

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)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 7/1/2007, and ending 6/30/2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: Big Brothers of Nashville. Address: 478 Craighead Street, Nashville, TN 37204.

D Employer identification number: 62-0544852. E Telephone number: (615) 269-6835. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number.

G Website: www.bigbrothersofnashville.org

J Organization type (check only one) [X] 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 400,126

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 372,942. Expenses total: 356,933. Net Assets total: 328,958.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	278,890	278,890		
<b>24</b>	Benefits paid to or for members (attach schedule)	0	0		
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0	0	0	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	47,014	38,475	8,539	
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	0			
<b>28</b>	Employee benefits not included on lines 25a – 27	0			
<b>29</b>	Payroll taxes	3,597	2,944	653	
<b>30</b>	Professional fundraising fees	0			
<b>31</b>	Accounting fees	0			
<b>32</b>	Legal fees	0			
<b>33</b>	Supplies	1,216	130	1,086	
<b>34</b>	Telephone	0			
<b>35</b>	Postage and shipping	660		660	
<b>36</b>	Occupancy	14,104		14,104	
<b>37</b>	Equipment rental and maintenance	0			
<b>38</b>	Printing and publications	220		220	
<b>39</b>	Travel	0			
<b>40</b>	Conferences, conventions, and meetings	0			
<b>41</b>	Interest	0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	177	0	177	0
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	Professional fees	11,055	0	11,055	0
<b>b</b>		0	0	0	0
<b>c</b>		0	0	0	0
<b>d</b>		0	0	0	0
<b>e</b>		0	0	0	0
<b>f</b>		0	0	0	0
<b>g</b>		0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15).	356,933	320,439	36,494	0

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? <b>▶ Provide rent &amp; utility assistance for needy families</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> Provide needy families and individuals with rent and utilities assistance in order to prevent their eviction or termination of utility services. Also provide food and other assistance to needy families and individuals.  (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	320,439
<b>b</b>   (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>c</b>   (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>d</b>   (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b>	320,439

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	50,091	<b>45</b>	87,662
	<b>46</b> Savings and temporary cash investments . . . . .	267,783	<b>46</b>	246,269
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 0	0	<b>47c</b> 0
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 0	0	<b>48c</b> 0
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>50a</b> 0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> 0	0	<b>51c</b> 0
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	2,000	<b>53</b>	2,000
	<b>54 a</b> Investments—publicly-traded securities. . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54a</b> 0
	<b>b</b> Investments—other securities (attach schedule). . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54b</b> 0
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 0	0	<b>55c</b> 0
	<b>56</b> Investments—other (attach schedule) . . . . .		0	<b>56</b> 0
	<b>57 a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 28,704		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 27,144	1,736	<b>57c</b> 1,560	
<b>58</b> Other assets, including program-related investments (describe . . . . . )		0	<b>58</b> 0	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		321,610	<b>59</b>	337,491
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	8,356	<b>60</b>	8,228
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	305	<b>62</b>	305
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe . . . . . )		0	<b>65</b> 0
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		8,661	<b>66</b>	8,533
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	253,251	<b>67</b>	272,685
	<b>68</b> Temporarily restricted . . . . .	59,698	<b>68</b>	56,273
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		312,949	<b>73</b>	328,958
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		321,610	<b>74</b>	337,491

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	400,126
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify): <u>Special events expenses</u>	<b>b4</b>	27,184	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	27,184
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	372,942
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	372,942

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	384,117
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify): <u>Special events expenses</u>	<b>b4</b>	27,184	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	27,184
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	356,933
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	356,933

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>Rev J K L Alexand</u> Str <u>608 Cleveland Street</u> City <u>Nashville</u> ST <u>TN</u> ZIP <u>37207</u>	Title <u>Bd Member</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jim Belcher</u> Str <u>2713 McCampbell Blv</u> City <u>Nashville</u> ST <u>TN</u> ZIP <u>37214</u>	Title <u>Bd Member</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Charles Bledsoe</u> Str <u>315 Deaderick St</u> City <u>Nashville</u> ST <u>TN</u> ZIP <u>37237</u>	Title <u>Treasurer</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Jamie Brigham</u> Str <u>3425 Shakertown Rd</u> City <u>Antioch</u> ST <u>TN</u> ZIP <u>37013</u>	Title <u>Past Pres</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Wallace Cartwright</u> Str <u>2508 Blair Rd</u> City <u>Nashville</u> ST <u>TN</u> ZIP <u>37212</u>	Title <u>Bd Member</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Michael Castellarir</u> Str <u>95 White Bridge Rd,</u> City <u>Nashville</u> ST <u>TN</u> ZIP <u>37205</u>	Title <u>Pres Elect</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Kathryn Coble</u> Str <u>5301 Maryland Way</u> City <u>Brentwood</u> ST <u>TN</u> ZIP <u>37027</u>	Title <u>Bd Member</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Robert Corenswet</u> Str <u>6117 Elizabethan Dr</u> City <u>Nashville</u> ST <u>TN</u> ZIP <u>37205</u>	Title <u>Bd Member</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Gay Levine Eisen</u> Str <u>524 W Hillwood Dr</u> City <u>Nashville</u> ST <u>TN</u> ZIP <u>37205</u>	Title <u>Compliance Offic</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Charles Harison</u> Str <u>7177 Bidwell Rd</u> City <u>Joelton</u> ST <u>TN</u> ZIP <u>37080</u>	Title <u>Past Pres</u> Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 4 columns: Question, Yes, No. Rows include 75a (21), 75b (X), 75c (X), 75d (X).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. All rows show N/A.

