Form 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

| Α | For the | e 2007 ca | lendar y | ear, o | r tax year beginnir | ng 6/01 | ./07 , and endi | ոց 5 | /31 | 1/08 | | | | | |
|------------|--------------|--------------|----------------------|----------|--|------------------|--|---------------|------------|--|---------------------|----------|-----------|----------------|--|
| В | Check if a | • • | Please use IRS | | Name of organization | | | - | | | | D | | identification | |
| \exists | Name cha | • | label or print or | | CHILDREN' | S HOUSE | OF NASHV | ILLE | <u>, I</u> | NC. | <u></u> | E | | ne number | |
| | | • | type | | Number and street (or | P O box if mai | l is not delivered to stre | et address | | Roc | m/suite | | 615- | <u>298-56</u> | 47 |
| \exists | Initial retu | ım | See | | 3404 BELM | ONT BLY | D. | | | | | F | Accountii | ng method. | Cash |
| \sqcup | Termination | on | Specific Instruc- | | City or town, state or c | ountry, and ZIP | | | | | | X | Accrual | Other | (specify) |
| | Amended | l return | tions. | | NASHVILLE | | TN 3 | <u>7215</u> | , · · · · | | | <u> </u> | | | |
| | Applicatio | on pending | | | | | 7(a)(1) nonexempt ch e A (Form 990 or 990 | | 1 | and I are not ap | | | - | | T |
| G | Websit | te: ↖ | | | HOUSENASHVII | | C A (1 01111 000 01 000 | | 1 | a) Is this a grob) If "Yes," en | • | | _ | ∐ Yes | A No |
| J | | ization ty | pe | | | | | | 7' | c) Are all affili | | | | Yes | ∏ No |
| | | only one) | | 501 | c) (<mark>3</mark>) ∢ (in: | sert no) | 4947(a)(1) or | 527 |] ` | (If "No," attac | h a list. See insti | uctions | ;) | _ | _ |
| K | Check h | nere 🕨 | If the | ne orgar | nization is not a 509(a) | (3) supporting o | rganization and its gros | ss | H(| d) Is this a se | | | - | | |
| | receipts | are normal | ly not moi | ore than | \$25,000 A return is no | ot required, but | if the organization choo | ses | \vdash | | n covered by | | | Yes | No |
| | to file a | return, be s | ure to file | a comp | olete return | | | | <u> </u> | | emption Nui | | | | |
| | | | | | | 40 . | 70/ | 1,087 | | | _ | | | is not requir | |
| L | | | | | o, 9b, and 10b to line | | | | | | | | | Z, or 990-PF | <u>, </u> |
| <u></u> | art i | | | | | | Net Assets or F | una Ba | uane | es (See I | ie instruc | Juon | 13.) | | |
| | 1 | _ | • | _ | nts, and similar am | ounts receive | u. | ł | 4. 1 | | | | | | |
| | i . | | | | advised funds | 10) | | - | 1a | | 2,412 | 5 | | | |
| | b | • | | | ot included on line | • | | - | 1b | | <u>~,414</u> | = | | | |
| | C | | ' | | (not included on line | · · | | - | 1c 1d | | | -{ | | | |
| | d | | | | ons (grants) (not inc | luded on line | 2,412 nonc | L ach ¢ | iu į | | ``` | ┪╻ | e | 2 | ,412 |
| | e 2 | • | | | ough 1d) (cash \$_ | mont food an | d contracts (from Pa | _ | 7 037 | | | | 2 | | ,533 |
| | 3 | | | | assessments | illelit lees all | u contracts (IIOIII Fa | it vii, iiiie | 33) | • | | | 3 | | 7000 |
| | 4 | | • | | assessments I temporary cash inv | /estments | • | | | | | | <u> </u> | 26 | ,916 |
| | 5 | | | - | from secunties | resuments | | | | | | | | | 70-0 |
| | 6a | Gross re | | iterest | nom secunics | | • | 1 | 6a | | | Ť | | | |
| | ь | Less: rei | | enses | | | | | 6b | | | 1 | | | |
| | C | | • | | ss). Subtract line 6 | b from line 6a | • | _ | | | | 6 | c | | |
| | 7 | | | • | ne (describe ▶ | | |) | | | | | , | | |
| 208 yenne | 8a | | | | es of assets other | | (A) Securities | <u> </u> | | (B) C | ther | | | | |
| حَقَّم | - | than inve | | | | THE TENE | | Î | 8a | | | 7 | | | |
| | ь | | • | er bas | is and sales expans | 10 6 | | | 8b | | | 7 | | | |
| 7 | c | Gain or (| (loss) (at | ttachs | is and sales expanse where the block column | 1001 | | | 8c | | | 7 | | | |
| 643 | ı a | Net gain | or (loss) | Com | bine line 8c, column | ns (A) and (B) |) | | | | | 8 | d | | |
| | 1 Q | Special 6 | events ar | ind act | vities (attach, sched | tile) if abya | nount is from gamin | g, check | here | ▶ 🗌 | | | | | |
| FEB | a | Gross re | venue (r | not\u | yding) & M | | <u></u> of | _ | | | | | 1 | | |
| LL. | 1 | | | 11- | -1 | J. W. | | | 9a | | 74,54 | | | | |
| | b | Less: dır | ect expe | enses (| or line 1b) other than (type as | g expenses | | Ĺ | 9b | | 13,980 | 6 | | | |
| 빚 | С | Net inco | me or (lo | oss) fro | m special events | Subtract line 9 | b from line 9a | | , | | | | <u>c</u> | 60 | <u>,561</u> |
| SCANNED | 10a | | | | y, less returns and | allowances | | L | 10a | | 679 | | | | |
| Ķ | b | Less co | st of goo | ods sol | d | | | L | 10b | | 352 | 2 | | | |
| Š | С | Gross pr | rofit or (Ic | oss) fro | om sales of inventor | ry (attach sch | edule) Subtract line | 10b from | ine i | 10a S ? | MT 1 | 10 | | | 327 |
| | 11 | Other re | venue (fr | from Pa | art VII, line 103) | | | | | | | | 1 | | |
| | 12 | | | | es 1e, 2, 3, 4, 5, 6c, | | c, and 11 | | | | | | 2 | | 749 |
| μn | 13 | _ | | | ı line 44, column (B | • | • | | | | | _ | 3 | | .,643 |
| Expenses | 14 | _ | | - | ral (from line 44, co | iumn (C)) | | | | | | _ | 4 | | 630 |
| per | 15 | | | | 14, column (D)) | | | | | | | _ | 5 | | 3,67 <u>2</u> |
| Ä | 16 | · | | | | | | | | | | 6 | (3) |) 045 | |
| | 17 | | | | nes 16 and 44, colu | | | | | | | +- | 7 | | 945 |
| Net Assets | 18 | | | | ne year Subtract lin | | • | | | | | | 8 | | 804 |
| Ass | 19 | | | | nces at beginning o | - | | | | | | | 9 | 862 | 2,629 |
| let / | 20 | | _ | | ssets or fund baland | | | | | | | _ | 20 | 010 | 122 |
| Z | 21 | Net asse | ets or fun | nd bala | nces at end of year | Combine lin | es 18, 19, and 20 | | | | | 2 | 1 | 912 | 2,433 |

