Form **990**

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)

2006

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For t	he 2006 c	alendar	year, or tax year beginning	July 1	, 2006	, and	ending	June 30	, 20	07
В	Check if	f applicable:	Please	C Name of organization				Ť	D Emplo	yer identificatio	n number
	Addres	s change	use (RS	ONE (ORGANIZED NEIGHBORS	S OF EDGEHILL), INC				62	1540	0325
	Name	change	print or type.	Number and street (or P.O. box	k if mail is not delivered t	o street ac	ddress)	Room/suite	E Teleph	one number	
	Initlal r	eturn	See	1001 EDGEHILL AVENUE					(615) 25	56-4617
	Final re	eturn	Specific Instruc-	City or town, state or country,	and ZIP + 4				F Accounti	ng method: 🔲 C	Cash 🗸 Accrual
	Amend	ed return	tions.	NASHVILLE, TN 37203-4915						her (specify) 🕨	
	Applica	tion pending		tion 501(c)(3) organizations ar						to section 527	
_			trus	ts must attach a completed Sc	hedule A (Form 990 or	990-EZ).					Yes V No
G	Websi	te: 🕨					- 1				Yes No
J	Organi	ization type	(check o	nly one) ▶	(insert no.) 7 4947(a)(I) or		H(c) Are all af (If "No."		idea? I. See instructior	
				rganization is not a 509(a)(3) su				H(d) is this as	eparate retur	n filed by an	,
-	receipts	s are normal	ly not mo	re than \$25,000. A return is not re				organizati	on covered b	by a group ruling?	Yes 🗸 No
	to file a	return, be s	sure to file	a complete return.			_	f Group Ex	emption N	umber ►	
1	Gross	receinte: A	Add lines	6b, 8b, 9b, and 10b to line	10 - 141 4	44					n is not required
	art I			penses, and Changes i			2olone				EZ, or 990-PF).
-	$\overline{}$					runu b	aiaiii	563 (366 ti	ie iristrui	ctions.)	
	1		_	gifts, grants, and similar ar		1a		35,2	70		
	a			o donor advised funds ,	- 4-1	1b		30,2	10		
	b			pport (not included on line		1c		82,5	ns l		
	d			support (not included on li ntributions (grants) (not inc		1d		23,2	\$\$\$\$\$\$\$\$\$		
	e			1a through 1d) (cash \$					THE SPIRITURE AND CO.		140,986
	2			revenue including governm		-	Dort) .	2		140,000
	3			es and assessments					3		······
	4	Interest	on savii	ngs and temporary cash in	avestments				4		125
	5			nterest from securities .					5		
	6a			· · · · · · · · · · · · · · · · · · ·		6a					
	1			enses		6b					
•				ne or (loss). Subtract line (·····	6c		
es.	7			nt income (describe ►	ob nom me oa ,			, ,	7		
Revenue	8a			rom sales of assets other	(A) Securities		(B)	Other			
ě		than inve				8a					
ш	b		-	er basis and sales expenses.		8b		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						8c					
				. Combine line 8c, columns					8d		
	9			d activities (attach schedule). I							
	а				of	σ,				·	
		contribut	tions re	ported on line 1b) . , ,		9a					
	b	Less: dir	ect exp	enses other than fundrais	ing expenses .	9b		····	90.00		
	С	Net incom	me or (1	oss) from special events.	Subtract line 9b fro	m line :	9a ,		9c		·········
	10a	Gross sa	les of i	nventory, less returns and	allowances , .	10a					
	b			ods sold, , ,		10b					
	С	Gross pro	ifit or (los	ss) from sales of inventory (att	ach schedule). Subtra	ict line 10	0b fror	n line 10a .	10c		
	11	Other rev	venue (1	from Part VII, line 103)					11	·	
	12			add lines 1e, 2, 3, 4, 5, 6c,		11			12		141,111
ξύ	13			es (from line 44, column (E					13		113,871
Expenses	14			d general (from line 44, co					14		18,720
xpe	15			m line 44, column (D)) .					15		598
Ü	16 17	Payment	s to aff	iliates (attach schedule) .	. ,				16		
	17			Add lines 16 and 44, co				<u> </u>		•	133,189
sets	18			it) for the year. Subtract li					18		7,922
As	19	Net asse	ts or fu	nd balances at beginning	of year (from line 7	3, colur	mn (A)))	19		294,637
Net Assets	20	Other ch	anges i	n net assets or fund balar	nces (attach explan	ation)			20		
	21	INEL 85560	s or tun	d balances at end of year.	Combine lines 18, 1	ษ, and 2	۷.	<u> </u>	21		302,559

