92	0				0	0	HY	0	0
75	SHELVES ON ROLLERS (2-SETS)	8/01/90	0				0	0	HY	0	0
76	LAMINATOR	10/01/90	0				0	0	HY	0	0
77	DISHWASHER	3/01/91	0				0	0	HY	0	0
78	Book shelves	9/01/92	0				0	0	HY	0	0
79	Tape recorder	9/01/92	0				0	0	HY	0	0
80	Telephone	9/17/92	0				0	0	HY	0	0
81	Tape player/boom box	11/10/92	0				0	0	HY	0	0
82	Paper cutter & clock	8/15/92	0				0	0	HY	0	0
83	Storage bins	7/31/93	0				0	0	HY	0	0
84	Two wall clocks	8/31/93	0				0	0	HY	0	0
85	Equipment	11/30/93	0				0	0	HY	0	0
86	Display/storage shelf	11/30/93	0				0	0	HY	0	0
87	ORIGINAL BUILDING	1/01/80	0				0	0	HY	0	0
88	IMPROVEMENTS #2	12/01/80	0				0	0	HY	0	0
89	WATERPROOFING	6/01/83	0				0	0	HY	0	0
90	PAVE DRIVE	8/01/84	0				0	0	HY	0	0
91	WALL & CEILING IMPROVEMENTS	6/01/84	0				0	0	HY	0	0
92	IMPROVEMENTS	8/01/85	0				0	0	HY	0	0
93	IMPROVEMENTS	10/01/85	0				0	0	HY	0	0
94	IMPROVEMENTS	1/01/86	0				0	0	HY	0	0
95	ARCHITECT FEE	5/31/87	0				0	0	HY	0	0
96	BUILDERS RISK INSURANCE	6/30/88	0				0	0	HY	0	0
97	BUILDING IMPROVEMENTS	7/31/88	0				0	0	HY	0	0
98	BUILDING IMPROVEMENTS	8/31/88	0				0	0	HY	0	0
99	BUILDING IMPROVEMENTS	9/30/88	0				0	0	HY	0	0
100	BUILDING IMPROVEMENTS	10/31/88	0				0	0	HY	0	0
101	BUILDING IMPROVEMENTS	12/31/88	0				0	0	HY	0	0
102	DRIVEWAY	4/30/88	0				0	0	HY	0	0
103	DRIVEWAY & DRAINAGE	5/31/88	0				0	0	HY	0	0
104	GATE	6/01/88	0				0	0	HY	0	0
105	IRRIGATION	8/01/88	0				0	0	HY	0	0
106	IRRIGATION	9/01/88	0				0	0	HY	0	0
107	SHRUBS	11/01/88	0				0	0	HY	0	0
108	AIR CONDITIONER INSTALLED	3/01/90	0				0	0	HY	0	0
109	CARPENTRY & IMPROVEMENTS	8/01/90	0				0	0	HY	0	0
110	Improvements	6/30/92	0				0	0	HY	0	0
111	Improvements	7/31/92	0				0	0	HY	0	0
112	Improvements	2/28/93	0				0	0	HY	0	0
113	Improvements	5/31/93	0				0	0	HY	0	0
114	Remodeling	8/31/93	0				0	0	HY	0	0
115	Sign	1/25/95	0				0	0	HY	0	0
116	Linoleum Floor Covering	8/14/95	0				0	0	HY	0	0
117	Fence Materials For Playground	10/10/95	0				0	0	HY	0	0
118	Replace all locks	11/14/96	0				0	0	HY	0	0
119	Commodos	4/08/97	0				0	0	HY	0	0
120	Smoke detectors	5/06/97	0				0	0	HY	0	0
121	Bathroom renovation	5/27/97	0				0	0	HY	0	0
122	Pave parking lot	6/09/97	0				0	0	HY	0	0
123	renovate downstairs bathrooms	7/25/97	0				0	0	HY	0	0
124	contractor, renovate downstairs bathrooms	8/04/97	0				0	0	HY	0	0
125	downstairs air conditioning	10/09/97	0				0	0	HY	0	0
126	contractor, final renovate bathrooms	12/09/97	0				0	0	HY	0	0
127	renovation, final pymt	12/11/97	0				0	0	HY	0	0
128	Land	1/01/87	0				0	0	HY	0	0
129	Shade canopy	8/24/98	0				0	0	HY	0	0
130	Fence	9/29/98	0				0	0	HY	0	0
131	Hival 16x5 CD Change	8/03/98	0				0	0	HY	0	0
132	Crea SB Vibra 16/24x	8/03/98	0				0	0	HY	0	0
133	8 chairs for class C	8/25/98	0				0	0	HY	0	0
134	4 chairs	8/25/98	0				0	0	HY	0	0
135	3 folding tables	9/11/98	0				0	0	HY	0	0
136	TV/VCR for classroom C	2/17/99	0				0	0	HY	0	0
137	Computer	4/20/99	0				0	0	HY	0	0
138	Playground equipment	4/03/00	0				0	0	HY	0	0
139	Printer teacher workroom	10/11/99	0				0	0	HY	0	0
140	2 bookcases for class B	11/02/99	0				0	0	HY	0	0
141	Table	12/06/99	0				0	0	HY	0	0

