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)

benefit trust or private foundation)

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

2008
Open to Public Inspection

<u> </u>	ror tn	ie 2008 calendar year, or tax year beginning JUL 1, 2008 and end	ung J	UN 30, 2009	
В	Chock if applicat	olo: Please uso IRS C Name of organization		D Employer identifi	cation number
	Addr	css lobel or KIPP EAST NASHVILLE PREPARATORY			
Ē	Name Chan	the transfer of the transfer o		20-2	799123
	lnitial roturr	n 500 Number and Street (of P.U. Dox if mail is not delivered to street address) Koo	om/suite	E Telephone numbe	ır
	Term	in- Specific 122 DOUGLAS AVENUE			226-4484
	Amer	nded tions.		G Gross receipts \$	2,033,866.
	Appli	NASHVILLE, TN 37207		H(a) is this a group r	
	pend	F Name and address of principal officer:RANDY DOWELL		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
		tempt status: X 501(c) (3) ◀ (insert no.)		If "No," attach a	list. (see instructions)
		te: ► WWW.KIPPACADEMYNASHVILLE.ORG		H(c) Group exemption	n number 🕨
K	Type of	forganization: X Corporation Trust Association Other	L Year (of formation: 2003	A State of legal domicile; TN
P	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: SERVE	EDUC	ATIONALLY U	NDERSERVED
Activities & Governance	ļ	STUDENTS			
Ĭ	2	Check this box if the organization discontinued its operations or disposed			s.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			7
9	4	Number of independent voting members of the governing body (Part Vi, line 1b)			7
98	5	Total number of employees (Part V, line 2a)		5	35
蓋	6	Total number of volunteers (estimate if necessary)		6	0
Ş	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)			0.
_	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	1			Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)		1,502,401.	2,007,402.
Revenue	9	Program service revenue (Part VIII, line 2g)	🗀	8,150.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,942.	4,149.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	🗀		17,025.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,516,493.	2,028,576.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	[
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	🗀	674,239.	1,503,585.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	[
×	b	Total fundraising expenses (Part IX, column (D), line 25) 10,763	• 1	Priese operation	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		594,730.	632,200.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,268,969.	2,135,785.
	19	Revenue less expenses. Subtract line 18 from line 12		247,524.	<107,209.
Sor		··· ····		Beginning of Year	End of Year
Net Assets	20	Total assets (Part X, line 16)	🖵	1,101,338.	986,766.
¥	21	Total liabilities (Part X, line 26)		98,997.	91,633.
칠	22	Net assets or fund balances. Subtract line 21 from line 20		1,002,341.	895,133.
P	art II				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kn	stements, a nowledge.	nd to the best of my knowled	go and belief, it is true, correct,
				•	
Sig	n	Singabura of officer			
He	е	Signature of officer		Date	
		RANDY DOWELL, PRINCIPAL Type or print name and title			
_		N.C.	I Cho	ok if I Grange	er's identifying number
Paid	đ	Preparer's signature SEAN M. GOODWIN. CPA 02/17/	l self-	(see in:	ar s identifying number structions)
Pre	parer's	00,017			
Use	Only	yours it GOSEFII DECOSIMO AND COMPANI, PLLC		EIN ►	
		address and			15 202 7125
	. Al "	NASHVILLE, TN 37203		Phone no. ▶ 6	15-292-7135
Ma	y tne li	RS discuss this return with the preparer shown above? (see instructions)		•••••	X Yes No

4d	Other program services. (Des	scribe in Schedule O.)			
	(Expenses \$	including grants of \$) (Revenue \$)	

4e Total program service expenses ▶\$ 1,611,607. (Must equal Part IX, Line 25, column (B).)

