

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **6/01/07**, and ending **5/31/08**

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization

CHILDREN'S HOUSE OF NASHVILLE, INC.

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

3404 BELMONT BLVD.

Room/suite

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

NASHVILLE

TN 37215

D Employer identification number

62-6110201

E Telephone number

615-298-5647

F Accounting method. ☐ Cash

☒ Accrual ☐ Other (specify)

• 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? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates **▶**

H(c) Are all affiliates included? ☐ Yes ☐ No

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number **▶**

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

G Website: **CHILDRENSHOUSENASHVILLE**

J Organization type

(check only one) ☒ 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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 704,087**

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

1	Contributions, gifts, grants, and similar amounts received.			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	2,412	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 2,412 noncash \$)	1e	2,412	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	599,533	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	26,916	
5	Dividends and interest from securities	5		
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
7	Other investment income (describe ▶)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less: cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including contributions reported on line 1b)	9a	74,547	
b	Less: direct expenses other than fundraising expenses	9b	13,986	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	60,561	
10a	Gross sales of inventory, less returns and allowances	10a	679	
b	Less: cost of goods sold	10b	352	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	327	
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	689,749	
13	Program services (from line 44, column (B))	13	421,643	
14	Management and general (from line 44, column (C))	14	214,630	
15	Fundraising (from line 44, column (D))	15	3,672	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17	639,945	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	49,804	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	862,629	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	912,433	

Form 990 (2007)

CHILDREN'S HOUSE OF NASHVILLE, INC. 62-6110201

Page 2

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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule) STMT 2	23	10,830	10,830		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 3	25a	61,306		58,241	3,065
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c 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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	335,527	231,514	104,013	
27 Pension plan contributions not included on lines 25a, b, and c	27	15,728	9,187	6,420	121
28 Employee benefits not included on lines 25a - 27	28	33,009	19,281	13,474	254
29 Payroll taxes	29	30,130	17,599	12,299	232
30 Professional fundraising fees	30				
31 Accounting fees	31	1,099		1,099	
32 Legal fees	32				
33 Supplies	33	14,922	11,053	3,869	
34 Telephone	34	1,578	1,452	126	
35 Postage and shipping	35	663	50	613	
36 Occupancy	36	21,489	18,740	2,749	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	1,120		1,120	
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	29,429	29,429		
42 Depreciation, depletion, etc. (attach schedule)	42	29,511	25,055	4,456	
43 Other expenses not covered above (itemize) a SEE STATEMENT 4	43a	53,604	47,453	6,151	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	639,945	421,643	214,630	3,672

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See 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?

► PRE-SCHOOL, KINDERGARTEN EDUCATION AND DAYCARE

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.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a PRE-SCHOOL AND KINDERGARTEN, INCLUDING EXTENDED DAYCARE, AND SUMMER PROGRAMS SERVING 75 CHILDREN

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

421,643

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

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

421,643

Form **990** (2007)

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) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	10,962	45	18,977
	46 Savings and temporary cash investments	431,655	46	496,011
	47a Accounts receivable	11,435		
	b Less allowance for doubtful accounts		47c	11,435
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	580	52	610
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities		54a	
	b Investments—other securities (attach schedule)		54b	
55a Investments—land, buildings, and equipment, basis				
b Less accumulated depreciation (attach schedule)		55c		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	1,311,439			
b Less accumulated depreciation (attach schedule) SEE STATEMENT 5	428,026	57c	883,413	
58 Other assets, including program-related investments (describe)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	1,378,623	59	1,410,446	
Liabilities	60 Accounts payable and accrued expenses	3,856	60	1,210
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET	471,282	64b	445,719
	65 Other liabilities (describe) SEE STATEMENT 6	40,856	65	51,084
66 Total liabilities. Add lines 60 through 65	515,994	66	498,013	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds	-44,603	70	29,021
	71 Paid-in or capital surplus, or land, building, and equipment fund	907,232	71	883,412
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	862,629	73	912,433	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,378,623	74	1,410,446	

Yes	No
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75b		X
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75c		X
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75d	X
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N/A

Yes	No
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76		X
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77		X
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78a		X
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78b		
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79		X
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80a	X
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81a	0
-----	---

81b		X
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Yes	No
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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 ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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 ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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

**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 *Anne T. Colley*

Date *1/15/2009*

Type or print name and title *Anne T. Colley, Director*

**Paid
Preparer's
Use Only**

Preparer's signature *J.R. Noonan*

Date *1/14/09*

Check if self-employed ☐

Preparer's SSN or PTIN (See Gen. Instr. X) **P00037315**

Firm's name (or yours if self-employed), address, and ZIP + 4

MCKERLEY & NOONAN, PC, CPA
104 WOODMONT BLVD. SUITE 410
NASHVILLE, TN 37205

EIN **62-1797916**

Phone no **615-279-0088**

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

2007Department 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

CHILDREN'S HOUSE OF NASHVILLE, INC.