Part VI Other Information (See the instructions.)

Table with 4 columns: Question, Yes, No. Rows include 76 (X), 77 (X), 78a (X), 78b (N/A), 79 (X), 80a (X), 81a (0), 81b (X).

Part VI Other Information (continued)

Table with columns for question ID, question text, Yes, and No. Includes rows 82a through 91b with various organizational details and financial information.

**Part VI Other Information** (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No  
If "Yes," enter the name of the foreign country ▶
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** — Check here  **92** N/A  
and enter the amount of tax-exempt interest received or accrued during the tax year ▶

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	8,270	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .			01	38,037	
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		0		46,307	0
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					46,307

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				0

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

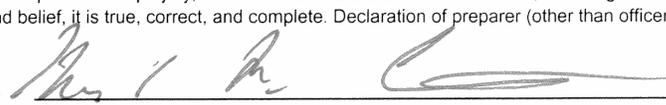
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				0

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**Please Sign Here**

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:  Date: 10/16/08

Type or print name and title: MICHAEL A. CASTELLARI PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature:  Date: 10/9/2008

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. X): 269-52-8534

Firm's name (or yours if self-employed), address, and ZIP + 4: Joe Osterfeld CPA, PO Box 807, Columbia, TN 38402-0807

EIN: 62-1763210

Phone no.: 931-388-7144

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

**Organization Exempt Under Section 501(c)(3)**

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

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
Big Brothers of Nashville

Employer identification number  
62-0544852

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶ 0				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶ 0		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶ 0		

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3a. Did the organization make grants for scholarships...; 3b. Did the organization have a section 403(b) annuity plan...; 3c. Did the organization receive or hold an easement for conservation purposes...; 3d. Did the organization provide credit counseling...; 4a. Did the organization maintain any donor advised funds...; 4b. Did the organization make any taxable distributions...; 4c. Did the organization make a distribution to a donor...; d. Enter the total number of donor advised funds...; e. Enter the aggregate value of assets held in all donor advised funds...; f. Enter the total number of separate funds or accounts...; g. Enter the aggregate value of assets held in all funds or accounts...

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ..... City ..... ST ..... Country .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
<b>Total</b>					0

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	388,984	371,514	290,768	380,365	1,431,631
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	-13,565	18,255	80,175	77,810	162,675
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,329	7,085	3,385	2,964	23,763
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	385,748	396,854	374,328	461,139	1,618,069
24 Line 23 minus line 17	399,313	378,599	294,153	383,329	1,455,394
25 Enter 1% of line 23	3,857	3,969	3,743	4,611	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 29,108
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,455,394
d Add: Amounts from column (e) for lines:	18 23,763	19			26d 23,763
	22	26b			
e Public support (line 26c minus line 26d total)					26e 1,431,631
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.37%
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
	(2006)	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines:	15	16			27c 0
	17	20	21		27d 0
d Add: Line 27a total and line 27b total					27e 0
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for lobbying expenditures and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include lines 45-50 for lobbying and grassroots nontaxable amounts.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a-i from the list above.

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



Name of organization Big Brothers of Nashville	Employer identification number 62-0544852
---	--

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once—see instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
8	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____ For. Prov. _____ Country _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
9	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____ For. Prov. _____ Country _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
10	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____ For. Prov. _____ Country _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
11	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____ For. Prov. _____ Country _____	_____ _____ _____

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a</b> - Contributions to Donor Advised Funds . . . . .		
<b>Line 1b</b> - Direct public support		
1 Contributions . . . . .	82,502	1
2 Membership dues and assessments (contributions from the public) . . . . .		2
3 Commercial co-venture . . . . .		3
4 Special events contributions (Line 9 - Special Events) . . . . .	52,955	4
5 Project Help . . . . .	157,178	5
6 Project Help admin . . . . .	12,500	6
7 Mt Zion Church . . . . .	21,500	7
8 . . . . .		8
9 . . . . .		9
10 Total . . . . .	326,635	10 0
<b>Line 1c</b> - Indirect public support . . . . .		
<b>Line 1d</b> - Government contributions (grants) . . . . .		