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 X 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ... 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any 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 X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III X R 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 X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes." complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable X 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 12 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 X located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Part III X X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 24a 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 questions 24b-24d and complete Schedule K. X If "No", go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a X prior year? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Form 990 (2008) KIPP EAST NASHVILLE PREPARATORY
Part IV Checklist of Required Schedules (continued)

			Yes	No
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	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	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	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	37		х

Form **990** (2008)

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				15.78	
	U.S. Information Returns. Enter -0- if not applicable	1a		<u> </u>		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ıble gaming	11 41 10		
	(gambling) winnings to prize winners?			. 1c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				
	filed for the calendar year ending with or within the year covered by this return	2a] 3	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	•••••	. 2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by 1	his return?	. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		•••••	3b	<u></u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	. 4a		X
b	If "Yes," enter the name of the foreign country: ▶			00000 00000	774	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?		. 5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Rega	rding Prohibited			
	Tax Shelter Transaction?			. 5c		
6a	Did the organization solicit any contributions that were not tax deductible?			. 6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			. 6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than	\$75?	. 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			. 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	al			
	benefit contract?			. 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		. 7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required	?		. 7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as re	quired?	. 7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 5	09(a)(3)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or	_			19396.	
	excess business holdings at any time during the year?			. 8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			- 13		-
a	Did the organization make any taxable distributions under section 4966?				ļ	—
b	Did the organization make a distribution to a donor, donor advisor, or related person?			. 9b		<u> </u>
10	Section 501(c)(7) organizations. Enter: N/A		1	a,	L	1.35
8	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter: N/A	1	1			
8	Gross income from members or shareholders	11a		- ***		黨:
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b		- 133-02		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? i	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				Maria.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 1a Enter the number of voting members of the governing body be Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 1 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? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Does the organization have local chapters, branches, or affiliates? Dif "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? Did was a copy of the Form 990 provided to the organization uses to review the Form 990 Did the organization have enabled 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 Section B. Policies	X X X X X
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Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates? 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? Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 Was a copy of ficer, director or 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 Section B. Policies	X X
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Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? 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? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 11 Section B. Policies	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? B Does the organization have local chapters, branches, or affiliates? 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? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailting address? If "Yes," provide the names and addresses in Schedule O Section B. Policies	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? B Does the organization have local chapters, branches, or affiliates? 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? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 11 Section B. Policies	X
B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 8a X 9a Does the organization have local chapters, branches, or affiliates? 9a 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? 9b 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 Section B. Policies	
by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? 9a 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? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 Section B. Policies	
a The governing body? b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? 9a I 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? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 Section B. Policies	
b Each committee with authority to act on behalf of the governing body? 9a Does the organization have local chapters, branches, or affiliates? 9a 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? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 Section B. Policies	
9a Does the organization have local chapters, branches, or affiliates? 9a 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? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 Section B. Policies	
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? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 Section B. Policies	X
and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 Section B. Policies	
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or 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 Section B. Policies	
describe in Schedule O the process, if any, the organization uses to review the Form 990 11 Is there any officer, director or 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 Section B. Policies	${f o}$
11 Is there any officer, director or 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 11 Section B. Policies	
organization's mailing address? If "Yes," provide the names and addresses in Schedule O	\vdash
Section B. Policies	x
i Yes I N	No
	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	\vdash
to conflicts?	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	${f o}$
in Schedule O how this is done	
	X
	X
15 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 Other officers or key employees of the organization?	X
Describe the process in Schedule O. (see instructions)	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	X X
taxable entity during the year?	X X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	X
in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	X X X
exempt status with respect to such arrangements?	X
Section C. Disclosure	X
17 List the states with which a copy of this Form 990 is required to be filed NONE	X
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	X
	X
nublic inspection. Indicate how you make these available. Check all that apply	X
public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Ucon request	X
Own website Another's website X Upon request	X
Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial	X
Own website Another's website X 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.	X
Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial	X