Par	Statement of Functional Expenses	organizations and	nust com section 4	plete column (A). Coli 947(a)(1) nonexempt	umns (B), (C), and (E charitable trusts but	are required for sec optional for others. (ction 501(c)(3) and (See the instructions
	Do not include amounts report 6b, 8b, 9b, 10b, or 16 of		5.5	(A) Total	(8) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (cash \$ noncash \$ If this amount includes foreign grants,)	22a				
22b		tach schedule)			····		
	If this amount includes foreign grants,	check here 🕨 🗀	22b	29,825	29,825		
23	Specific assistance to indivischedule)		23		•	1875 B	
24	Benefits paid to or for mer schedule)	mbers (attach	24				
25a	Compensation of current offic key employees, etc. listed in P schedule)	art V-A (attach	25a	32,000	24,000	8,000	
b	Compensation of former offic key employees, etc. listed in Paschedule)	art V-B (attach	25b				w
С	Compensation and other distributions, not disqualified persons (as defined under ser persons described in section 4958(c)(3)(B	ction 4958(f)(1)) and	25c				
26	Salaries and wages of employee on lines 25a, b, and c	es not included	26	35,180	30,350	4,490	34
27	Pension plan contributions no lines 25a, b, and c	t included on	27				
28	Employee benefits not inclu- 25a - 27		28				
29	Payroll taxes		29	5,139	4,158	955	20
30	Professional fundraising fees .		30				
31	Accounting fees	,	31	3,090		3,090	
32	Legal fees		32				
33	Supplies		33	1,179	1,069	110	
34	Telephone		34	2,572	2,315	257	***************************************
35	Postage and shipping		35	365	329	36	
36	Occupancy		36				
	Equipment rental and maintena		37	131	118	13	
38	Printing and publications		38	643	579	64	
39	Travel		39	483	483		
40	Conferences, conventions, and	meetings	40	5,083	4,851		232
41	Interest		41				
	Depreciation, depletion, etc. (att		42		17117724		
43	Other expenses not covered ab	ove (itemize):					•
u .			43a	13,500	13,500		****
-			43b	1,077	1,077		
•	Insurance		43c	854		854	
	Dues, Fees, Miscellaneour		43d	1,001	150	851	
	Write-off of forgivable mortgage,		43e	1,067	1,067		
			43f				
g .			43g	:			
	Total functional expenses. A through 43g. (Organizations columns (B)–(D), carry these to	completing					•
	13–15)		44	133,189	113,871	18,720	598
Joint Are an f "Yes	Costs. Check ► ☐ if you are y joint costs from a combined educ," enter (i) the aggregate amount of amount allocated to Management	e following SOP ational campaign of these joint cost	and fund	draising solicitation r	eported in (B) Prog	gram services? . >	Yes 🗹 No

Part III	Statemer	it of Program	n Service	Accomplishn	nents	(See	the i	instructions.	Ţ
Form gan	ie available	for public inc	acation and	l for name no	سم مامد		41_		

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.

W	nat is the organization's primary exempt purpose? Neighborhood revitalization & leadership development	Program Service	
ΑII	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses (Required for 501(c)(3) and	
Q†	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1) trusts; but optional for	
org	panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others.)	
а	Housing: Worked on renovation of a home for sale to a low-income buyer.		

	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	10,028	
b	Scholarships: Solicitated contributions for scholarships & advertized in the neighborhood that scholarships		
	were available. Interviewed applicants. Granted scholarships to 28 neighborhood youth and adults		
	(Outstand all and all all and all and all and all all and all and all and all and all all and all and all all all all all all all all all al		
	(Grants and allocations \$ 29,825) If this amount includes foreign grants, check here ▶ □	29,825	
С	Neighborhood Organizing: See attachment.		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	74,018	
d			
		•	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐		
	Other program services (attach schedule)		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □		
	Total of Program Service Expenses (should equal line 44, column (B), Program services)	440.051	
·		113,871	

Form **990** (2006)

