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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For th	ne 2006 ca	alendar	year, or tax year beginning	July 1	, 2006	, and	ending	June 30) , 20 07
R	Chack if	applicable:	Please	C Name of organization					D Emplo	yer identification number
		s change	use IRS label or	STARS Nashville					62	1285699
_		•	print or	Number and street (or P.O. bo	x if mail is not delivered to	street ac	idress)	Room/suite	E Teleph	one number
_	Name c		type. See	2416 21st Avenue South			ŕ	200	(615	279-0058
	Initial re		Specific	City or town, state or country	and 7IP + 4				F Accounti	
=	Final ret		instruc- tions.	Nashville, TN 37212	, 41.4					her (specify) ►
=		ed return	• 500		nd 4047(a)(4) manayanan	t abarita	shlo	H and I are no		e to section 527 organizations.
Ш	Applicat	ion pending		ction 501(c)(3) organizations a sts must attach a completed So			ible			n for affiliates? 🔲 Yes 🗸 No
G	Waheit	o. > 110101		itstakingarightstand.org	•	•		H(b) If "Yes,"	enter numb	per of affiliates ▶
<u>~</u>	1100010	0 00000	v. Studen	itstaknigarigintstand.org			-	H(c) Are all af	filiates inclu	uded? Yes 🗸 No
J	Organia	zation type	(check o	nly one) ► 🗸 501(c) (3) ◄	(insert no.) 4947(a)(1)	or 🗌	527	(If "No,"	attach a list	t. See instructions.)
ĸ	Check	here ▶ □	if the c	organization is not a 509(a)(3) s	upporting organization an	d its gro	oss	H(d) Is this a s	eparate retu	n filed by an
	receipts	are normal	ly not mo	ore than \$25,000. A return is not re						by a group ruling? Yes V No
	to file a	return, be s	sure to file	e a complete return.				<u>.</u>	cemption N	
	Gross	receints:	Add line	s 6b, 8b, 9b, and 10b to line	12 . 2 020 1	77				the organization is not required form 990, 990-EZ, or 990-PF).
_	art I			penses, and Changes			2alan			
						unu E	alall	ces (see u	ie iristru	cuons.)
	1			gifts, grants, and similar a		11		024.0	21	
	а			o donor advised funds .		1a		924,8	21	
	b			upport (not included on lin	,	1b		400.7	47	
	C		-	support (not included on I	•	1c		469,7	9966666(000)	
	d			ntributions (grants) (not in		1d		640,3		2 024 042
	1			1a through 1d) (cash \$				<u> </u>	1e	2,034,843
	2	_		revenue including governn		-		VII, line 93)	2	1,710,213
	3			ies and assessments					3	0.005
	4			ngs and temporary cash i					4	6,835
	5	Dividenc	is and i	interest from securities .					5	29,281
	ı	Gross re				6a				
	b	Less: re	ntal exp	oenses		6b				
	С			ne or (loss). Subtract line	6b from line 6a .			;	6c	
e	7	Other in	vestme	nt income (describe)	7	
Revenue	8a	Gross a	mount 1	from sales of assets other	l .		(B)	Other		
Æ		than inv	entory			8a	***************************************			
	b	Less: cos	t or oth	er basis and sales expenses.		8b				
	С	Gain or	(loss) (a	ittach schedule)		8c				
	d	Net gain	or (loss	s). Combine line 8c, column	s (A) and (B)				8d	
	9	Special e	vents an	d activities (attach schedule).	If any amount is from §	gaming,	check	k here 🕨 🗌		
	а	Gross re	venue	(not including \$	78,234 of					
		contribu	tions re	ported on line 1b)		9a		42,4		
	b	Less: di	rect exp	penses other than fundrais	sing expenses .	9b		43,4		
	С	Net inco	me or	(loss) from special events.	Subtract line 9b fro	m line	9a .		9c	-1,079
	10a	Gross sa	ales of	inventory, less returns and	d allowances	10a				
	b	Less: co	st of g	oods sold		10b			and the	
	С			ss) from sales of inventory (at	tach schedule). Subtra	ct line 1	0b fro	m line 10a .	10c	
	11	Other re	venue ((from Part VII, line 103) . Add lines 1e, 2, 3, 4, 5, 6c,					11	6,000
	12	Total rev	venue.	Add lines 1e, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and 1	<u> 1</u>				3,786,093
	13	Program	servic	es (from line 44, column (B))					2,972,193
Expenses	14	Manage	ment a	nd general (from line 44, o	column (C))					374,705
ben	15	Fundrais	ing (fro	m line 44, column (D)) .					15	191,623