<u>Part VIII</u> 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. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 (A)	(B)				>)			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(0	hecl	call t	that	арр	ly)	compensation	compensation	amount of
	per week	ecte						from the	from related organizations	other compensation
		20	g;			atsd		organization	(W-2/1099-MISC)	from the
		ndividual bustee or director	nstitutional trustee		8	npens		(W-2/1099-MISC)		organization
	ļ	i i	rtiona	Officer	E E	orte or	5			and related organizations
		ğ	每	暑	Key	Highest compensated employee	Бет	į		Organizations
JIM FLAUTT			H			Н				
BOARD MEMBER	5.00	x						0.	0.	0.
WILL EDWARDS SETTLE		Π		<u> </u>						
BOARD CHAIR	5.00	X						0.	0.	0.
ROSS BOOHER										
BOARD MEMBER	5.00	X						0.	0.	0.
TOWNES DUNCAN										_
BOARD MEMBER	5.00	X	L.		_	L		0.	_0.	0.
MICHAEL HAYES		l								_
BOARD MEMBER	5.00	X						0.	0.	0.
ERIC ROZA	- 00	۱.,							_	
BOARD MEMBER	5.00	X	<u> </u>	<u> </u>	\vdash	L,		0.	0.	0.
DENISE W. BOOSALIS	= 00	ا پ						0.	0.	0.
BOARD MEMBER ROB ELLIOTT	5.00	^	┝		⊢	Н				
BOARD MEMBER	5.00	x						0.	0.	0.
MARIE STRINGER	3.00	^	┢	├	⊢	\vdash		- 0.		
BOARD MEMBER	5.00	x				1		0.	o.	0.
LARRY TRABUE	-	-	H	Н		H				
BOARD MEMBER	5.00	x						0.	0.	0.
DREW GODDARD			1			Г			-	
BOARD MEMBER	5.00	X						0.	0.	0.
SHEILA HUBBARD										
PARENT REPRESENTATIVE	5.00	X	Į					0.	0.	0.
RANDY DOWELL									_	_
SCHOOL LEADER	50.00		_	X				73,500.	0.	0.
			1	1						
	-	-	┞	₩	<u> </u>	 	<u> </u>			
								i		
	 	\vdash	 	⊢	\vdash		\vdash			
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		1	1			-				

	n 990 (2008) KIPP EAS	T NASHV	IL	LЕ	P	RE:	PA	RA'	TORY	20-2	799123	Page 8
Fa	TT VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average				C) ition	ì		(D) Reportable compensation	yees (continued) (E) Reportable compensation	Esti	(F) mated ount of
		per week	Individual trustes or director	Institutional dustee	Officer		Highest compensated employee	Ï	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	d of composition of c	ther ensation m the nization related izations
					_	_		_				
				_		_						
			_	_	_		_					
					-						+	
1b	1b Total										0.	
2	Total number of individuals (including those compensation from the organization								000 in reportable		>	0 es No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-				nighest compensated er			
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•		mp	ensa	ation	and	d oth	her compensation from		4	X
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched titon B. Independent Contractors	•				-			_		5	X
1	Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of con	npensation fro	m
	(A) Name and business	address							(B) Description of s	ervices	(C) Compens	ation
_							_	\downarrow				
								\dashv				
_												
2	Total number of independent contractors (i	ncluding those	e in 1	I) wf	ho re	cei	ved	mor	e than \$100,000 in com	pensation		
	from the organization	0								<u>.</u>	- () 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	90 (2000)