Form 990 (2007, CHILDREN'S HOUSE OF NASHVILLE, INC.

62-6110201

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Part II Statement of organizations and section 4947(a)(1) nonexempt chantable trusts but optional for others (See the instructions.) **Functional Expenses** Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total services and general 6b. 8b. 9b. 10b. or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) non-cash \$ If this amount includes foreign grants, check here 22a 22b Other grants and allocations (attach schedule) If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach 10,830 STMT 2 10,830 23 schedule) 24 Benefits paid to or for members (attach 24 schedule) 25a Compensation of current officers, directors, key employees, etc. listed in 61,306 58,241 3,065 SEE STATEMENT 3 Part V-A 25a b Compensation of former officers, directors, key employees, etc listed in 25b Part V-B 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 104,013 335,527 231,514 26 on lines 25a, b, and c 27 Pension plan contributions not included on 6,420 121 9,187 15,728 27 lines 25a, b, and c 28 Employee benefits not included on lines 19,281 13,474 33,009 28 25a - 27 17,59912,299 30,130 29 29 Payroll taxes 30 30 Professional fundraising fees 1,099 1,099 31 31 Accounting fees 32 32 Legal fees 11,053 3,869 14,922 33 33 Supplies 1,578 1,452 126 34 Telephone 50 613 663 35 Postage and shipping 21,489 18.740 2,749 36 Occupancy 36 37 Equipment rental and maintenance 1,120 1,120 38 Printing and publications 39 39 40 Conferences, conventions, and meetings 40 29,429 29,429 41 <u>25,055</u> 4,456 29,511 42 Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize) 53,604 47,453 6,151 SEE STATEMENT 4 43a b 43b 43c 43d 43e 43f 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 214,630 3,672 639,945 421,643 13-15) 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? , (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs \$___

and (iv) the amount allocated to Fundraising \$

(iii) the amount allocated to Management and general \$

| orm 990 (200 | CHILDREN'S | HOUSE | OF | NASHVILLE, | INC. | 62-6110201 |
|--------------|------------|-------|----|------------|------|------------|
| | | | | | | |

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.

| oro | grams and accomplishme | ents | | | | | | |
|-------|--|---|----------------------|--------|--|----------|--------|---|
| Wh | at is the organization's pr | | | AT] | ON AND DAYCARE | | | Program Service Expenses |
| All (| organizations must descr | ibe their exempt pi | urpose achievemei | nts ın | a clear and concise manner. State the number | | | (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) |
| of c | clients served, publication | s issued, etc Disc | cuss achievements | that a | are not measurable (Section 501(c)(3) and (4) | | | trusts, but optional for |
| org | anizations and 4947(a)(1 |) nonexempt char | table trusts must al | lso er | iter the amount of grants and allocations to others) | | | others) |
| а | PRE-SCHOOL | AND KIND | ERGARTEN, | 1I | ICLUDING EXTENDED DAYCARE, | | | |
| | AND SUMMER | | | | | | | |
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| _ | (Grants and allocations | \$ (attach achadula) | | | ii uiis amourit includes loreign grants, check here | | | 1 |
| е | Other program services | ` ' | | | Matter and the formula and the formula and the first terms are the second and the formula and the first terms are the second and the first terms are the second and the sec | | | |
| | (Grants and allocations Total of Program Servi | |) | | If this amount includes foreign grants, check here | | ¥ | 421.643 |
| T | LOTAL OF PROGRAM SERVI | CE EXDERSES (SDC | uur eauai iine 44 (| าวแบท | n (b) Program Services) | | | 4/1.543 |