Ä	16			filiates (attach schedule).						5,000
	17	Total ex	pense	s. Add lines 16 and 44, co	olumn (A)	<u> </u>		<u> </u>	17	3,543,521
sts	18	Excess	or (defic	cit) for the year. Subtract	line 17 from line 12				18	242,572
SSE	19		-	und balances at beginning					1 1	1,636,352
Net Assets	20	Other ch	nanges	in net assets or fund bala	nces (attach explana	ation).		<i>.</i>	1 1	418,614
ž	21	Net asse	ts or fu	nd balances at end of year.	Combine lines 18, 1	9, and 2			21	2,297,538

Pal	Functional Expenses organizations and	nust con section	nplete column (A). Co 4947(a)(1) nonexempt	lumns (B), (C), and (L charitable trusts but	b) are required for sectional for others. (S	tion 501(c)(3) and (4) See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$	22a				
22b	Other grants and allocations (attach schedule) (cash \$					
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	147,594	113,919	19,243	14,432
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
С	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) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	2,236,859	1,962,849	163,344	110.666
27	Pension plan contributions not included on lines 25a, b, and c	27	81,142	65,758	9,129	6,255
28	Employee benefits not included on lines	28	241,280	213,355	22,555	E 270
00	25a – 27	29	180,274	158,208	12,496	5,370 9,570
29 30	Payroll taxes	30	100,274	100,200	12,730	3,370
31	Professional fundraising fees	31	21,312	8,500	12,812	0
32	Legal fees	32	1,863	0	1,863	0
33	Supplies	33	74,304	68,927	4,659	718
34	Telephone	34	22,204	8,513	12,233	1,458
35	Postage and shipping	35	9,268	3,099	2,526	3,643
36	Occupancy	36	70,363	37,936	26,261	6,166
37	Equipment rental and maintenance	37	7,650	6,341	1,309	
38	Printing and publications	38	37,607	24,354	1,766	11,487
39	Travel	39	50,100	44,310	5,132	658
40	Conferences, conventions, and meetings	40	140,513	132,247	4,610	3,656
41	Interest	41	7,936	0	7,936	0
42	Depreciation, depletion, etc. (attach schedule)	42	26,410	0	26,410	0
43	Other expenses not covered above (itemize): Insurance	400	10 222	1 152	0.070	0
а	Mambarchia Duoc 9 Awards	43a	10,222 5,599	1,152 821	9,070	0
b	Investment Force	43b 43c	7,554	021	4,350 7,554	428 0
d	Mico	43d	9,641	7,598	1,812	231
a e	Professional Fees	43e	148,826	114,306	17,634	16,886
f		43f	110,020	11-7,500	11,054	10,000
		43g				
_						
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines					
	13–15)	44	3,538,521	2,972,193	374,705	191,623
Are aı f "Ye	• Costs. Check ► ☐ if you are following SOP ny joint costs from a combined educational campaigrs," enter (i) the aggregate amount of these joint cost e amount allocated to Management and general \$	and furs \$		amount allocated t	o Program services	

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.

All of	nat is the organization's primary exempt purpose? Student Assistance organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	Students Taking A Right Stand - (STARS) is a student assistance program that exists to help students refrain from the use of alcohol, other drugs and violence and to enhance their educational achievement and character development. STARS serves 60,000 students per year in 10 Middle and Upper TN Counties.	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ Kids on the Block is a program of STARS that uses puppetrey to educate elementary and middle school students on accepting differences, awareness of abuse and make healthy lifestyle choices. KOB served over 26,000 students.	2,765,141
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	207,052
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(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 ▶ □	
ĺ	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2.972.193

Pá	art IV	Balance Sheets (See the instructions	.)						