Page 9

PE	irt VI	Statement of Rever	nue					
		ें हैं। स	y Solation	er ú	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats its	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues					G. S	
is, g	c	Fundraising events	1c 2	57,823.		. × 1	Prop. 8	9 - 27 1
aging.	d	Related organizations	1d		8. a.	₩		· v
S.E	е	Government grants (contribut	ions) 1e 1	749579.			·	
i s	f	All other contributions, gifts, gran	ts, and		200 m			
直	,	similar amounts not included above	ve 11				, .m6	40
at o	g	Noncash contributions included in lines		3,287.				Ť
SE	h	Total. Add lines 1a-1f			2,007,402.			
				Business Code			11	
ĕ	2 a							
ž,	ь							
SE	С				i			
ameve	d							
Program Service Revenue	е		-				-	
4	1	All other program service reve	nue					
	g	Total. Add lines 2a-2f						· · · · · ·
	3	Investment income (including						
		other similar amounts)			2,099.			2,099.
	4	Income from investment of tax						
	5	Royalties						
		-	(i) Real	(ii) Personal			79 La 8	4
	6 a	Gross Rents			1			
		Less: rental expenses				€ 4 ± ±	er.	•
	С					174 4 for		
	d	Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(ii) Other		'a. #:	*	
		assets other than inventory		7,340.				
	ь	Less: cost or other basis					**	*1
		and sales expenses		5,290.]		8 ., 9	ħ.
	С	Gain or (loss)		2,050.	1			
	d	Net gain or (loss)			2,050.	2,050.		
6	8 a	Gross income from fundraising				4.	*	
		including \$				r "# ::•	v:	
946	1	contributions reported on line				e de de	<u> </u>	
Other Reven	1	Part IV, line 18		ľ			· · · · · · · · · · · · · · · · · · ·	
th.	Ь	Less: direct expenses			# ₩ ^			, A
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a		4.			
	ь	Less: direct expenses	b					ė, ar s
	¢	Net income or (loss) from garr	ing activities	<u></u>				
	10 a	Gross sales of inventory, less	returns		1.	A	# Ag	
i		and allowances	a		_		<u>,</u>	
	ь	Less: cost of goods sold	b			1. 1. 1. 1.	."	
	С	Net income or (loss) from sale	s of inventory	_				
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS F	EES	611710	17,025.	17,025.		<u> </u>
	b							
	C							
	d	Ail other revenue			17 005			······································
	e	Total. Add lines 11a-11d		_	17,025.	10 075		2 000
	12	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 10	0c, and 11e	2,028,576.	19,075.	0.	2,099.

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).

	not include amounts reported on lines 6b, 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	<u>-</u> .			
	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				Control of the contro
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				
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	1,211,482.	1,061,930.	149,552.	
8	Pension plan contributions (include section 401(k)				-
	and section 403(b) employer contributions)	91,325.	68,494.	22,831.	
9	Other employee benefits	102,453.	76,840.	25,613.	
10	Payroll taxes	98,325.	73,744.	24,581.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	88.		88.	
C	Accounting	48,711.		48,711.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	-			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	101,255.	86,067.	15,188.	
17	Travel	10,618.	2,275.	8,343.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	933.	933.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	136,148.	81,843.	54,305.	
23	Insurance				. = = =
24	Other expenses, Itemize expenses not covered		X.		
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)			4 6 4 9 9 9	1 (22) (0 (23) (10) (
-	OTHER EXPENSES -MGNT &	164,203.	450 101	164,203.	
b	OTHER EXPENSES -PROGRAM	159,481.	159,481.		40 762
C	OTHER EXPENSES -FUNDRAI	10,763.	_		10,763.
ď					
е		_			
_ f	All other expenses	2 125 705	1 611 607	E12 A1E	10 762
25	Total functional expenses. Add lines 1 through 241	2,135,785.	1,611,607.	513,415.	10,763.
26	Joint Costs. Check here Jif 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	l l		l	