Form \$90 (200) CHILDREN'S HOUSE OF NASHVILLE, INC. 62-6110201

| P | art IV | Balance Sheets (See the instructions.) | | | | | |
|-----------------------------|-----------|---|-----------|---------------------------------------|--------------------------|----------|--------------------|
| | Note: | Where required, attached schedules and amounts within column should be for end-of-year amounts only | n the de | scription | (A) Beginning of year | | (B) End of year |
| | 45 | Cash—non-interest-bearing | | | 10,962 | 45 | 18,977 |
| | 46 | Savings and temporary cash investments | | | 431,655 | 46 | 496,011 |
| | | | | | | | |
| | 47a | Accounts receivable | 47a | 11,435 | | | |
| | ь | Less allowance for doubtful accounts | 47b | | 28,194 | 47c | 11,435 |
| | | | | | | | |
| | 48a | Pledges receivable | 48a | | | | |
| | b | Less. allowance for doubtful accounts | 48b | | | 48c | |
| | 49 | Grants receivable | | | | 49 | |
| | 50a | Receivables from current and former officers, directors, | trustees | s, and | | | |
| | | key employees (attach schedule) | | ļ | | 50a | |
| | b | Receivables from other disqualified persons (as defined | | | | | |
| | | persons described in section 4958(c)(3)(B) (att. schedul | e) | | | 50b | |
| | 51a | Other notes and loans receivable (attach | | | | : | |
| g | | schedule) . | 51a | | | | |
| Assets | l | Less allowance for doubtful accounts | 51b | | F00 | 51c | <u></u> |
| Ÿ | 52 | Inventories for sale or use | | | 580 | 52 | 610 |
| | 53 54a | Prepaid expenses and deferred charges Investments—publicly-traded | | | | 53 | |
| | b | securities Investments—other securities | | Cost FMV | | 54a | |
| | | (attach schedule) | | Cost FMV | | 54b | |
| | 55a | Investments—land, buildings, and | 55a | | | | |
| | | equipment, basis | ээа | | | | |
| | b | Less accumulated depreciation (attach schedule) | 55b | | | 55c | |
| | 56 | Investments—other (attach schedule) | [330] | | | 56 | |
| | | Land, buildings, and equipment: basis | 57a | 1,311,439 | | - 50 | |
| | | Less accumulated depreciation (attach | 5,0 | | | | |
| | | schedule) SEE STATEMENT 5 | 57b | 428,026 | 907,232 | 57c | 883,413 |
| | 58 | Other assets, including program-related investments | <u> </u> | 3237323 | | 0.0 | |
| | | (describe ▶ | | 58 | | | |
| | 59 | Total assets (must equal line 74) Add lines 45 through | 1,378,623 | 59 | 1,410,446 | | |
| | 60 | Accounts payable and accrued expenses | | | 3,856 | 60 | 1,210 |
| | 61 | Grants payable | | [| | 61 | |
| | 62 | Deferred revenue | | | | 62 | |
| Ø | 63 | Loans from officers, directors, trustees, and key employ | ees (att | ach | | | |
| Liabilities | | schedule) | | | | 63 | |
| iabi | 64a | Tax-exempt bond liabilities (attach schedule) | | | | 64a | |
| _ | b | Mortgages and other notes payable (attach schedule) | | ee worksheet | 471,282 | 64b | 445,719 |
| | 65 | Other liabilities (describe > SEE STATEMEN | T 6 | .) | 40,856 | 65 | 51,084 |
| | | | | | E1E 004 | | 400 013 |
| | 66 | Total liabilities. Add lines 60 through 65 | | | 515,994 | 66 | 498,013 |
| | Orgai | • | nd com | olete lines | | | |
| | | 67 through 69 and lines 73 and 74 | | | | | |
| Ces | 67 | Unrestricted Temporarily restricted | | | | 67 68 | |
| ala l | 68 69 | Permanently restricted | | | <u> </u> | 69 | |
| Ö | | nizations that do not follow SFAS 117, check here | X | and | | - 03 | |
| un T | Organ | complete lines 70 through 74 | | | | | |
| Net Assets or Fund Balances | 70 | Capital stock, trust principal, or current funds | | -44,603 | 70 | 29,021 | |
| ets (| 71 | Paid-in or capital surplus, or land, building, and equipme | | 907,232 | 71 | 883,412 | |
| 1886 | 72 | Retained earnings, endowment, accumulated income, o | | · · · · · · · · · · · · · · · · · · · | | 72 | |
| et A | 73 | Total net assets or fund balances. Add lines 67 through | | • | - | | |
| ž | | 70 through 72 (Column (A) must equal line 19 and colu | - | | | | |
| | | equal line 21) | 862,629 | | 912,433 | | |
| | 74 | Total liabilities and net assets/fund balances. Add lin | es 66 a | nd 73 | 1,378,623 | 74 | 1,410,446 |