ı	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within :	the description	(A) Beginning of year		(B) End of year		
	45 46	Cash—non-interest-bearing Savings and temporary cash investments .			515,259	45 46	262,963		
		Accounts receivable	47a 47b	27,732 0	₹	47c	27,732		
	b 49	Pledges receivable	allowance for doubtful accounts . 48b 0						
Assets		Receivables from current and former officers key employees (attach schedule)				50a			
		Receivables from other disqualified persons (4958(f)(1)) and persons described in section 495 Other notes and loans receivable (attach				50b			
		schedule)	51a 51b			51c			
		Inventories for sale or use	 . •	Cost FMV	13,347 718,462	54a	19,037 838,963		
	ł	Investments—other securities (attach schedu Investments—land, buildings, and equipment: basis	lle) ▶ 55a	Cost L FMV		54b			
	56	Less: accumulated depreciation (attach schedule)	55b	0		55c 56			
	57a	Land, buildings, and equipment: basis . Less: accumulated depreciation (attach	57a	301,714			70.400		
	58	schedule)		229,274 s	68,497	5/c 58	72,439		
	59	Total assets (must equal line 74). Add lines			1,944,147	59	2,643,419		
	60 61	Accounts payable and accrued expenses . Grants payable			249,855 21,091	60 61	244,370 23,849		
ities	62 63	Deferred revenue	key e	employees (attach		62 63	46,089		
Liabil		schedule)				64a 64b	***************************************		
	65	Other liabilities (describe Capital Lease on			36,849	65	31,573		
	66 Orga	Total liabilities. Add lines 60 through 65 . nizations that follow SFAS 117, check here ▶			307,795	66	345,881		
ances	67 68	67 through 69 and lines 73 and 74. Unrestricted			797,308 671,894	67 68	1.136.799 993,589`		
nd Bal	69	Permanently restricted		. <u>.</u>	167,150	69	167,150		
ts or Fi	70 71	complete lines 70 through 74. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, a				70 71			
Net Assets or Fund Balances	72 73	Retained earnings, endowment, accumulated Total net assets or fund balances. Add line 70 through 72. (Column (A) must equal line 1	incom s 67 th 9 and	ne, or other funds rough 69 or lines column (B) must		72			
		equal line 21)			1,636,352 1,944,147	73 74	2,297,538 2,643,419		

Pa	rt IV-A Reconciliation of Revenue per Auinstructions.)	dited Financial Staten	nents With Re	venue pe	r Return	(See the
а	Total revenue, gains, and other support per aud	ited financial statements	3		а	3,893,091
b	Amounts included on line a but not on Part I, lin					
1	Net unrealized gains on investments		b1	39,218		
2	Donated services and use of facilities		b2			
3	Recoveries of prior year grants		b3			
4	Other (specify): Net Realized Gain					
			b4	24,296		
	Add lines b1 through b4				b	63,514
С					С	3,829,577
d	Amounts included on Part I, line 12, but not on I	ine a:				
1	Investment expenses not included on Part I, line	6b	d1			
2	Other (specify): Line 9b Special Events Expense					
			d2	-43,484		
_	Add lines d1 and d2				d	-43,484
e Par	Total revenue (Part I, line 12). Add lines c and c t IV-B Reconciliation of Expenses per Au	l		, , >	e	3,786,093
			ments with Ex	penses p		
a	Total expenses and losses per audited financial				a	3,587,005
b	Amounts included on line a but not on Part I, lin		64			
1	Donated services and use of facilities		b1 b2			
2	Prior year adjustments reported on Part I, line 20		b3			
3	Losses reported on Part I, line 20 Other (specify): Line 9 b Special Events Expense		_D3			
4	· · · · · · · · · · · · · · · · · · ·		b4	43,484		
	Add lines het through het				b	-43,484
С	Add lines b1 through b4				C	3,543,521
d	Amounts included on Part I, line 17, but not on I					3,343,321
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):					
_	Curier (apeciny).		d2			
	A shall be a shall also also		L		d	
е	Total expenses (Part I, line 17). Add lines c and	d		▶	e	3,543,521
Par	t V-A Current Officers, Directors, Trustees	s, and Key Employees	(List each perso	n who was	an officer.	director, trustee.