					(A) Beginning of year			(B) End of) year	
	1	Cash - non-interest-bearing			660,114.	1	 			92.
	2	Savings and temporary cash investments	• • • • • • • • • • • • • • • • • • • •	••••••••••••••••••••••••••••••••••••	300,222	2	+		-,-	
	3	Pledges and grants receivable, net	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••••••••••••••••	-	3	1			
	4	Accounts receivable, net	• • • • • • • • • • • • • • • • • • • •	***************************************		4	 	2	8.8	58.
	5	Receivables from current and former officers, d				Ť				
		employees, or other related parties. Complete F				5				
	6	Receivables from other disqualified persons (as				De \$15	13847		27.X	70 F 1
		4958(f)(1)) and persons described in section 49								
		Part II of Schedule L				6	***********	A. Liebenheite	********	
2	7	Notes and loans receivable, net				7				
Assets	8					8				
₹	9	Inventories for sale or use			10,021.	9			5,8	84.
	10a	Land, buildings, and equipment: cost basis	10a	609,301.			12.35	533 - Si		
		Less: accumulated depreciation. Complete			[882] \$2.64 P. \$250 B.					
		Part VI of Schedule D	10b	283,369.	431,203.	10c		32	5,9	32.
	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	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	1,101,338.	16				66.
	17	Accounts payable and accrued expenses			98,997.	17		9	<u>1,6</u>	33.
	18	Grants payable				18	<u> </u>			
Liabilities	19	Deferred revenue				19	<u> </u>			
	20	Tax-exempt bond liabilities				20	ļ			
S S	21	Escrow account liability. Complete Part IV of Sc	hedule	D		21				
#	22	Payables to current and former officers, director				18.25		94 <u>8</u> 86	Away (
[편]		highest compensated employees, and disqualifi	ed per	sons. Complete Part II		國的		MATE	<u> </u>	
-		of Schedule L				22				
	23	Secured mortgages and notes payable to unrela				23				
	24	Unsecured notes and loans payable				24				
	25	Other liabilities. Complete Part X of Schedule D				25	ļ			
	26	Total liabilities. Add lines 17 through 25			98,997.	26		9	<u>1,6</u>	33.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete						185 - 1 1857 - 1
8		lines 27 through 29, and lines 33 and 34.								
lances	27	Unrestricted net assets			860,459.		<u> </u>	84	9,2	97.
	28	Temporarily restricted net assets			141,882.	28		4	5,8	30.
P	29				V. 400	29	(*	or taren in	rissiene. 1	· high and
Ŧ		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 📖 and			1 多篇的			
Net Assets or Fund Ba		complete lines 30 through 34.				المشيا		<u> </u>		أخيشا
Set	30	Capital stock or trust principal, or current funds				30				
A S	31	Paid-in or capital surplus, or land, building, or ed			<u> </u>	31	 			
ž	32	Retained earnings, endowment, accumulated in		***************************************	1,002,341.	32	}		5 1	33.
_	33	Total net assets or fund balances	••••••		1,101,338.	33	ł			66.
Do	34 t XI	Total liabilities and net assets/fund balances			1,101,330.	34			<u>0, 1</u>	00.
rai	(A)	Financial Statements and Reporting			<u> </u>			$\overline{}$	Yes	No
4	۸۵۵۰	ounting method used to prepare the Form 990:	<u>-</u>	ash X Accrual	Other			GUT (N	[230]	100
1 2a		ounting method used to prepare the Form 990: the organization's financial statements compiled						2a	3 886 STM	X
≱a b		the organization's financial statements complied to the organization's financial statements audited to						2b	X	
_		es" to lines 2a or 2b, does the organization have							_ -	\vdash
U		w, or compilation of its financial statements and						2c	х	
30		result of a federal award, was the organization re						 	_ 	
Ja		_						3a		х
b		es," did the organization undergo the required au						3b		<u> </u>
	12-18								990 ((2008)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008
Open to Public Inspection

Employer identification number

Name of the organization

Attach to Form 990 or Form 990-EZ. See separate instructions.