| | n 990 (2007 | CHILDREN'S HOUSE OF NASHVILL | | | | · (O 1) | Page 5 |
|--------------|---------------------|--|--------------|--|--|--|--|
| _Pa | art IV-A | Reconciliation of Revenue per Audited Fina instructions.) | ıncial State | ements With Rev | enue per Re | eturn (See the N/A | |
| а | Total revenue | e, gains, and other support per audited financial statements | | | <u> </u> | a | |
| b | Amounts incl | uded on line a but not on Part I, line 12 | | 1 1 | | | |
| 1 | Net unrealize | d gains on investments | | b1 | | | |
| 2 | Donated serv | rices and use of facilities | | b2 | | | |
| 3 | Recoveries of | f prior year grants | | b3 | | | |
| 4 | Other (specif | y): | | | ŧ | | |
| | | | | b4 | | | |
| | Add lines b1 | through b4 | | | | b | |
| С | Subtract line | b from line a | | | | с | |
| d | Amounts incl | uded on Part I, line 12, but not on line a: | | 1 1 | | | |
| 1 | Investment e | xpenses not included on Part I, line 6b | | d1 | | | |
| 2 | Other (specif | y) . | | | ŀ | | |
| | | | | d2 | | | |
| | Add lines d1 | and d2 | | | | d | |
| е | Total revenu | e (Part I, line 12). Add lines c and d | | | ▶ | е | |
| Pa | art IV-B | Reconciliation of Expenses per Audited Fin | ancial Stat | ements With Ex | penses per | Return N/A | |
| a | Total expens | es and losses per audited financial statements | | | | а | |
| b | Amounts incl | uded on line a but not Part I, line 17 | | • | Γ | | - · |
| 1 | Donated serv | rices and use of facilities | | ь1 | | | |
| 2 | Pnor vear ad | ustments reported on Part I, line 20 | | b2 | | | |
| 3 | | ted on Part I, line 20 | | b3 | | | |
| 4 | | | | | | | |
| - | ound (opcon | 37' | | b4 | • | | |
| | Add lines b1 | through h4 | | | | ь | |
| С | Subtract line | - | - | | | c | |
| d | | uded on Part I, line 17, but not on line a: | | | | | |
| 1 | | xpenses not included on Part I, line 6b | | d1 | | | |
| 2 | | · | | <u> </u> | | | |
| _ | Other (Specia | | | d2 | | l | |
| | Add lines d1 | ond d2 | | <u> </u> | f | a | |
| | | ses (Part I, line 17). Add lines c and d | | | · • | e | |
| e | art V-A | Current Officers, Directors, Trustees, and K | ev Employ | PAS (List each nerso | n who was an o | | ıstaa |
| - | ail ¥~m | or key employee at any time during the year even if they we | | | ructions) | | |
| | | (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 |
| AN | NNE COLLEY | NASHVILLE | | DIRECTOR | | | |
| 34 | 404 BELMONT | TN 37204 | | 0 | 61,306 | 2,759 | |
| PI | LEASE SEE A | TTACHED LIST FOR BOARD | | | | | |
| OI | F DIRECTORS | | | 0 | 0 | 0 | |
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| *********** | 990 (2001) CHILDREN'S HOUSE OF NASHVILLE, IN | | 201 | | | | age 6 |
|-------------|--|---|-----------------------------|--|----------------|-------------|----------|
| Pa | rt V-A Current Officers, Directors, Trustees, and Key Emplo | | | | | Yes | No |
| 75a | Enter the total number of officers, directors, and trustees permitted to vote on organization | zation business at boa | rd | | | | |
| _ | meetings | • • • • • • • • • • • • • • • • • • • | _ | | | | |
| b | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or | | a | | | | |
| | employees listed in Schedule A, Part II, or highest compensated professional and oth | | | | | | |
| | contractors listed in Schedule A, Part II-A or II-B, related to each other through family | | | | 75b | | x |
| | relationships? If "Yes," attach a statement that identifies the individuals and explains | the relationship(s) | | | 730 | | 22 |
| _ | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or | r highest | | | | | |
| С | compensated employees listed in Schedule A, Part I, or highest compensated profes | | | | | | |
| | independent contractors listed in Schedule A, Part II-A or II-B, receive compensation | | | | | | |
| | organizations, whether tax exempt or taxable, that are related to the organization? Se | | | | | | |
| | the definition of "related organization." | | | | 75c | | X |
| | If "Yes," attach a statement that includes the information described in the instructions | . | | | | | |
| ď | Does the organization have a written conflict of interest policy? | | | | 75d | | X |
| Pa | rt V-B Former Officers, Directors, Trustees, and Key Employ | vees That Receiv | ed Compe | nsation or Of | her | Bene | fits |
| | (If any former officer, director, trustee, or key employee received compe | | | | | | |
| | person below and enter the amount of compensation or other benefits in | | | | | | |
| | (A) (A) | (2) | (C) Compensation | (D) Contributions to employee benefit | |) Expe | |
| | (A) Name and address | (B) Loans and Advances | (if not paid, enter -0-) | employee benefit plans & deferred compensation plans | | ount and | |
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| Pa | rt VI Other Information (See the instructions.) | <u> </u> | | <u> </u> | - | Yes | No |
| 76 | Did the organization make a change in its activities or methods of conducting activities | es? If "Yes," attach a | | | | | |
| | detailed statement of each change | | | | 76 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported | to the IRS? | | | 77 | | X |
| | If "Yes," attach a conformed copy of the changes. | | • | · | | | · · |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during | the year covered by | | | | | |
| | this return? | | | | 78a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | - | | 78b | <u> </u> | <u> </u> |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the | year? If "Yes," attach | | | | | |
| | a statement . | | • | | 79 | ļ | X |
| 80a | is the organization related (other than by association with a statewide or nationwide of | | | | | | |
| | common membership, governing bodies, trustees, officers, etc , to any other exempt | or nonexempt | | | | | |
| | organization? | | | | 80a | <u> </u> | X |
| b | If "Yes," enter the name of the organization | | | | | | |
| | and check where the control of the c | — 1 | — | nexempt | | | |
| 81a | Enter direct and indirect political expenditures (See line 81 instructions) | نا | 31a | 0 | _ | ŧ | |
| b | Did the organization file Form 1120-POL for this year? | | | | 81b | <u> </u> | X |