P	art IV	Balance Sheets (See the instructions.)					
	Note:	Where required, attached schedules and amounts wi column should be for end-of-year amounts only.	thin the description	Е	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			99,620	45	105,723
	46	Savings and temporary cash investments			188,366	46	169,538
	İ						
	47a	Accounts receivable	7a	261			
			7b		87	47c	261
	48a	Pledges receivable	8a				
	1		8b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, of	lirectors trustees ar	nd			
		key employees (attach schedule)		, ,		50a	
	b	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedul	le)		50b	
	51a	Other notes and loans receivable (attach	,,-,,-, (,			
şţ			1a 6,	,397			
Assets	b		1b		7,464	51c	6,397
Ä	52	Inventories for sale or use			1,061	52	22,001
	53	Prepaid expenses and deferred charges				53	
	54a	investments—publicly-traded securities.				54a	
		Investments—other securities (attach schedule)				54b	
	1	Investments—land, buildings, and					
			5a				
	b	Less: accumulated depreciation (attach				all of the	
		schedule)	5b			55c	
	56	Investments—other (attach schedule)				56	
	57a		7a				
		Less: accumulated depreciation (attach					
			7b			57c	
		Other assets, including program-related investr	nents				
		(describe ►) 📙		58	
	59	Total assets (must equal line 74). Add lines 45	through 58	<u>.</u>	296,598	59	303,920
	60	Accounts payable and accrued expenses			1,961	60	1,361
		Grants payable				61	
		Deferred revenue				62	
es	63	Loans from officers, directors, trustees, and k		1		30.00	
oilities		schedule)		``		63	
Liab		Tax-exempt bond liabilities (attach schedule) .				64a	
_		Mortgages and other notes payable (attach sch				64b	
	65	Other liabilities (describe ►	·) [65	
	66	Total liabilities. Add lines 60 through 65			1,961	66	1.361
	Orgai	nizations that follow SFAS 117, check here $lacktriangle$ $lacktriangle$	and complete line	s			
ပ္လ		67 through 69 and lines 73 and 74.	•				•
ĕ		Unrestricted			80,500	67	87,598
冒		Temporarily restricted		<u> </u>	206,673	68	208,564
m	69	Permanently restricted			7.464	69	6,397
립	Orga	nizations that do not follow SFAS 117, check he	re ▶ 🔲 and		a i		
ヹ		complete lines 70 through 74.				1.0246	
Net Assets or Fund Balances		Capital stock, trust principal, or current funds.				70	
왕		Paid-in or capital surplus, or land, building, and				71	,,-, ₁ ,
SS		Retained earnings, endowment, accumulated in				72	
¥	73	Total net assets or fund balances. Add lines 6	7 through 69 or line	s			
ž		70 through 72. (Column (A) must equal line 19		t	ļ		
		equal line 21)			294,637	73	302,559
	74	Total liabilities and net assets/fund balances.	Add lines 66 and 73		296,598	74	303,920

Pa	rt IV-A Reconciliation of Revenue per Auc instructions.)	lited Financial Staten	nents With Rev	enue per f	Return	(See the
a b 1 2 3 4	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line Net unrealized gains on investments	€ 12: 	b1 b2 b3 b4	. , .	a l	
c d 1 2	Add lines b1 through b4 Subtract line b from line a Amounts included on Part I, line 12, but not on li Investment expenses not included on Part I, line Other (specify): Add lines d1 and d2	ne a:	d1 d2	. , .	b C	
е	Total revenue (Part I, line 12). Add lines c and d	<u> </u>		. •	э	
Pai	T IV-B Reconciliation of Expenses per Au			· · · · · ·		n
a b 1 2 3 4	Total expenses and losses per audited financial s Amounts included on line a but not on Part I, line Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20	9 17: · · · · · · · · · · · · · · · · · · ·	b1 b2 b3			
c d 1 2	Add lines b1 through b4	ne a: 6b	d1 d2		0 2	
	t V-A Current Officers, Directors, Trustees or key employee at any time during the year	, and Key Employees	(List each perso compensated.) (S	n who was a ee the instru	ctions.)	, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions (benefit plans & compensation	o employee deferred plans	(E) Expense account and other allowances
Nast	Hollands, 911 14th Ave. S. wille, TN 37212	Chair	-0-		-0-	-0-
Nast	s Huggins, 1321 Southside Court wille, TN 37212	Vice Chair	-0-		-0-	-0-
Nash	ı W. Moore, 1010 Villa Place ıville, TN 37212	Secretary	-0-		-0-	-0-
Nasi	y Jean Forrester, 1410 Villa Place Wille, TN 37212	Treasurer	-0-		-0-	-0-
	nda Cato, 4961 Algonquin Trail och, TN 37013	Director	32,000		-0-	-0-