**Line 9 (990) - Special Events and Activities**

	Event A Auction	Event B Tabloid Sales	Event C Big Tribute	All others Red Nose Run & Others	Totals
1 Special event name					
<b>1a</b> Number of special events	1	1	1	3	
2 Gross receipts	29,462	23,493	35,985	29,236	2 118,176
3 Less contributions	29,462	23,493			3 52,955
4 Gross revenue	0	0	35,985	29,236	4 65,221
5 Less direct expenses			9,658	17,526	5 27,184
6 Net income or (loss)	0	0	26,327	11,710	6 38,037

**Part II, Line 23 (990) - Specific Assistance to Individuals**

278,890

Class of Activity		Amount
1	Food baskets	7,767
2	Food certificates	319
3	Other assistance	5,800
4	Utilities assistance	216,053
5	Rental assistance	48,951
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Part II, Line 42 (990) - Depreciation, Depletion, etc.**

		177	0	177	0
Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation - straight line	177		177	
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Part IV, Line 57 (990) - Land, Buildings, and Equipment**

		Land (net of any amortization)	Buildings and Equipment	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
1	Office furniture - 7 year useful life		X	2,359	2,359	2,359	0	0
2	Machinery & equipment - 5 year useful life		X	20,902	20,597	20,727	305	175
3	Improvements - 15 year useful life		X	5,193	3,772	3,808	1,421	1,385
4	Office chair - 5 year useful life		X	250	240	250	10	0
5							0	0
6							0	0
7							0	0
8							0	0
9							0	0
10							0	0
11							0	0
12							0	0
13							0	0
14							0	0
15							0	0
16							0	0
17							0	0
18							0	0
19							0	0
20							0	0
				28,704	26,968	27,144	1,736	1,560

**Part IV-A, Line b(4) (990) - Reconciliation of Rev per Audited Financial Stmts**

		27,184
Other		Amount
1	Special events expenses	27,184
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part IV-B, Line b(4) (990) - Reconciliation of Exp per Audited Financial Stmts**

		27,184
Other		Amount
1	Special events expenses	27,184
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part VI, Line 91a (990) - Books in Care of**

Name Kay Simmons		Phone Number (615) 293-7190	
Address 478 Craighead Street, Suite 108			Foreign Country
City, Town, or Post Office Nashville	State TN	Zip Code 37204	

**Part VII, Line 52b (Sch A (990/990-EZ)) - Affiliated Tax Exempt Orgs.**

	(a) Name of organization	(b) Type of organization	(c) Description of relationship
1	N/A		
2			
3			
4			
5			
6			
7			
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GOVERNING BOARD OF DIRECTORS  
BIG BROTHERS OF NASHVILLE

2007-2008

Big Brothers of Nashville  
478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

e-mail: [bbnashvl@bellsouth.net](mailto:bbnashvl@bellsouth.net)  
website: [www.bigbrothersofnashville.org](http://www.bigbrothersofnashville.org)

**Reverend J. K. L. Alexander (2008)**

478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

**Mr. Jim Belcher (2009)**

478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

**Mr. Charles Bledsoe (2010)**

Treasurer  
478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

**Mr. Jamie Brigham (2008)**

478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

**Mr. Wallace Cartwright (2010)**

478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

**Mr. Michael Castellarin (2009)**

President-Elect  
478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

**Ms. Kathryn Coble (2010)**

478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

**Mr. Robert Corenswet (2010)**

Past President  
478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

**Mrs. Gay Levine Eisen (2008)**

Compliance Officer

**Mr. Charles Harvison (2009)**

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**Mrs. Stephanie Smartt Heckman**

Vice-President (2010)

478 Craighead Street, Suite 108  
Nashville, TN 37204-2344

**Mr. Boyd Kinzer (2010)**

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**Mr. Gary Murray (2008)**

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**Mr. James Murray (2009)**

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**J. Porter Share (2010)**

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**Mr. Bill Simmons (2008)**

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**Mrs. Laura Smith Tidwell (2010)**

President  
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**Ms. Pamela Mishaw Thomas (2009)**

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**Mr. Lee Tomberlain (2008)**

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**Mr. Bob Wellerding (2009)**

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**Mr. Michael White (2010)**

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**GOVERNING BOARD OF DIRECTORS  
BIG BROTHERS OF NASHVILLE  
2008-2009**

Big Brothers of Nashville  
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Back office- direct 615-269-6682  
Fax Line 615-269-9187

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Vice-President & Treasurer  
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**Elder Jamie Brigham (2011)**

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**Ms. Dell Johnson (2011)**

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**Ms. Valerie King (2011)**

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**Mr. Boyd Kinzer (2010)**

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**Mr. Bill Simmons (2011)**

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**Ms. Cynthia Lynne Stoker (2011)**

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Nashville Gas Company  
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Nashville, TN 37204-2344

**Mr. Bob Wellerding (2009)**

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**Mr. Michael White (2010)**

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