| Form | 990 (2007) CHILDREN'S HOUSE OF NASHVILLE, INC. 62-61102 | <u> </u> | | | F | Page 7 |
|---------------------|--|-----------------|------------|----------|--------------|--------------|
| Pa | rt VI f Other Information (continued) | | | | Yes | No |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge | | | | | Ì |
| | or at substantially less than fair rental value? | | | 82a | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this | | | | 1 | |
| | amount as revenue in Part I or as an expense in Part II | 1 | | | | |
| | (************************************** | 2b | | | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | | | 83a | X | <u> </u> |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | | | 83b | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | | 84a | <u> </u> | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | NT / B | | ŧ | Ì |
| | gifts were not tax deductible? | | N/A | 84b | ├─ | |
| 85a | 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? | | N/A | 85a | ├── | - |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | N/A | 85b | | - |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization | 1 | | | I | |
| | received a waiver for proxy tax owed for the prior year. | e. | | | l | |
| C | | 5c | | 1 | f | |
| d | | 5d | | 1 | I | |
| e | × 35 × 5 × × × × × × × × × × × × × × × × | 5e | | 1 | l | |
| f | | 5f | N/A | | f | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | N/A | 85g | <u> </u> | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f | | | | I | |
| | to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the | | N/A | 85h | f | |
| | following tax year? | I | H/A | 6511 | | |
| 86 | | 6a | | 1 | I | |
| b o z | | 6b 7a | | 1 | ŧ | |
| 87 | (-)(-)(-) | / d | | 1 | Ī | |
| b | Gross income from other sources (Do not net amounts due or paid to other | 7b | | | • | |
| 000 | sources against amounts due or received from them) At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or | 76 | | 1 | 1 | |
| 88a | partnership, or an entity disregarded as separate from the organization under Regulations sections | | | | I | |
| | 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | | 88a | Ī | x |
| h | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the | | | 1000 | <u> </u> | |
| | meaning of section 512(b)(13)? If "Yes," complete Part XI | | • | 88b | | X |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under: | | | 1000 | <u> </u> | 1 |
| 034 | section 4911 O ; section 4912 O , section 4955 | (|) | | • | |
| b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction | | | | Ī | |
| • | during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach | | | | ŧ | |
| | a statement explaining each transaction | | | 89b | I | X |
| c | Enter. Amount of tax imposed on the organization managers or disqualified | | | | | 1 |
| • | persons during the year under sections 4912, 4955, and 4958 | • | 0 | | • | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization | • | 0 | | I | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | İ | | |
| - | transaction? | | | 89e | L | x |
| f | All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contra | ct? | | 89f | | X |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the | • | • | | | I |
| Ū | supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings | | | | Ī | 1 |
| | at any time during the year? | | | 89g | | X |
| 90a | List the states with which a copy of this return is filed NONE | | _ | | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 (See | | _ | | | |
| | instructions.) | 90b | <u> </u> | | | 14 |
| 91a | The books are in care of ANNE COLLEY | Telephone no. 🕨 | 615- | -298 | -56 | 547 |
| | 3404 BELMONT BLVD. | | | | | |
| | Located at ► NASHVILLE, TN | ZIP+4 ► 3721 | L 5 | | | |
| b | At any time dunng the calendar year, did the organization have an interest in or a signature or other authorit | у | | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | | | Yes | |
| | account)? | | | 91b | <u> </u> | X |
| | If "Yes," enter the name of the foreign country | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | | 1 | |
| | and Financial Accounts | | | <u> </u> | <u> </u> | <u> </u> |
| | | | | For | m 990 | 0 (2007 |

| | | CHILDREN'S HOU | | VILLE, | $\underline{INC}, \underline{62-6}$ | 11020. | <u> </u> | Page 8 |
|-------|------------------|---|-------------------------|----------------------|-------------------------------------|--|-----------------------------|--------------------|
| | art VI | Other Information (con | | | | | | Yes No |
| C | At any t | me during the calendar year, did the | e organization maintaii | n an office out | side of the United Sta | tes? | | 91c X |
| | If "Yes," | enter the name of the foreign coun | try > | | | | | |
| 92 | | 4947(a)(1) nonexempt charitable tre | - | | | | . 1 . 1 | ▶ ∐ |
| | | er the amount of tax-exempt interes | | | | | ▶ 92 | |
| Pa | art VII | Analysis of Income-Pro | ducing Activitie | s (See the | instructions.) | | | |
| Note | : Enter gr | oss amounts unless otherwise | | Unrelate | ed business income | Excluded | by section 512, 513, or 514 | (E) Related or |
| ındıc | ated | | | (A) Business code | (B) Amount | (C) Exclusion | (D) Amount | exempt function |
| 93 | | service revenue. | - | | | code | | income |
| а | SEE | STATEMENT 7 | | - | | - | | 599,533 |
| b | | <u> </u> | | | | | | |
| С | | | | | | | | |
| d | | | | | | | | |
| е | | | | ···· | | | | |
| f | Medicar | e/Medicaid payments | | | | | | |
| g | Fees an | d contracts from government agend | cies | | | | | |
| 94 | | ship dues and assessments | - | | | | 06.016 | |
| 95 | Interest | on savings and temporary cash inve | estments | | | 14 | 26,916 | |
| 96 | | is and interest from securities | | | | | | |
| 97 | | al income or (loss) from real estate | | | | | | |
| а | | anced property | - | | | | | |
| b | | -financed property | - | | | | | |
| 98 | | al income or (loss) from personal pr | operty | | | | | |
| 99 | | vestment income | - | | | + | | |
| 100 | | (loss) from sales of assets other that | in inventory | | | + | 60 F61 | |
| 101 | | me or (loss) from special events | - | · | | 1 | 60,561 327 | |
| 102 | - | rofit or (loss) from sales of inventory | ' - | | | 1 | 32 / | |
| 103 | Other re | venue. a | | | | | | |
| b | | | | ··· | | | | ···· |
| С. | | | | | | + | | |
| a | | | | | | 1 | | |
| е | | (5) (6) - (1(5)) | | , | | 0 | 87,804 | 599,533 |
| | | (add columns (B), (D), and (E)) | E | | l | <u>Y</u> !1 | 07,004 | 687,337 |
| | • | dd line 104, columns (B), (D), and (| •• | Dort I | | • | | 007,337 |
| | ert VIII | S plus line 1e, Part I, should equal the Relationship of Activiti | | | of Evernt Purn | nees (S | ee the instruction | <u>s)</u> |
| | ine No. | Explain how each activity for w | | | | | | |
| | Te No. | of the organization's exempt pu | | | | | nuy to the accomplishin | ient |
| 9 | 3 A | TUITION AND FEES | ARE AMOUN | TS PAID | BY PARTIC | IPANT | S IN THE | |
| | | DAYCARE AND EDUC | | | | | | |
| | | ORGANIZATION | | | | | | |
| | | *************************************** | | | | | | |
| Pa | ırt IX | Information Regarding | Taxable Subsidi | iaries and | Disregarded En | tities (Se | ee the instructions | 5.) |
| | | (A) | (B) Percentage of | | (C) Nature of activities | | (D) Total income | (E) End-of-year |
| ľ | | dress, and EIN of corporation, ship, or disregarded entity | ownership interest | | valure or activities | | rotal income | assets |
| | N/A | <u> </u> | | % | | | | |
| | | | | % | | | | |
| | | | | % | | | | |
| | | | | % | | | | |
| Pε | ert X | Information Regarding | Transfers Assoc | ciated with | Personal Bene | fit Contr | acts (See the inst | tructions.) |
| | | e organization, during the year, reco | | | | | | Yes X No |
| (| b) Did th | e organization, duning the year, pay | premiums, directly or | indirectly, on | a personal benefit cor | ntract? | • | Yes X No |
| | Note: If "Y | es" to (b), file Form 8870 and Form | 4720 (see instruction | ns) | | | | |
| | | | | | | | | Eom 990 (2007) |