Pa	rt V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)		Yes No
75	a Enter the total number of officers, directors, and tr	ustees permitted to vo	ote on organizatio	n business at board	
	meetings		> .	12	
k	Are any officers, directors, trustees, or key emplo employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	phest compensated p II-B, related to each	professional and other through	other independent family or business	75b 🗸
	If "Yes," attach a statement that includes the info Does the organization have a written conflict of in	Part I, or highest or Part II-A or II-B, recat are related to the o primation described in interest policy?	ompensated professive compensated granization? See the instructions.	essional and other ion from any other the instructions for	75c
Pa	rt V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That I	Received Comper	nsation or Other Bene escribed below) during	the vear, list that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
			·		
Par	t VI Other Information (See the instruction				Yes No
76					76 ✓
77	Were any changes made in the organizing or gove If "Yes," attach a conformed copy of the changes		•		77 /
	Did the organization have unrelated business growth is return? If "Yes," has it filed a tax return on Form 990-T form 99		. <i></i>		78a ✓ 78b ✓
79	Was there a liquidation, dissolution, termination, o a statement				79
80a	Is the organization related (other than by associat common membership, governing bodies, truste organization?	es, officers, etc., to	any other exen	npt or nonexempt	80a 🗸
b	If "Yes," enter the name of the organization ▶		<u></u>		
81a b	Enter direct and indirect political expenditures. (Set Did the organization file Form 1120-POL for this y	e line 81 instructions	.) 81a	·	81b

Pa	rt VI Other Information (continued)		Yes	No				
82a	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?	82a	1	150000000000000000000000000000000000000				
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.)							
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	1	Secretarians				
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	7					
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<u> </u>	1				
	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
~	gifts were not tax deductible?	84b	\$400,4766	988999				
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a						
	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	85b	19816					
	received a walver for proxy tax owed for the prior year.	100000	16					
c	Dues, assessments, and similar amounts from members							
	Section 162(e) lobbying and political expenditures	1						
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		3.35	Alaine)				
a	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	inidetto met	***************************************				
9 h		3		1000127021				
.,	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?	85h						
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12							
b	Gross receipts, included on line 12, for public use of club facilities							
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
88a	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	88a		<u>√</u>				
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		✓				
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶							
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	89b		√ 				
C	Enter: Amount of tax imposed on the organization managers or disqualified							
	persons during the year under sections 4912, 4955, and 4958 ▶							
	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶							
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
	transaction?	89e						
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	Ser Manageria de la	<u> </u>				
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g						
	List the states with which a copy of this return is filed ▶ Tennessee							
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)			2				
91a	The books are in care of ▶ Barbara Cloud Telephone no. ▶ (615)		7-1523	3				
	Located at ▶ 2105 20th Ave. South, Nashville, TN ZIP + 4 ▶ 37212	-4311						
	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	[Yes	No				
	account)?	91b		√				
	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 and Financial Accounts.							

Form	ggn	(2006)

Page 8

Part	VI Other Information (continued)						Yes No
	At any time during the calendar year, did the If "Yes," enter the name of the foreign count Section 4947(a)(1) nonexempt charitable trus and enter the amount of tax-exempt interest	try ▶ ts filina Form 99	0 in lieu of For	m 1041—Chec	k here		>□
Part	VII Analysis of Income-Producing A	ctivities (See th	ne instruction	e lax year	92		
	Enter gross amounts unless otherwise		business income		tion 512, 513, or 514		(E)
indica		(A)	(B)	(C)	T*************************************		lated or
93	Program service revenue:	Business code		Exclusion code	(D) Amount		pt function ncome
						·	1001110
a b							
						ļ <u>.</u>	
c d		_					
e f	Madiagra/Madiagid		 				
	Medicare/Medicaid payments						
9 94	Fees and contracts from government agencie	es	-			<u> </u>	***************************************
9 4 95	Membership dues and assessments			14	125		···
96	Interest on savings and temporary cash investmen Dividends and interest from securities	ıs	 	17	123		
97	Net rental income or (loss) from real estate:				A CELECOMORES CONTRA		
a						30/14/35/166	
b	debt-financed property						*
98	Net rental income or (loss) from personal property	.,			**-		
99	Other investment income	у		*****			
100	Gain or (loss) from sales of assets other than invento	n.					
101	Net income or (loss) from special events	ıy					
102	Gross profit or (loss) from sales of inventory						
103							
b	Other revenue: a					<u> </u>	******
		_					
c d		_	1				····
	****	-					
e 104	Subtatal (add salumns (D) (D) and (D)	-			125		
104 105	Subtotal (add columns (B), (D), and (E)) . Total (add line 104, columns (B), (D), and (E)	1	灣		123		125
	Line 105 plus line 1e, Part I, should equal the	l)	12 Part I				123
Part				urnagae (Coo th	a instructions \		·
Line							
THE I	of the organization's exempt purposes (or	ther than by provic	diumn (E) of Par ding funds for si	t VII contributed i Joh purposes)	mportantly to the	accon	ipiisnment
<u></u>			g				
			· · · · · · · · · · · · · · · · · · ·				
		-31/11					
Part	IX Information Regarding Taxable Sub	sidiaries and D	sregarded Er	tities (See the i	instructions)		
	(A)	(B)					(E) I-of-year
	Name, address, and EIN of corporation, partnership, or disregarded entity o	Percentage of wnership interest	Nature of	C) f activities	(D) Total income	End	l-of-year issets
		%					133613
		%					
		%					
		% %					
Part	X Information Regarding Transfers Ass		sonal Benefit (Contracts (See #	he instructions)		