62-6110201

**Federal Asset Report**

FYE: 5/31/2010

**Miscellaneous**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
142	Shelving unit for B	2/04/00	0				0	0	HY	0	0
143	Hardwood table	2/15/00	0				0	0	HY	0	0
144	Computer cart	3/31/00	0				0	0	HY	0	0
145	2 office chairs	5/30/00	0				0	0	HY	0	0
146	Tile floor	7/24/00	0				0	0	HY	0	0
147	Cabinets	10/10/00	0				0	0	HY	0	0
148	Metal exit stair & handrail	12/05/00	0				0	0	HY	0	0
149	Playground equipment	7/19/00	0				0	0	HY	0	0
150	Vacuum cleaner	9/23/00	0				0	0	HY	0	0
151	Dishwasher	9/27/00	0				0	0	HY	0	0
152	Canon copier	12/07/00	0				0	0	HY	0	0
153	Canon Super G3 Fax	12/07/00	0				0	0	HY	0	0
154	John TeSelle Arch - inv 31	12/07/00	0				0	0	HY	0	0
155	John TeSelle Arch code research	1/09/01	0				0	0	HY	0	0
156	John TeSelle Arch	2/07/01	0				0	0	HY	0	0
157	John TeSelle Arch prints	3/05/01	0				0	0	HY	0	0
158	Metro Codes - zoning application fee	12/12/00	0				0	0	HY	0	0
159	Outdoor sign	12/03/01	0				0	0	HY	0	0
160	Dell computer	5/24/02	0				0	0	HY	0	0
161	Topography	8/16/01	0				0	0	HY	0	0
162	John TeSelle - design	6/06/02	0				0	0	HY	0	0
163	John TeSelle	7/10/02	0				0	0	HY	0	0
164	John TeSelle	8/15/02	0				0	0	HY	0	0
165	John TeSelle - design, devel, constr. docs	9/17/02	0				0	0	HY	0	0
166	John TeSelle - construction docs	10/08/02	0				0	0	HY	0	0
167	John TeSelle - construction docs	11/04/02	0				0	0	HY	0	0
168	John TeSelle - bidding & neg.	12/03/02	0				0	0	HY	0	0
169	John TeSelle - constr. admin	1/09/03	0				0	0	HY	0	0
170	John TeSelle - constr. admin	2/04/03	0				0	0	HY	0	0
171	Terracon - concrete testing	2/24/03	0				0	0	HY	0	0
172	John TeSelle - constr. admin	3/11/03	0				0	0	HY	0	0
173	Terracon	3/28/03	0				0	0	HY	0	0
174	John TeSelle- changes	3/28/03	0				0	0	HY	0	0
175	Cooper Love & Jackson- builders ins	4/04/03	0				0	0	HY	0	0
176	John TeSelle - constr. admin	5/07/03	0				0	0	HY	0	0
177	Conseco Group	1/07/03	0				0	0	HY	0	0
178	Conseco Group	1/28/03	0				0	0	HY	0	0
179	Metro/American Eagle Ready Mix	2/06/03	0				0	0	HY	0	0
180	Alley-Cassetty Brick	2/06/03	0				0	0	HY	0	0
181	Girtman Total Openings - doors & hardware	2/24/03	0				0	0	HY	0	0
182	Metro/American Eagle Ready Mix	2/25/03	0				0	0	HY	0	0
183	Dale Inc. - windows	3/04/03	0				0	0	HY	0	0
184	Conseco Group	3/05/03	0				0	0	HY	0	0
185	Porter Paints	3/12/03	0				0	0	HY	0	0
186	Conseco Group	4/01/03	0				0	0	HY	0	0
187	Consolidated Electrical	4/03/03	0				0	0	HY	0	0
188	Alley-Cassetty Brick	4/03/03	0				0	0	HY	0	0
189	Rinker Materials	4/10/03	0				0	0	HY	0	0
190	Electricity reimbursed	4/01/03	0				0	0	HY	0	0
191	Consolidated Electrical	4/16/03	0				0	0	HY	0	0
192	Consolidated Electrical	4/22/03	0				0	0	HY	0	0
193	Alley-Cassetty Brick	5/01/03	0				0	0	HY	0	0
194	Rinker Materials	5/01/03	0				0	0	HY	0	0
195	Conseco Group	5/08/03	0				0	0	HY	0	0
196	Consolidated Electrical	5/07/03	0				0	0	HY	0	0
197	Rinker Materials	5/07/03	0				0	0	HY	0	0
198	Consolidated Electrical	5/07/03	0				0	0	HY	0	0
199	Porter Paints	5/13/03	0				0	0	HY	0	0
200	Metro/American Eagle Ready Mix	5/22/03	0				0	0	HY	0	0
201	New air exchange	9/16/03	0				0	0	HY	0	0
202	Water heater unit	3/03/04	0				0	0	HY	0	0
203	Laminator	4/05/04	0				0	0	HY	0	0
204	John TeSelle	6/02/03	0				0	0	HY	0	0
205	John TeSelle	6/30/03	0				0	0	HY	0	0
206	John TeSelle	7/30/03	0				0	0	HY	0	0
207	10 tables, 5 shelves	9/11/03	0				0	0	HY	0	0
208	chairs for A	9/15/03	0				0	0	HY	0	0
209	2 30x60 tables	10/01/03	0				0	0	HY	0	0
210	Table	10/10/03	0				0	0	HY	0	0
211	5 bookcases	12/09/03	0				0	0	HY	0	0
212	Building costs	6/15/03	0				0	0	HY	0	0