			721 NASHATTITE						20	-2199	<u> 123</u>	
Part			rity Status (All organiz				t.) (see ins	tructions)				
he <u>org</u>	_	-	because it is: (Please ch	•	_	•						
1 📙	~		s, or association of chur			ction 170	(b)(1)(A)(i).				
2 لِكِ			/0(b)(1)(A)(ii). (Attach Sc									
3 ⊑	A hospital or	a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)			
4 📙	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital'	's name	е,
_	_ city, and sta	te:										
5	_	•	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental uni	t describe	d in		
_	section 170	(b)(1)(A)(iv). (Compl	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b)(1)(A)(v).					
7 📙		ion that normally red	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic desci	ribed ir	1
_	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
魯┝	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		ion that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, and	d gross rec	eipts f	rom
	activities rela	ited to its exempt fu	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support fo	rom gross	investr	nent
	income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization at	iter June 3	0, 197	5.
_	See section	509(a)(2). (Complete	the Part III.)									
ᆫᆜᅃ	An organizat	ion organized and o	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1). (see ins	tructions)			
11	_	•	perated exclusively for the		•				•	•		r
	•		ations described in secti		•		2). See se e	ction 509(a	a)(3). Chec	k the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and compl		_				. —			
_	a LType	·	••	с 🗀 Тур		•	-			Type III · C		
e <u> </u>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified p										n	
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or s								ection 509	(a)(2).		
T	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III											
_		rganization, check ti									••••••	ш
9			organization accepted ar							1	Yes	No
			lirectly controls, either al upported organization?					u auro (11g(i)	162	140
	_	•	n described in (i) above?									
			person described in (i)									
h		*	about the organizations				•••••••	••••••		[1.18/1.17]		
	Flovide trie	ollowing intermation	about the organizations	uie organ	iization suj	ports.						
//> Al-		(2) (1)	(iii) Type of	(iv) is the c	rganization	(v) Did vo	ı notify the	(vi) Is	the	feelth Ame		
	ne of supported rganization	(ii) EIN	organization		sted in your		ion in col.	l organizátic	on in col.	(vli) Am supp		
	gamzadon	1	(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	(i) organiz U.S.	?""""	oup	,,,,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				ļ			<u> </u>					
					<u> </u>							
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				1	 	-	1		 			
						17.00F1	SY (11.30)	12227772W	727.330	<u> </u>		
otal		[1] 计自动存储器	[金包裝/花裝/開									

Schedule A (Form 990 or 990-EZ) 2008						Page 2
Part II Support Schedule for	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)
(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 · 3						
5 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)						
6 Public Support. Subtract line 5 from line 4.			to the major of the comment of the collection of the	and the second s		
Section B. Total Support						
Calendar year (or fiscal year beginning in) 7 Amounts from line 4	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain						

	· · · · · · · · · · · · · · · · · · ·				_		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)	12					
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501	(c)(3)	_			
	organization, check this box and stop here			<u></u> ▶□	<u>그</u>		
Sec	ction C. Computation of Public Support Percentage						
14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14					
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15			%		
16a	33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or	nore,	check this bo	x and			
	stop here. The organization qualifies as a publicly supported organization			▶□	\Box		
b	33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/39	orm	ore, check th	nis box			
	and stop here. The organization qualifies as a publicly supported organization			▶□			
17a	10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b,	and lir	ne 14 is 10%	or more,			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pa						
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization			. —			
b	10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or						
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explai						
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported org			_			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box				\Box		
_							