(a) (b)	Did the organization, during the year, receive any funds, and the organization, during the year, pay pre-	anectly of indirectly, t	o pay premiums o	n a personal penetit	contract/ . [s 🗹 No
Note	: If "Yes" to (b), file Form 8870 and Form 47	720 (see instructi	ons).	a personal bel	ioni contracti [10:	אודאן א NO

Part	Information Regarding is a controlling organizati	Transfers To and Fron on as defined in section	n Controlled Entities n 512(b)(13).	. Complete	only if the c	organiz	zatioi
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a con schedule below for each	trolled entity as defined	l in section 5	12(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer	of	(I Amount o	D) of trans	fer
а							
b		_					
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				on	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	f	(E Amount o		fer
а							
b							
С							
	Totals						-
108	Did the organization have a bindir	cribed in question 107 ab	ove?	_		Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and comple Signature of officer Type or print name and title	te, Declaration of preparer (other	ing accompanying schedules a than officer) is based on all in	and statements, a formation of white Date	th preparer has a	my knov any knov	wledge vledge
Paid Prepare	Firm's name (or yours Barbara A	l Cland	Date Check is self- employed	f Prepa ed ► ☑ EIN ►	rer's SSN or PTIN 363-38-4		Inst. X
Use Onl	V if self-employed).	Avenue S., Nashville, TN 372	12-4311	Phone no. ► (615) 2	97-1523	3

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

ONE (ORGANIZED NEIGHBORS OF EDGEHILL), INC.			62	1540325
Compensation of the Five High (See page 2 of the instructions. I	nest Paid Employees C List each one. If there a	Other Than Offic are none, enter "I	ers, Directo None.")	rs, and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions employee benefit p deferred compens	lans & account and other
None			, ,	
			· · · · - · · · · · · · · · · · · · · ·	

Total number of other employees paid over \$50,000 .	-0-		I	
Part II-A Compensation of the Five Higher (See page 2 of the instructions. List	est Paid Independent	Contractors for viduals or firms). If	Professiona there are no	I Services ne, enter "None.")
(a) Name and address of each independent contractor	r paid more than \$50,000	(b) Type	of service	(c) Compensation
None		-		
		-		P.A.L.
		-		***************************************
		-		
Total number of others receiving over \$50,000 for professional services	-0-			
Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than	professional serv	Other Service ices, whether	es r individuals or
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
				1-11-

