

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

**2005**Open to Public  
Inspection**A** For the 2005 calendar year, or tax year beginning **7/01/05**, and ending **6/30/06****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pending

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

**C** Name of organization**NEIGHBORHOODS RESOURCE CENTER**

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

**14 ACADEMY PLACE P.O. BOX 100941**

Room/suite

**2**

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

**NASHVILLE****TN 37224****D** Employer identification no.**62-1817514****E** Telephone number**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 ☒ NoH(b) If "Yes," enter number of affiliates ▶ ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No

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

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: ▶ **WWW.TNRC.NET****J** Organization type(check only one) ▶ ☒ 501(c) ( **3** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **285,089****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>59,702</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>145,984</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>29,171</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>234,857</b> noncash \$ )			<b>1d</b>	<b>234,857</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>48,509</b>
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>1,199</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>	
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe )			<b>7</b>		
Expenses	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			<b>8d</b>	
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
	<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<b>524</b>
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>285,089</b>	
Net Assets	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>249,171</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>23,042</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>1,280</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>273,493</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>11,596</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>96,248</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>107,844</b>	

## 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
22	Grants and allocations (attach schedule) (cash \$ non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	39,576	35,618	3,958
26	Other salaries and wages	26	126,448	119,946	6,502
27	Pension plan contributions	27	4,811	4,508	303
28	Other employee benefits	28	5,858	5,489	369
29	Payroll taxes	29	22,969	21,522	1,447
30	Professional fundraising fees	30			
31	Accounting fees	31	3,850		3,850
32	Legal fees	32			
33	Supplies	33	2,305	2,160	145
34	Telephone	34	2,955	2,828	127
35	Postage and shipping	35	5,336	4,195	47
36	Occupancy	36	400		400
37	Equipment rental and maintenance	37	1,644	1,153	491
38	Printing and publications	38	2,242	1,941	115
39	Travel	39	12,351	11,573	778
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	28,640	24,885	3,755
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 1	43a	14,108	13,353	755
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	273,493	249,171	23,042
					1,280

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?

**► HUMAN AND COMMUNITY SERVICES**

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) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

**a SEE STATEMENT 2**

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

**79,287****b SEE STATEMENT 3**

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

**123,885****c TRAINING AND CAPACITY BUILDING SERVICES CONSISTS OF THE NEIGHBORHOOD LEADERSHIP TRAINING INSTITUTE AND CUSTOMIZED CAPACITY BUILDING WORKSHOPS. THESE PROGRAMS ARE DESIGNED TO PROVIDE RESIDENTS WITH THE KNOWLEDGE AND SKILLS NECESSARY TO TAKE THE LEADING ROLE IN IDENTIFYING AND ADDRESSING THE NEEDS OF THEIR NEIGHBORHOOD.**

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

**45,555****d OTHER PROGRAMS INCLUDE MISCELLANEOUS GRANT CONTRACTS.**

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

**444****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)**249,171**Form **990** (2005)

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

		(A) Beginning of year	(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
<b>Assets</b>	45 Cash-non-interest-bearing	82,690	100,345
	46 Savings and temporary cash investments		
	47a Accounts receivable	19,234	
	b Less: allowance for doubtful accounts		19,234
	48a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		
	51a Other notes and loans receivable (attach schedule)		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55a Investments-land, buildings, and equipment: basis		
	b Less: accumulated depreciation (attach schedule)		
56 Investments-other (attach schedule)			
57a Land, buildings, and equipment: basis	212,280		
b Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 4</b>	193,121	19,159	
58 Other assets (describe <b>SEE STATEMENT 5</b> )	50	542	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.	127,024	139,280	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	7,808	17,441
	61 Grants payable		
	62 Deferred revenue	22,968	13,995
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		
	64a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule)		
	65 Other liabilities (describe )		
66 <b>Total liabilities.</b> Add lines 60 through 65	30,776	31,436	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	55,362	95,916
	68 Temporarily restricted	40,886	11,928
	69 Permanently restricted		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	96,248	107,844
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	127,024	139,280

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

Instructions			
<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	305,789
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	20,700
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	20,700
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	285,089
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	285,089

<b>Part IV-B</b>		<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
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Part I				Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		2017	
<b>a</b>	Total expenses and losses per audited financial statements			<b>a</b>		<b>294,193</b>	
<b>b</b>	Amounts included on line <b>a</b> but not Part I, line 17:						
1	Donated services and use of facilities	<b>b1</b>	20,700				
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>					
3	Losses reported on Part I, line 20	<b>b3</b>					
4	Other (specify):	<b>b4</b>					
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b>		<b>20,700</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b>		<b>273,493</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :						
1	Investment expenses not included on Part I, line 6b	<b>d1</b>					
2	Other (specify):	<b>d2</b>					
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b>			
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>			<b>e</b>		<b>273,493</b>	