Employer identification number

62-6110201

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 empl. benefit plans & deferred comp	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

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 ▶

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 ▶

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

Schedule A (Form 990 or 990-EZ) 2007

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) SEE STATEMENT 8	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____	0	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		0

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 ►
- 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.)
- 11a ☐ 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.)
- 11b ☐ 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	
Total ►					

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

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

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	
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	
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	
d Add Amounts from column (e) for lines:	18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	%

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)
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c	Add Amounts from column (e) for lines:	15	_____	16	_____
		17		21	
		20	_____	21	_____

d. Add Line 27a total **and line 27b total**

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)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

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

Schedule A (Form 990 or 990-EZ) 2007

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?	X	
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?	X	
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.) THROUGH A YEARLY NEWSPAPER AD AND ON THE APPLICATION FORMS AND ON BROCHURE MAILED TO EVERY PERSON MAKING AN INQUIRY ABOUT ENROLLMENT AND ON OUR WEBSITE	X	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
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?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		X
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.		X
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	X	

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) **N/A**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.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is-			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
The lobbying nontaxable amount is-			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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.) **N/A**

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.)

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

Yes	No	Amount

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2007
For calendar year 2007, or tax year beginning 6/01/07 , and ending 5/31/08		

Name

Employer Identification Number

CHILDREN'S HOUSE OF NASHVILLE, INC.**62-6110201****FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) SOUTH TRUST BANK	BANK
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 320,884	10/01/03			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	MORTGAGE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	471,282	445,719
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	471,282	445,719

Federal Statements**Statement 1 - Form 990, Line 10c - Sales of Inventory**

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
T-SHIRTS AND SWEATS	\$ <u>679</u>	\$ <u>352</u>	\$ <u>327</u>
TOTAL	\$ <u><u>679</u></u>	\$ <u><u>352</u></u>	\$ <u><u>327</u></u>

Federal Statements**Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
SCHOLARSHIP	\$ 10,830
TOTAL	\$ 10,830

Federal Statements**Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
OFFICER COMPENSATION		58,241	3,065
COMPENSATION			
TOTAL	\$ 0	\$ 58,241	\$ 3,065

62-6110201

Federal Statements

FYE: 5/31/2008

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
DUES	1,160	1,160		
ADVERTISING	1,073	1,073		
SUBSCRIPTIONS	420	420		
BANK CHARGES	1,723		1,723	
MATERIALS	966	966		
LIABILITY INSURANCE	7,779	7,157	622	
STUDENT ACCIDENT INSURANCE	500	500		
BOARD EXPENSES	756		756	
INTERNET ACCESS	649		649	
FOOD	5,606	5,606		
MONTESSORI FEES	1,041	1,041		
TAX AND LICENSE	214		214	
CLEANING SERVICE	19,720	18,142	1,578	
TRAINING AND PROFESSIONAL DEV	2,841	2,841		
FIELD TRIPS	138	138		
SOCIAL EVENTS	609		609	
PARENT EDUCATION	250	250		
GIFTS	598	598		
DEVELOPMENT/OUTREACH	3,503	3,503		
ACTIVITIES	4,046	4,046		
MISCELLANEOUS	12	12		
TOTAL	\$ 53,604	\$ 47,453	\$ 6,151	\$ 0

Federal Statements**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
	\$ 1,305,748	\$ 398,516	\$ 1,311,439	\$ 428,026
TOTAL	<u>\$ 1,305,748</u>	<u>\$ 398,516</u>	<u>\$ 1,311,439</u>	<u>\$ 428,026</u>

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PREPAID TUITION PAYABLE	\$ 16,800	\$ 18,600
SUTA PAYABLE	24	326
PAYROLL DEFERRAL	24,032	32,158
TOTAL	<u>\$ 40,856</u>	<u>\$ 51,084</u>