| Form 9 | 90 (2007) CHILDREN'S HOUSE OF N | | | Page 9 |
|---------------|--|--|---|--|
| Part | , , | | | nly if the organization |
| | is a controlling organization as defined | ned in section 512(b |)(13). | |
| | | | | Yes No |
| 106 | Did the reporting organization make any transfers to a co | | n section 512(b)(13) of | |
| 1 | the Code? If "Yes," complete the schedule below for each | | | |
| | (A) | (B) | (C) | (D) |
| | Name, address, of each controlled entity | Employer ID Number | Description of transfer | Amount of transfer |
| +- | Controlled entity | Tanibei | uansiei | |
| а | | | | |
| b | · · | | | |
| С | | | | |
| | Totals | | | |
| | | | | Yes No |
| 107 | Did the reporting organization receive any transfers from | n a controlled entity as defi | ned in section | |
| | 512(b)(13) of the Code? If "Yes," complete the schedule | below for each controlled | entity | X |
| | (A) | (B) | (C) | (D) |
| | Name, address, of each | Employer ID | Description of | Amount of transfer |
| | controlled entity | Number | transfer | |
| a | | | | |
| ь | · · | | | |
| с . | | | | |
| | Totals | | | |
| 108 | Did the organization have a binding written contract in efficients, royalties, and annuities described in question 107 | • | overing the interest, | Yes No |
| Pleas Sign | - Cym & C | ed this return, including accomp of preparer (other than officer) | panying schedules and statements, and its based on all information of which pre | parer has any knowledge |
| Here | Signature of officer Anne T. Colley Type or print name and title | Direct | er- | Date |
| | Preparer's |) | Date Check | f Preparer's SSN or PTIN (See Gen Instr X) |
| Paid | signature R NOONAN | fran | - 1/14/09 self- employ | |
| Prepa | rer's MCKERIEV & | | CPA | EIN ► 62-1797916 |
| Use C | Only Firm's name/(or yours if self-employed), 104 WOODMON | | | Phone |
| | " | TN 37205 | | no ▶ 615-279-0088 |

Form **990** (2007)

SCHEDULEA (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

Schedule A (Form 990 or 990-EZ) 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 Employer identification number Name of the organization CHILDREN'S HOUSE OF NASHVILLE, INC. 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.") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more empl benefit plans (c) Compensation account and other than \$50,000 per week devoted to position & deferred comp allowances NONE ▶ Total number of other employees paid over \$50,000 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 Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (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.

| Sche | edule A (Form 990 or 990-EZ) 2007 CHILDREN'S HOUSE OF NASHVILLE, INC. 62-6110201 | | F | age 2 |
|------|---|-----|-----|----------|
| Pi | Statements About Activities (See page 2 of the instructions.) | | Yes | No |
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ | 1 | | 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) | | | |
| а | Sale, exchange, or leasing of property? | 2a | | x |
| b | Lending of money or other extension of credit? | 2b | | x |
| С | Furnishing of goods, services, or facilities? | 2c | | х |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 | 2d | x | <u> </u> |
| 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 | |
| С | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | 3c | | х |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | | х |
| 4a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete | 4a | | x |
| b | lines 4f and 4g Did the organization make any taxable distributions under section 4966? | 4b | | |
| С | 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 | | | |
| е | 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 | | C |) |
| 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 |

| Ρ, | art iv | Reason for Non-Private Founds | ation Status (See | pages 4 through 8 | of the instr | uctions.) | | | | | |
|-------|--|---|----------------------------|-------------------------------------|-----------------|----------------------|-------------------------|--|--|--|--|
| l cer | $\overline{}$ | at the organization is not a private foundation bed A church, convention of churches, or association | | | ox) | | | | | | |
| 6 | X, | A school. Section 170(b)(1)(A)(II) (Also complet | e Part V) | | | | | | | | |
| 7 | | A hospital or a cooperative hospital service orga | nization Section 170(b)(| (1)(A)(III) | | | | | | | |
| 8 | | A federal, state, or local government or governm | nental unit. Section 170(t | o)(1)(A)(v) | | | | | | | |
| 9 | | A medical research organization operated in cor | njunction with a hospital. | Section 170(b)(1)(A)(ıii) | Enter the ho | spital'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) (Als | o 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 inform | ation about the suppor | ted organizations. (Se | e page 8 of the | e instructions) | | | | | |
| | | (a) | (b) | (c) | | d) | (e) | | | | |
| | N | lame(s) of supported organization(s) | Employer | Type of | | upported | Amount of | | | | |
| | | | identification | organization | , , | on listed in | support | | | | |
| | | | number (EIN) | (described in lines 5 through 12 | | pporting zation's | | | | | |
| | | | | above or IRC section) | | documents? | | | | | |
| | | | | | Yes | No | | | | | |
| | | | | | | | | | | | |
| | _ | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Tota | ıl | | | | | > | | | | | |
| 14 | | An organization organized and operated to test t | for public safety Section | 509(a)(4) (See page 8 | of the instruct | | orm 990 or 990-EZ) 2007 | | | | |