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

[illegible]

Yes	No
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(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions.)		Yes	No

DAA

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**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>X</b>	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b> 20,700		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		
	N/A		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b>		
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		<b>0</b>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>90a</b>	List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		<b>4</b>
<b>91a</b>	The books are in care of <b>JOHN STERN</b> <b>14 ACADEMY PLACE</b> Located at <b>NASHVILLE, TN</b> Telephone no. <b>615-782-8212</b> ZIP + 4 <b>37224</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b> At any time during the calendar year, did the organization maintain an office outside of the United States?		
<b>c</b>	If "Yes," enter the name of the foreign country		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>PROGRAM SERVICE REVENUE</b>					<b>48,509</b>
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					<b>1,199</b>
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b <b>MISCELLANEOUS REVENUE</b>					<b>524</b>
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>0</b>	<b>50,232</b>
105 <b>Total</b> (add line 104, columns (B), (D), and (E))					<b>50,232</b>

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PROGRAM REVENUE IS USED TO FINANCE VARIOUS GRANT PROGRAMS.
95	INTEREST INCOME IS USED TO FINANCE VARIOUS GRANT PROGRAMS.
103B	MISCELLANEOUS INCOME IS USED TO FINANCE VARIOUS PROGRAMS.

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

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

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

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

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

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 <i>John Steen as Executive Director</i>		Date <i>12/20/06</i>	
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date <i>12/15/06</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W) <b>P00156471</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>BLANKENSHIP CPA GROUP, PLLC 109 WESTPARK DRIVE, SUITE 430 BRENTWOOD, TN 37027-5032</b>	EIN <b>45-0491842</b>	Phone no. <b>615-373-3771</b>	



**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

**2005**Department of the Treasury  
Internal Revenue Service**Supplementary Information--(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

NEIGHBORHOODS RESOURCE CENTER

Employer identification number  
**62-1817514****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) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & 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) 2005

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

Yes No

<b>1</b>	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.)	<b>1</b>		<b>X</b>
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.				
<b>2</b>	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.)			
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	<b>2d</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		<b>X</b>
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	<b>3a</b>		<b>X</b>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>		<b>X</b>
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>		<b>X</b>
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>		<b>X</b>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>		<b>X</b>

**Part IV** **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)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 supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	178,356	272,758	427,354	349,497	1,227,965
<b>16</b> Membership fees received					0
<b>17</b> 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					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	872	657	1,459	1,897	4,885
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets <b>STMT 7</b>	2,041	17,088	4,077		23,206
<b>23</b> Total of lines 15 through 22	181,269	290,503	432,890	351,394	1,256,056
<b>24</b> Line 23 minus line 17	181,269	290,503	432,890	351,394	1,256,056
<b>25</b> Enter 1% of line 23	1,813	2,905	4,329	3,514	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					25,121
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					49,759
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,256,056
d Add: Amounts from column (e) for lines: 18 <u>4,885</u> 19 <u>49,759</u> 22 <u>23,206</u> 26b <u>49,759</u>					77,850
e Public support (line 26c minus line 26d total)					1,178,206
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					93.8020%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					N/A
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					N/A
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
<b>29</b> 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?	29		
<b>30</b> 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		
<b>31</b> 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.)	31		
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges?	33a		
<b>b</b> Admissions policies?	33b		
<b>c</b> Employment of faculty or administrative staff?	33c		
<b>d</b> Scholarships or other financial assistance?	33d		
<b>e</b> Educational policies?	33e		
<b>f</b> Use of facilities?	33f		
<b>g</b> Athletic programs?	33g		
<b>h</b> Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	34a		
<b>b</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.	34b		
<b>35</b> 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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check <b>a</b>	if the organization belongs to an affiliated group.	Check <b>b</b>	if you checked "a" and "limited control" provisions apply.
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Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
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-															
<table style="width:100%; border: none;"> <tr> <td style="width:30%;">If the amount on line 40 is-</td> <td style="width:70%;">The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is-	The lobbying nontaxable amount is-														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 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:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines through c 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 through c h.)			