Federal Statements**Statement 7 - Form 990, Part VII, Line 93 - Program Service Revenue**

<u>Description</u>	<u>Business Code</u>	<u>Unrelated Amount</u>	<u>Exclusion Code</u>	<u>Exclusion Amount</u>	<u>Related Income</u>
TUITION		\$		\$	\$ 530,745
STUDENT WITHDRAWAL					600
APPLICATION FEES					7,635
EXTENDED CARE FEES					29,845
SUMMER SCHOOL TUITION					28,606
OTHER MISCELLANEOUS FEES					1,805
FINANCE CHARGES ON TUITION					297
TOTAL		\$ 0		\$ 0	\$ 599,533

Statement 8 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

SEE ATTACHED NOTE

Schedule A, Part V, Line 31 - Publication of Nondiscriminatory Policy

Description

THROUGH A YEARLY NEWSPAPER AD AND ON THE APPLICATION FORMS AND
ON BROCHURE MAILED TO EVERY PERSON MAKING AN INQUIRY ABOUT
ENROLLMENT AND ON OUR WEBSITE



A MONTESSORI PRESCHOOL AND KINDERGARTEN

of Nashville, Inc. (615) 298 5647 / FAX (615) 385 3943 / 3404 BELMONT BOULEVARD / NASHVILLE, TENNESSEE 37215

Financial Assistance Policy

Availability of need based tuition assistance is noted on the application form, in the parent handbook and on the website. Tuition assistance awards are need based. Families submit an application annually with proof of income. Available funds are awarded based on a formula including maximum family income, total annual income per household member and tuition expenses expected to be incurred.

Average Hours per month
 Office is 4
 24 hours

Children's House Board of Directors 2008-09

Anne Colley Director 298-5647 acolley@childrenshouse-nashville.org

Name	Term ends	Street	City	St	Zip	Phone	email
Cloud	Jay	2011	9502 Peebles Ct	Brentwood	TN	37027	h 771-3795 c 347-5200 jcloud@bccb.com
Cole	Jen	2010	533 Skyview Dr	Nashville	TN	37216	h 227-1585 c 969-6424 colecommunity@comcast.net jcole@handsonnetwork.org
Cox	Chip	2011	1721 Beechwood	Nashville	TN	37212	h 383-8783 c 424-0615 chipcox@mac.com
Gatto	Vic	2010	111 Bellevue Drive S	Nashville	TN	37205	h 353-7220 c 478-2188 vgatto@solidus.com
Gipson	Cornelia	2011	2633 Hansford Drive	Thompson Station	TN	37179	c 337-0170 crgipson@cvty.com
Graves	Liza	2009	3617 Central Av	Nashville	TN	37205	h 279-8254 c lizagraves@comcast.net
Green	Shan	2011	9105 Gassenway Ct	Brentwood	TN	37027	h 371-1653 c 973-9514 greensf@hotmail.com
Henderson	Angie	2009	112 Clydelan Ct	Nashville	TN	37205	h 352-5291 c 260-5530 ahenderson@comcast.net
Howard	Angie	2010	939 Oak Valley Lane	Nashville	TN	37220	h 385-8183 c 513-8276 angiephoward@comcast.net
Lingo	Elizabeth	2010	1303 Tremont Ave.	Nashville	TN	37212	332-7568 (h) 243-3034 (c) elizabeth.lingo@vanderbilt.edu
Scretchen	Pam	2011	1108 Wyntergrace Farm Ct	Old Hickory	TN	37138	h 847-0200 c 829-3100 Scretchen1@msn.com
Sheats	Christie	2009	804 Princeton Hills Dr	Brentwood	TN	37027	h 371-8980 c 504-5377 taja819@aol.com
Ward	René	2010	2200 Harding Place, 4	Nashville	TN	37215	h 665-9120 c 403-8299 reneward@comcast.net

11/14/08

Form **8868**
(Rev. April 2008)Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	CHILDREN'S HOUSE OF NASHVILLE, INC.	62-6110201
	Number, street, and room or suite no. If a P.O. box, see instructions 3404 BELMONT BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NASHVILLE TN 37215	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► ANNE COLLEY

Telephone No ► 615-298-5647

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **1/15/09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year or
 ► ☒ tax year beginning **6/01/07**, and ending **5/31/08**

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

Form **8868** (Rev. 4-2008)