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 (e) Total Gifts, grants, and contributions received (Do not include unusual grants See line 28) Membership fees received 16 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 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 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income Attach a schedule Do not sale of capital assets Total of lines 15 through 22 24 Line 23 minus line 17 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 26 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 26c c Total support for section 509(a)(1) test Enter line 24, column (e) d Add Amounts from column (e) for lines: 18 26d e Public support (line 26c minus line 26d total) 26e 26f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 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" N/A 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 N/A amounts) for each year. (2006) (2003)Add Amounts from column (e) for lines: 16 20 27c 27d d Add Line 27a total and line 27b total 27e e Public support (line 27c total minus line 27d total) ▶ 27f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27h h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 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 bnef

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Schedule A (Form 990 or 990-EZ) 2007 CHILDREN'S HOUSE OF NASHVILLE, INC. 62-6110201 Page 5 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) | | | |
|----|---|------|----------|---------------------------------------|
| 9 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | Yes | No |
| | other governing instrument, or in a resolution of its governing body? | 29 | X | |
| 0 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its | | | |
| | brochures, catalogues, and other written communications with the public dealing with student admissions, | | | |
| | programs, and scholarships? | 30 | X | |
| 1 | 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 | 1 | x | |
| | 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.) | 31 | | |
| | 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 | | | |
| | · | | | |
| 2 | Does the organization maintain the following: | | | |
| а | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | X | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | | | |
| | basis? . | 32b | X | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing | | | |
| | with student admissions, programs, and scholarships? | 32c | X | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | X | |
| | | | | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement) | | | |
| | \cdot | | | |
| 3 | Does the organization discriminate by race in any way with respect to. | | | |
| - | | | | |
| а | Students' rights or privileges? | 33a | | X |
| | | | | |
| b | Admissions policies? | 33b | | <u> </u> |
| | | | | X |
| С | Employment of faculty or administrative staff? | 33c | | _ |
| _ | Scholarships or other financial assistance? | 33d | | X |
| đ | Scholarships of other infancial assistance. | 1000 | | |
| e | Educational policies? | 33e | | X |
| • | | | | |
| f | Use of facilities? | 33f | | X |
| | | | | |
| g | Athletic programs? | 33g | ļ | X |
| | | | | • • • • • • • • • • • • • • • • • • • |
| h | Other extracurricular activities? | 33h | | X |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | | |
| | If you allowered Tes to any of the above, please explain (if you need thore space, attach a separate statement) | | | |
| | | | | |
| | | | | |
| | | | | |
| 4a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | X |
| | | | | - |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | X |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| _ | Does the exception partify that it has complied with the applicable requirements of sections 4.01 through 4.05 | | | |
| 5 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | x | ĺ |
| | | 00 0 | | |

b

- d
- Publications, or published or broadcast statements е
- Grants to other organizations for lobbying purposes f
- Direct contact with legislators, their staffs, government officials, or a legislative body g
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means h
- 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

| | į. | | |
|--|----|--|--|
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| | | | |

| 3 . (| - I | Sı | pecial Events | Schedule | | 2007 |
|---|--------------------------|--|--|--|---------------------------------------|--------------------------------------|
| Form 99 | - 1 | For calendar year 2007, or tax year be | ginning | 6/01/07 , and ending | 5/31/08 | 2007 |
| Name | | | | | Employer Id | entification Number |
| CHILDRI | EN'S H | OUSE OF NASHVILLE, | INC. | | 62-611 | .0201 |
| | | (A) | (B) | (C) | Others | Total |
| Gross receipt Less contrib Gross revenu Less direct | outions e expenses | 31,069 0 31,069 5,405 | 22,534 0 22,534 596 21,938 | 17,152 0 17,152 6,548 10,604 | 3,792 0 3,792 1,437 2,355 | 74,54° 74,54° 13,986 60,56° |
| Net income (l | oss) | <u>25,664</u> | | | 2,355 | 60,36. |
| Description | (A) | AUCTION | | | | |
| · | (B) | CAPITAL CAMPAIGN | | | | |
| | (C) | WINTER BAZAAR | | _ | | |
| | Others | OTHER FUNDRAISING REST MAT/COVER | G | _ | | |
| | | | | _ | | |
| | | | | <u> </u> | | |
| | | | | <u> </u> | | |
| | | | | <u>_</u> | | |
| | | | | _ _ | | |
| | | | | | | |
| | | | | | | |
| | | | | <u> </u> | | |

74,547

74,547 13,986 60,561

| Forms | • | · • |
|-------|---|---------|
| | 1 | 990-P.F |

Mortgages and Other Notes Payable

For calendar year 2007, or tax year beginning

| 6 | / | 0 | 1 | / | 0 | 7 | , and endin | ıa |
|---|---|---|---|---|---|---|-------------|----|
| | | | | | | | | |

5/31/08

2007

Name

Employer Identification Number

| CHII | DREN'S HOUSE | OF NASHVILL | E, INC. | | 62-6110201 | | | |
|----------------|---------------------------------------|----------------------|--|--|-------------------------------|--|--|--|
| | | | _ | NAL INFORMATION | | | | |
| | | | | | | | | |
| | OUTH TRUST BA | e of lender | | Relationship to disqualified person BANK | | | | |
| | OTH IRUSI BA | MV | | DANK | | | | |
| (2) | | | | _ | | | | |
| (3) (4) | | | | | · | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | · · · · · · · · · · · · · · · · · · · | <u>. '</u> | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| | Original amount | | Maturity | | Interest | | | |
| | borrowed | Date of loan | date | Repayment terms | rate | | | |
| (1) | 320,884 | 10/01/03 | | | | | | |
| (2) | | | | | ····· | | | |
| (3) | | | | | | | | |
| (4) (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | · · · · · · · · · · · · · · · · · · · · | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | ···· | | | | | |
| ···· / ······ | | 1 | | | | | | |
| | Security | provided by borrower | | Purpose of | loan | | | |
| (1) | Security | provided by borrower | | MORTGAGE | Toda | | | |
| (2) | | | <u></u> | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | <u> </u> | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| | Consideration f | urnished by lender | | Balance due at beginning of year 471,282 | Balance due at end of year | | | |
| (1) | | | | 471,282 | 445,719 | | | |
| (2) | | | <u></u> | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | <u> </u> | | | |
| (7) | | | | | | | | |
| (8) | | | | - - | | | | |
| (9) (10) | | | | | | | | |
| (10) Totals | | | | 471,282 | 445,719 | | | |
| 1 Utals | | | | | | | | |