Section A. Public Support Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and						
	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
TO STATE OF THE PROPERTY OF TH	\4) 2007	(6) 2005	(0) 2000	(0) 2007	(6) 2000	(i) Iolai
membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 · 5					ļ	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
D Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)		·				
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	·					
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					<u> </u>	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	414) 1				der de la	
14 First five years. If the Form 990 is for the	-			*		. —
check this box and stop here	Support De	roontogo	•••••••••••••••••••••••••••••••••••••••		••••••	P LJ
Section C. Computation of Public			notume (A)		15	
15 Public support percentage for 2008 (lin		-			16	%
16 Public support percentage from 2007 Section D. Computation of Invest					110 1	
Joulul D. Collipulation of ilivest			ne 13. column (fil		17	%
					18	
17 Investment income percentage for 200	W/Schedille 🕰 -					
 17 Investment income percentage for 200 18 Investment income percentage from 20 			on line 14, and line	e 15 is more than :	33 1/3%, and line '	17 is not
17 Investment income percentage for 2000 18 Investment income percentage from 20 19a 33 1/3% support tests - 2008. If the co	rganization did n	ot check the box				17 is not ▶
 17 Investment income percentage for 200 18 Investment income percentage from 20 19a 33 1/3% support tests - 2008. If the omore than 33 1/3%, check this box and 	rganization did n d stop here. The	ot check the box organization qual	ifies as a publicly	supported organiz	ation	▶□
17 Investment income percentage for 2000 18 Investment income percentage from 20 19a 33 1/3% support tests - 2008. If the co	rganization did n d stop here. The rganization did n	ot check the box organization qual ot check a box or	ifies as a publicly : I line 14 or line 19a	supported organiz a, and line 16 is m	ationore than 33 1/3%,	▶ □

Schedule D (Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

➤ Attach to Form 990. To be completed by organizations that

OMB No. 1545-0047 008 Inspection

Employer identification number

Name of the organization

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	KIPP EAST NASHVILLE PREPARATORY	20-2799123
Pa	rt Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. 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 fun	ds
•	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used	
•	for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private b	. — —
Per	The Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	
1		
'	Purpose(s) of conservation easements held by the organization (check all that apply).	h, important land and
	Preservation of land for public use (e.g., recreation or pleasure)	
	Protection of natural habitat Preservation of certified hist	onc structure
_	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation	on easement on the last day
	of the tax year.	
		Held at the End of the Year
a		2a
b	Total acreage restricted by conservation easements	2ь
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 organ	ization 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, violations, and	<u></u>
	enforcement of the conservation easements it holds?	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(1)
	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 states	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	ganization's accounting for
	conservation easements.	
Pai	rtill 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 set	rvice, 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 she	et works of art, historical treasures,
	or other similar assets held for public exhibition, education, or research in furtherance of public service, provi	de 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:	
а	Revenues included in Form 990, Part VIII, line 1	. > \$
b	Assets included in Form 990, Part X	. > \$

e	Other expenditures for facilities		17.6				1896		25
	and programs								
f	Administrative expenses	200 mm m 1			200			MAY	
g	End of year balance	:		[M. 389 77];	There is		95.9		177.
2	Provide the estimated percentage of the year er	d balance held as:							
а	Board designated or quasi-endowment >	%							
b	Permanent endowment >	_%							
C	Term endowment >%								
3a	Are there endowment funds not in the possession	n of the organization	that are held a	nd administe	red for t	he organization			_
	by:							Yes	N
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations lis						3b		
4	Describe in Part XIV the intended uses of the on	anization's endowme	ehriftinds						

(b) Cost or other

basis (other)

609,301.

(c) Depreciation

283,369.

(a) Cost or other

basis (investment)

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

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Description of investment

1a Land
b Buildings
c Leasehold improvements

d Equipment

Schedule D (Form 990) 2008

(d) Book value

325,932.

325,932.

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat Cost or end-of-year mark	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
·		_		··
			·	
				
-				
Total (Cal (h) should acual Form 000 Part V and (D) line 42 \		12524445		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. Se	o Form 000 Bort V line			<u> </u>
		1 13.	(c) Method of valuat	tion:
(a) Description of investment type	(b) Book value]	Cost or end-of-year mark	
	- .			
	 -			
	·		" "	
				
				101
				**
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		unie i		
Part IX Other Assets. See Form 990, Part X, line	15.			(b) Book value
(8)	Description			(D) BOOK VALUE
	·			
	· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) should equal Form 990, Part X, col (B) lii			<u></u>	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	fine 25.	(b) Amount	paradicular des diseases es establica deservir es establica de la companya del companya de la companya del companya de la comp	· · · · · · · · · · · · · · · · · · ·
	<u>_</u>	(b) Amount		
Federal income taxes				
Total, (Column (b) should equal Form 990, Part X, col (B) lii	ne 25.)			