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



**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
EXPENSES				
UTILITIES	5,583	5,343	240	
TECHNOLOGY	3,720	3,486	234	
MISCELLANEOUS	4,441	4,160	281	
OTHER PROFESSIONAL FEES	364	364		
TOTAL	<u>\$ 14,108</u>	<u>\$ 13,353</u>	<u>\$ 755</u>	<u>\$ 0</u>

**Statement 2 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description

INFORMATION AND TECHNOLOGY SERVICES PROVIDE NEIGHBORHOOD-LEVEL COMMUNITY ASSET AND LIABILITY INFORMATION TO NEIGHBORHOOD ORGANIZATIONS AND THE GOVERNMENT AND NONPROFIT AGENCIES THAT SERVE NEIGHBORHOODS, IN BOTH TABULAR AND GRAPHICAL FORMATS BY USING THE GEOGRAPHIC INFORMATION SYSTEM. THESE SERVICES ALSO INCLUDE THE DEPLOYMENT OF COMPUTER SYSTEMS AND TRAINING TO NEIGHBORHOOD AND ETHNIC COMMUNITY GROUPS FOR USE IN THEIR COMMUNITY DEVELOPMENT ACTIVITIES.

**Statement 3 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**Description

ORGANIZATION AND SUPPORT SERVICES PROVIDE NEIGHBORHOOD RESIDENTS AND GROUPS WITH HANDS ON ORGANIZATIONAL DEVELOPMENT ASSISTANCE. THIS SUPPORT IS DESIGNED TO ENGAGE NEIGHBORHOOD RESIDENTS IN THE DEVELOPMENT OF A NEIGHBORHOOD ORGANIZATION THAT IDENTIFIES ITS COMMUNITY GOALS, TAKES FOCUSED ACTION TO ACHIEVE ITS GOALS, AND PRODUCES A GROUP OF NEIGHBORHOOD LEADERS WITH THE CAPACITY TO CARRY ON THEIR COMMUNITY DEVELOPMENT WORK. THIS AREA ALSO INCLUDES THE STRATEGIC PARTNERSHIP SERVICES WHICH PROVIDE GOVERNMENT AND SOCIAL SERVICE AGENCIES WITH A NONPROFIT PARTNER THAT BRINGS A NEIGHBORHOOD PERSPECTIVE TO SPECIFIC COMMUNITY DEVELOPMENT PROJECTS THAT ARE CITY-WIDE OR MULTI-NEIGHBORHOOD IN NATURE.

**Federal Statements**

FYE: 6/30/2006

**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
BUILDINGS AND EQUIPMENT	\$ 205,169	\$ 164,483	\$ 212,280	\$ 193,121
TOTAL	<u>\$ 205,169</u>	<u>\$ 164,483</u>	<u>\$ 212,280</u>	<u>\$ 193,121</u>

**Statement 5 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 50	\$ 50
PREPAID EXPENSES		492
TOTAL	<u>\$ 50</u>	<u>\$ 542</u>



# Federal Statements

## Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	Address				
	Title	Average Hours	Compensation	Benefits	Expenses
JOHN STERN		P.O. BOX 100941			NASHVILLE
	EXECUTIVE	DI 40+	39,576	1,127	0
BILLY FIELDS		902 BOSCOBEL STREET			NASHVILLE
	CHAIRMAN	0	0	0	0
BILL BAILEY		8340 RIVER ROAD PIKE			NASHVILLE
	MEMBER	0	0	0	0
PATRICK J. NOLAN III		5648 KENDALL DRIVE			NASHVILLE
	MEMBER	0	0	0	0
REV. WILLIAM L. BARNES		1023 BATTLEFIELD DRIVE			NASHVILLE
	MEMBER	0	0	0	0
THOMAS EPPERSON		P.O. BOX 280663			NASHVILLE
	MEMBER	0	0	0	0
DR. EUGENE TESELLE		2007 LINDEN AVENUE			NASHVILLE
	VICECHAIRMAN	0	0	0	0
ELEANOR CHIPPEY GRIER		P.O. BOX 160153			NASHVILLE
	MEMBER	0	0	0	0
ANN TOPLOVICH		2715 WESTWOOD AVENUE			NASHVILLE
	SEC/TREASURE	0	0	0	0
PATRICIA TOTTY		1021-31ST AVENUE, NORTH			NASHVILLE
	MEMBER	0	0	0	0
KING HOLLANDS		911-14TH AVENUE SOUTH			NASHVILLE
	MEMBER	0	0	0	0
JAMES C. MIDGETT, JR., ESQ.		6240 EATONS CREEK ROAD			JOELTON TN
	MEMBER	0	0	0	0
JANICE T.G. DANIELS		1009 TRAILWOOD PLACE			NASHVILLE
	MEMBER	0	0	0	0
CHARLIE J. WILLIAMS		965 WOODLAND STREET			NASHVILLE
	MEMBER	0	0	0	0
MR. A. RUSSELL WILLIS, ESQ.		215 SECOND AVE. NORTH			NASHVILLE
	MEMBER	0	0	0	0

## Statement 7 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2004	2003	2002	2001
	\$ 2,041	\$ 17,088	\$ 4,077	\$
TOTAL	\$ 2,041	\$ 17,088	\$ 4,077	\$ 0