Total number of other contractors receiving over				

Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	attemp	the year, has the organization attempted to influence national, state, or local legislation, including any to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid red in connection with the lobbying activities (Must equal amounts on line 38, A, or line I of Part VI-B.)	1		/
	organiz	cations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other ations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of bying activities.			
2	substar with an	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stial contributors, trustees, directors, officers, creators, key employees, or members of their families, or y taxable organization with which any such person is affiliated as an officer, director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the tions.)			
a	Sale, ex	change, or leasing of property?	2a		✓
b	Lending	of money or other extension of credit?	2b		✓
c	Furnishi	ng of goods, services, or facilities?	2c		✓
d	Paymer	t of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		✓
е	Transfe	of any part of its income or assets?	2e		✓
За	Did the of how	organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation the organization determines that recipients qualify to receive payments.)	За		✓
b	Did the	organization have a section 403(b) annuity plan for its employees?	3b		✓
С	Did the space, t	organization receive or hold an easement for conservation purposes, including easements to preserve open he environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		✓
d	Did the	organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		✓
	lines 4f		4a		√
þ	Did the	organization make any taxable distributions under section 4966?	4b		
C	Did the	organization make a distribution to a donor, donor advisor, or related person?	4c		✓_
d	Enter the	e total number of donor advised funds owned at the end of the tax year			
е	Enter th	aggregate value of assets held in all donor advised funds owned at the end of the tax year		·	
f	funds in	e total number of separate funds or accounts owned at the end of the tax year (excluding donor advised cluded on line 4d) where donors have the right to provide advice on the distribution or investment of in such funds or accounts			
g	Enter the	aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Pa	rt I\	Reason for Non-Private	e Foundation S	Status (See pages 4	through 7 d	of the instruc	tions.)		
cer	tify	that the organization is not a priva		· ·	,	plicable box.)			
5		A church, convention of churches	s, or association of	of churches. Section 170	O(b)(1)(A)(i).	•			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)							
7		A hospital or a cooperative hospi	tal service organi	zation. Section 170(b)(1)	(A)(iii).				
8		A federal, state, or local government	ent or governmer	ntal 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)(in (A)so complete the Support Schedule in Part IV-A.)							
1a	Z	An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmenta	al unit or from th	e general public. Sectio		
1b		A community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Par	t IV-A.)			
2		An organization that normally receives: (1) more than 33%% 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%% 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.)							
3		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 info	rmation about th	e supported organizat	ions. (See pag	ge 7 of the inst	ructions.)		
(a) Name(s) of supported organization(s)		• • •	of supported organization(s) Employer Type of identification number (EIN) (described in lines 5 through 12		(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support		
	-				Yes	No			
otal				· · · · · · · · · · · · · · · · · · ·		►			
4		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4). (See	page 7 of the i	nstructions.)		

Page 4 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) 2005 **(b)** 2004 (c) 2003 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.), 168,944 195,220 60,426 118,984 543,574 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 1,839 organization's charitable, etc., purpose . . 1,016 167 3,022 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 114 84 111 258 567 income from unrelated 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 include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 170,897 196,320 60,537 119,409 547,163 24 Line 23 minus line 17 169.058 544,141 195,306 60,537 119,242 25 Enter 1% of line 23 1,691 1,953 605 1,192 5,441 26 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 🕨 26b -0-26c 544,141 c Total support for section 509(a)(1) test: Enter line 24, column (e) _ 26b _ 26d 567 22 e Public support (line 26c minus line 26d total) 26e 543,574 Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 100 % Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: 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: c Add: Amounts from column (e) for lines: 15 __ 16 20 ___ 27c 27d and line 27b total 27⊕ Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g % Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶ %

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

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

Pé	To be completed ONLY by				e instructions	.)
Che	eck ▶ a ☐ if the organization belongs to an	·		you checked "a" ar	nd "limited control"	provisions apply.
	Limits on Lob (The term "expenditures"	bying Expenditu		(a) Affiliated group totals	(b) To be completed for all electing organizations	
20		36		Organizationio		
36 37	Total lobbying expenditures to influence p			' ' '		<del></del>
38	Total lobbying expenditures to influence a Total lobbying expenditures (add lines 36 a			• • • •		
39	Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add li					
41	Lobbying nontaxable amount. Enter the an			• • •		
••		he lobbying nontax	-	_		
		0% of the amount or		. 33333		N. 20 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1
		100,000 plus 15% of		1 10000000		
		175,000 plus 10% of th		1 1 1		
	Over \$1,500,000 but not over \$17,000,000. \$3	225,000 plus 5% of th	e excess over \$1,5	500,000	25) (20) (10) (10) (10)	
	Over \$17,000,000	1,000,000				
42	Grassroots nontaxable amount (enter 25%					
43	Subtract line 42 from line 36. Enter -0- if li					
44	Subtract line 41 from line 38. Enter -0- if li	ne 41 is more than li	ne 38,	44		
	Caution: If there is an amount on either lin	e 43 or line 44, you	must file Form 47	720.		
	4-Year	Averaging Perio	d Under Sect	ion 501(h)		*
	(Some organizations that made a se		do not have to	complete all of the		elow.
		Lol	obying Expendito	ar Averaging Pe	eriod	
	Calendar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2005	<b>(c)</b> 2004	<b>(d)</b> 2003	<b>(e)</b> 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	_				
Pa	rt VI-B Lobbying Activity by None (For reporting only by orgal			Dort \/I_A\ /Coo	ness 10 of th	o instructions)
						e instructions.)
	ing the year, did the organization attempt to				^{ny} Yes No	Amount
	mpt to influence public opinion on a legislati		ium, inrough the	use or:		
a						
b				c through n.)		
c d						
e						
f					1	
g	Direct contact with legislators, their staffs,			oodv.		
h						
i	Total lobbying expenditures (Add lines c th	rough <b>h.</b> )				
	If "Yes" to any of the above, also attach a	statement giving a d	letailed descriptio	n of the lobbying	activities.	