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 832053 12-23-08

KIPP EAST NASHVILLE PREPARATORY

Schedule D (Form 990) 2008

Schedule	D (Form	990) 2008		formation (EAST	NASHVILLE	PREPARATO	RY	20-2799123	Page 5
Part X	(IV Sup	plement	<u>tal In</u>	formation (continued)	<u>.</u>			-	
CATN	FROM	CALE	OF	ASSET:	2050					
GNIN	PROM	DADE	OF	ADDEI.	2030.		<u> </u>			
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SCHEDULE E

(Form 990 or 990-EZ)

Schools

► To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KIPP EAST NASHVILLE PREPARATORY

Employer identification number 20-2799123

	<u> </u>		YES	NO
	oes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	her governing instrument, or in a resolution of its governing body?	1	X	
	pes the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	stalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
	as the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
-	eriod of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	e policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	3	X	
_	IPP ACADEMY NASHVILLE IS A PUBLIC CHARTER SCHOOL AND MEETS			
<u>A</u>	LL ADMISION GUIDELINES AS OTHER PUBLIC SCHOOLS.			1 11 1
				. 3
4 Do	pes the organization maintain the following?			
a Re	ecords indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b Re	ecords documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		X
c Co	ppies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
ad	Imissions, programs, and scholarships?	4c	X	
	opies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
4	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) .B. N/A - NO FINANCIAL ASSISTANCE OR SCHOLARSHIPS AWARDED. IPP IS A PUBLIC CHARTER SCHOOL WITH NO TUITION REQUIREMENT.	and the second		
_	pes the organization discriminate by race in any way with respect to:		. 9 -	
	udents' rights or privileges?	5a		X
	imissions policies?	5b		X
	nployment of faculty or administrative staff?	5c		X
	cholarships or other financial assistance?	5d		X
	fucational policies?	5e		X
	se of facilities?	5f		X
	hletic programs?	5g		X
	ther extracurricular activities?	5h		X
	you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
6a Do	pes the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	as the organization's right to such aid ever been revoked or suspended?	6b		X
	you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. STATEMENT 1			
	pes the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	ev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	7	X	

Schedule E (Form 990 or 990-EZ) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public Inspection

Name of the organization **Employer identification number** KIPP EAST NASHVILLE PREPARATORY 20-2799123 FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS PREPARED AND REVIEWED BY KIPP EAST NASHVILLE PREPARATORY'S CPA FIRM. IT IS THEN GIVEN TO KIPP'S GOVERNING BODY TO REVIEW BEFORE IT IS MAILED. FORM 990, PART VI, SECTION C, LINE 19: KIPP EAST NASHVILLE PRAPARATORY'S FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE STATE OF TENNESSEE DEPARTMENT OF REVENUE. THE ORGANIZATION HAS CHOSEN NOT TO MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC AT THIS TIME. FORM 990, PART XI, LINE 2C THE ORGANIZATION'S AUDIT OVERSIGHT HAS NOT CHANGED FROM THE PREVIOUS YEAR.

SCHEDULE E

GOVERNMENT FINANCIAL ASSISTANCE STATEMENT LINE 6

STATEMENT

1

THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND RECEIVES FUNDING SIMILAR TO OTHER PUBLIC SCHOOLS FROM THE STATE OF TENNESSEE THROUGH THE METROPOLITAN NASHVILLE PUBLIC SCHOOL SYSTEM. THE SCHOOL ALSO HAS RECEIVED TITLE I FUNDS WHICH ARE PASS-THROUGH FUNDS FROM THE FEDERAL GOVERNMENT.