	or key employee at any time during the ye	ar even if they were not	compensated.) (S	ee the ins	tructions.)	•
	(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contribution	ons to employee	(E) Expense account and other allowances
		week devoted to position	-0)	compens	ation plans	and other allowances
	odger Dinwidde	Executive Director				
	3 21st Avenue South, Suite 200 Nashville, TN 37212	50 + Hrs Per WK	144,594		7,380	3,000
	stina T Smith	Board Chair				:
	4th Ave N Suite 1700 Nashville, TN 37219		0			
	ne Butler	. Chair Elect				
	Mockingbird Road Nashville, TN 37205		0			
	er Wright, Jr	Past Chair	•			
	Division Street, Suite 700 Nashville TN 37203 MacLean		0		******	
	Broadway, Suite 402 Nashville TN 37203	Secretary	•			
	Smith		0			
	Bedford Common Franklin, TN 37064	Treasurer	0			
	Robinson		0			
	Jossland Drive Nashville, TN 37205'	Development	0			
	ina Ruderer	Dublia Doloticus				
	Park Plaza Bldg 1, 4th FL East, Nashville, TN 37203	Public Relations	0			
	<u> </u>					
~						

detailed statement of each change	Pa	t V-A Current Officers, Directors, Trustees	s, and key Employe	es (continuea)		Tes No			
employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organization, whether tax exempt or traxoble, that are related to the organization? See the instructions of the definition of "related organization" and the instructions of the definition of "related organization are a written conflict of interest policy? Part VI Other Information (See the instructions.) (a) Name and address (b) Loans and Advances (c) Loans and Advances (c) Compensation of the benefits in the appropriate column. See the instructions.) (b) Compensation or other benefits in the appropriate column. See the instructions.) (c) Compensation or other benefits in the appropriate column. See the instructions.) (d) Compensation or other benefits in the appropriate column. See the instructions.) (e) Compensation or other benefits in the appropriate column. See the instructions.) (e) Compensation or other benefits in the appropriate to metalty in the year of the part of the instructions.) (f) Compensation or other benefits in the appropriate to metalty in the year of the part of the instructions.) (g) Compensation or other benefits in the appropriate to the instructions.) (g) Compensation or other benefits in the appropriate to the instruction or other benefits in the part of the instruction or other	75a		ustees permitted to vo	ote on organizatio					
compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part III. A or III-B, receive compensation from your organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described in the instructions. If "Yes," attach a statement that includes the information described of the instructions. If "Yes," attach a statement that includes the information of the presentation or other benefits (described below) during the year, list that person below and either the amount of compensation or other benefits (described below) during the year; list that person below and either the amount of compensation or other benefits (described below) during the year; list that person below and either the amount of compensation or other benefits (described below) during the year; list that person below and either the amount of compensation or other benefits (described below) during the year; list that person below and either the amount of compensation or other benefits (described below) during the year; list that person below and either the amount of compensation or other benefits (described below) during the year; list that person below and either the amount of compensation or other benefits (described below) during the year; list that person below and either the amount of compensation or other benefits (described below) during the year; list that person below and either the person below and either the person below and statement or other benefits (list and person below and either the person	b	employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or	hest compensated p	orofessional and other through	other independent family or business	75b ✓			
Fart VI B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of 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.) (A) Name and address (B) Loans and Advances (B) Loans and Advances (C) Compensation (C) Co		compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.".							
(A) Name and address (B) Loans and Advances (If not paid, browth pairs & defined allowances) (If not pairs & defined allowances (If not pairs allowances		Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re	Key Employees That I	Received Comper	nsation or Other Bene escribed below) during	efits (If any former the year, list that			
Part VI Other Information (See the instructions.) 15 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 16 Were any changes made in the organizing or governing documents but not reported to the IRS? 17 Ves," attach a conformed copy of the changes. 18a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 17 If "Yes," has it filed a tax return on Form 990-T for this year? 18 Ves No 18		(A) Name and address	(B) Loans and Advances	(if not paid,	benefit plans & deferred	account and other			
Part VI Other Information (See the instructions.) 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78 Lif "Yes," attach a conformed copy of the changes. 79 Was the real inquitation have unrelated business gross income of \$1,000 or more during the year covered by this return? 78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 78 Jest Common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a Jest Common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a Jest Common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a Letter direct and indirect political expenditures. (See line 81 instructions.) 81a 0	N/A								
Part VI Other Information (See the instructions.) 75 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 76 Vere any changes made in the organizing or governing documents but not reported to the IRS? 77 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? 78 Vere," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization?									
Part VI Other Information (See the instructions.) 75 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. 76 Vere any changes made in the organizing or governing documents but not reported to the IRS? 77 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? 78 Vere," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a If "Yes," enter the name of the organization and check whether it is exempt or nonexempt organization?									
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change									
detailed statement of each change	Par	t VI Other Information (See the instruction	s.)			Yes No			
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 ✓ 78a ✓ 78a ✓ 78b ✓ 78b ✓ 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a If "Yes," enter the name of the organization and check whether it is exempt or nonexempt and check whether it is exempt or nonexempt onexempt organization? 81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0	76			-	? If "Yes," attach a				
this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 78		If "Yes," attach a conformed copy of the changes	S.	•		77			
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		this return?							