Fa	n vi		n Regarding T ganizations (Se	Fransfers To and Trans se page 13 of the instructi	actions and Relatio	nships With	1 None	chari	table
51	Did 501	the reporting orga	ınization directly o	r indirectly engage in any of the D1(c)(3) organizations) or in sec	e following with any othe	r organization o	describe	ed in s	ection
а				to a noncharitable exempt or	• '	<b>g</b>		Yes	No
		Cash					51a(i)		<b>V</b>
	(ii)	Other assets .				, .	a(ii)		1
b		er transactions:							
	(i)	Sales or exchang	es of assets with a	noncharitable exempt organiz	ration		b(i)		✓
	(ii)	Purchases of ass	ets from a noncha	ritable exempt organization .			b(ii)		1
				her assets			b(iii)		1
							b(iv)	T	1
							b(v)		1
				ship or fundraising solicitations			b(vi)		<b>V</b>
c				ists, other assets, or paid emp			С	<u> </u>	✓
d	good	ds, other assets, o	r services given b	' complete the following schedu y the reporting organization. If n column (d) the value of the goo	the organization received	less than fair	market market	value value	of the in any
(4	a)	(b)		(c)		(d)			
Line	no.	Amount involved	Name of non	charitable exempt organization	Description of transfers, to	ransactions, and s	haring arr	angem	ents
***	]		***************************************						
		···							
							<del></del>		
	desc	eribed in section 50 es," complete the	01(c) of the Code (	affiliated with, or related to, on the than section 501(c)(3)) or the than section 501(c)(3)) or the than section 501(c)(3)) or the thin t	in section 527?	organizations	☐ Yes	;	] No
		(a) Name of organiza	ation	(b) Type of organization	Descrir	(c) otion of relationshi	n		
-				1,750 or organization	203011	ALOT OF FEIGURE	Υ		
					<u> </u>				
			····	· · · · · · · · · · · · · · · · · · ·					
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			***************************************						
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					-				
			-		<del>                                     </del>				

ONE (Organized Neighbors of Edgehill), Inc.

EIN: 62-1540325 Form 990 2006

Part II, line 22: Grants & allocations

Scholarships were given to 28 neighborhood youth and adults to attend a college or technical school.

Part III, Primary purpose: Neighborhood revitalization & leadership development

Part III, line c, Neighborhood Organizing:

Held community meetings regarding:

- Nashville's long-range plans for the Edgehill area including zoning and affordable housing.
- The long-term use of a public neighborhood park.
- Edgehill's need for a grocery store, pharmacy, bank, etc.

Organized groups of residents to attend & speak at public hearings regarding the community's opposition to the monopolization of a public park by a private entity.

Held monthly meetings between the Police Department and the community.

Formed partnerships with over 30 community resources to bring public and non-profit services to the Edgehill community. Produced flyers about neighborhood events and resources.

Held individual meetings with area residents, new managers of apartment complexes, clergy, and other neighborhood leaders about the future of the community.

Organized support to help neighborhood children succeed at school by arranging for tutoring and celebrating their accomplishments

Developed a neighborhood youth council to teach the youth the skills needed to become productive adults. Maintained a community garden and a small tool lending library.

Attachment for Schedule A (Form 990) (2006) Part III, line 4

Students receiving scholarships are chosen by a committee.

Applicants must:

- reside in the Edgehill community
- have been accepted by a college or technical school,
- fill out an application form
- be interviewed by the committee
- have a mentor/partner assigned to them

The committee considers the students' academic performance and involvement in the community in makeing its selections.