1/14/2009 2:58 PM

FYE: 5/31/2008

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

| Description | Gross Sales | cogs | Gross Profit | |
|---------------------|----------------|-----------|-----------------|-----|
| T-SHIRTS AND SWEATS | \$ 679 | \$ 352 | \$ | 327 |
| TOTAL | \$ 679 | \$ 352 | \$ | 327 |

62-6110201,

1/14/2009 2:58 PM

FYE: 5/31/2008

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

| Description | | Amount |
|-------------|------------|--------|
| SCHOLARSHIP | \$ | 10,830 |
| TOTAL | \$ <u></u> | 10,830 |

| 2478 Children's House Of Nashville, Inc. 62-6110201 FYE: 5/31/2008 | | Federal Statements | | 1/14/2009 2:58 PM |
|---|--|-------------------------|---------------------------|-------------------|
| 15 | Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers | II, Line 25a - Compens | ation of Current Officers | |
| Name | Program Services | Management & General | Fundraising | |
| EXPENSES OFFICER COMPENSATION | տ | ጽ 8 2 4 1 | رب در | |
| TOTAL | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | \$ 58,241 | 3,065 | |
| | | | | |
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62-6110201

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 |

1/14/2009 2:58 PM

2478 Children's House Of Nashville, Inc.
62-6110201 Federal Statements

62-6110201

FYE: 5/31/2008

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

| Description | | | | | |
|-------------|----------------------|---------------|----------------|-----|---------------|
| | Beginning of Year | Accum Depr | End of Year | | Accum Depr |
| | \$ 1,305,748 \$ | 398,516 | \$ 1,311,439 | \$_ | 428,026 |
| TOTAL | \$ 1,305,748 \$ | 398,516 | \$ 1,311,439 | \$_ | 428,026 |

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

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

1/14/2009 2:58 PM

2478 Children's House Of Nashville, Inc.
Federal Statements

FYE: 5/31/2008

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

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

62-6110201 FYE: 5/31/2008

1/14/2009 2:58 PM

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

Description

SEE ATTACHED NOTE

62-6110201

1/14/2009 2:58 PM

FYE: 5/31/2008

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

| _ | | | | |
|-----|-------|-----|--------|----|
| 100 | 051 | nti | \sim | n |
| Des | 1 1 | 1) | | ., |
| | • • • | ρ., | • | |

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



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

Children's House Board of Directors 2008-09

Office of the Sold acolley & Childrenshousenashville org

| Name | | Term | Street | <u>;</u> | á | i | i | |
|-----------|-------------|------|-----------------------------|---------------------|--------|-------|------------------------------|--|
| | | | | CILY | 10 | di7 | Phone | email |
| Cloud | Jay | 2011 | 9502 Peebles Ct | Brentwood | N | 37027 | h 771-3795 c 347-5200 | Joloud@bccb com |
| Cole | Jen | 2010 | 533 Skyview Dr | Nashville | N | 37216 | h 227-1585 c 969-6424 | coleconimunity@comcast net Jcole@handsonnetwork ord |
| Cox | Chip | 2011 | 1721 Beechwood | Nashville | Z | 37212 | h 383-8783 c 424-0615 | chipcox@mac com |
| Gatto | \ \ \ | 2010 | 111 Bellevue Drive S | Nashville | Z F | 37205 | h 353-7220 c 478-2188 | vgatto@solidus com |
| Gipson | Cornelia | 2011 | 2633 Hansford Drive | Thompson Station | Z | 37179 | c 337-0170 | crgipson@cvty com |
| Graves | Lıza | 2009 | 3617 Central Av | Nashville | Z | 37205 | h 279-8254 c | lizagraves@comcast net |
| Green | Sharı | 2011 | 9105 Gasserway Ct | Brentwood | Z | 37027 | h 371-1653 c 973-9514 | greensf@hotmail com |
| Henderson | Angie | 2009 | 112 Clydelan Ct | Nashville | Z L | 37205 | h 352-5291 c 260-5530 | ahenderson@comcast net |
| Howard | Angie | 2010 | 939 Oak Valley Lane | Nashville | NL | 37220 | h 385-8183 c 513-8276 | angiephoward@comcast net |
| Lingo | Elizabeth | 2010 | 1303 Tremont Ave. | Nashville | N. | 37212 | 332-7568 (h) 243-3034 (c) | elizabeth I lingo@vanderbilt edu |
| Scretchen | Pam | 2011 | 1108 Wyntergrace Farm Ct | Old Hickory | N | 37138 | h 847-0200 c 829-3100 | Scretchen1@msn com |
| Sheats | Christie | 2009 | 804 Princeton Hills Dr | Brentwood | N | 37027 | h 371-8980 c 504-5377 | taja819@aol com |
| Ward | René | 2010 | 2200 Harding Place,4 | Nashville | N. | 37215 | h 665-9120 c 403-8299 | reneward@comcast net |
| | | | | | | | | |

Form **88**68

(Rev April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

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 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 Name of Exempt Organization Employer identification number print CHILDREN'S HOUSE OF NASHVILLE, INC. 62-6110201 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your 3404 BELMONT BLVD. return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions NASHVILLE TN 37215 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 6069 Form 990-T (trust other than above) Form 990-PF Form 1041-A Form 8870 ANNE COLLEY The books are in the care of 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 If it is for part of the group, check this box and attach for the whole group, check this box a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 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 6/01/07 , and ending 5/31/08 tax year beginning Initial return If this tax year is for less than 12 months, check reason Final return Change in accounting period 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 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 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