ls the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization and check whether it is □ exempt or □ nonexempt organization leads to be compared to the organization leads to the organ		Was there a liquidation, dissolution, termination, o	-						
b If "Yes," enter the name of the organization and check whether it is □ exempt or □ nonexempt and check whether it is □ exempt or □ nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions.)	30a	Is the organization related (other than by associa							
B1a Enter direct and indirect political expenditures. (See line 81 instructions.)	b	If "Yes," enter the name of the organization ▶		<u></u>	<u></u>	80a ✓			
	31a b	Enter direct and indirect political expenditures. (Se	ee line 81 instructions	s) 81a	. 0	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		✓
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	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓	<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	V	Per Succes
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	✓	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		L
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
С	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	one pour de la color	
h	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 86a			
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 87a			
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		
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		<u> </u>
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			T.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		<u>√</u>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	zasere ka	√
g	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		
90a	List the states with which a copy of this return is filed ▶			
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)			57
91a	The books are in care of ► Cynthia Whetstone Located at ► 2416 21st Avenue South Suite 200 Nashville, TN Telephone no. ► (615) ZIP + 4 ► 372		-0058	3
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	۳-		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	$\overline{}$	Yes	No
	account)?	91b	Signal start a	<u> </u>
	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.			

Part	V Other Information (continued)						Yes	No
	At any time during the calendar year, did the If "Yes," enter the name of the foreign countr	у ▶				91c		✓
92	Section 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest	s filing Form 990	in lieu of Form	1041— Check	chere)	▶
Part				ax year	▶ 92			
			usiness income	Excluded by sec	tion 512, 513, or 514	T	(E)	
note: indica:	Enter gross amounts unless otherwise		1				lated o	
93	Program service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		ot func Icome	tion
a	School Contract Feees					_	1,490,	048
a b	Program Service Fees	_					214,	
c	Student Leadership Conference Fees					 		,135
d	Misc	_					<u>_</u>	290
e							-	
f	Medicare/Medicaid payments							
g g	Fees and contracts from government agencies	e -						
94	Membership dues and assessments							
95	Interest on savings and temporary cash investments	s					6,	,835
96	Dividends and interest from securities	0					29,	,281
97	Net rental income or (loss) from real estate:							
а	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	у						
101	Net income or (loss) from special events .				-		-1,	079
102	Gross profit or (loss) from sales of inventory				***************************************			
103	Other revenue: a Professional Fees		6,000					
b	71 SEC. 1997 SEC	_						
C								
d								
е	AND THE PROPERTY OF THE PROPER							
104	Subtotal (add columns (B), (D), and (E))	26.00 m 50	6,000	Language and the second			1,745,	
105	Total (add line 104, columns (B), (D), and (E))						1,751 <u>,</u>	<u>250</u>
	Line 105 plus line 1e, Part I, should equal the			<u> </u>				
Part '								
Line I	of the organization's exempt purposes (oth	her than by providi	ng funds for such		mportantly to the	accom	plishm ———	ent
93 8					E-012-00-1-1-1			
93 1			X					
93 (Fees received from students to partially offset	t direct expenses o	t Student Leaders	hip Conterence)			
Part	IX Information Regarding Taxable Subs	oidiarias and Di	regarded Entit	iaa (Caa tha i	maturations 1			
rait							/E)	
	Name, address, and EIN of corporation, partnership, or disregarded entity ow	(B) Percentage of vnership interest	(C) Nature of ac	tivities	(D) Total income		(E) -of-yea ssets	ır
		%	White					
		%						
		%						
D-4	V Information Describes Transfers	%	anal Panasis O	atus et a (C · · · · ·	in lands at the control			
Part								
(b)	Did the organization, during the year, receive any funds, d Did the organization, during the year, pay prese: If "Yes" to (b), file Form 8870 and Form 47.	miums, directly o	r indirectly, on a			☐ Yes ☐ Yes		

Form S	190 (2006)					۲	age 🛪
Par				ntities. Com	olete only if the or	ganiz	ation
	is a controlling organization	on as defined in section	512(D)(13).			Yes	No
106	Did the reporting organization mathe Code? If "Yes," complete the				tion 512(b)(13) of	Tes	INO
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(D) Amount of		fer
а							
b							
С							
	Totals						
						Yes	No
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section		
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(Descri	C) ption of nsfer	(D) Amount of		er
а							
b							
С							
	Totals				1		
	The second secon		The state of the s	The second secon		Yes	No
108	Did the organization have a bindir rents, royalties, and annuities des	=	- -	2006, coverin	g the interest,		,
Pleas Sign	Verge New X	have examined this return, includinte. Declaration of preparer (other the	g accompanying scl an officer) is based	nedules and staten on all information	nents, and to the best of r of which preparer has ar	ny know ny know	/ledge /ledge.
Here	Signature of officer Rodger Dinwiddie, Executive D	irector		Dat	e .		
	Type or print name and title			[Ob 1: 10			
Paid Prepare	Preparer's signature		Date	Check if self- employed ▶ ☐	Preparer's SSN or PTIN (S	ee Gen.	Inst. X)
Jse On	Firm's name (or yours L			EIN	>		
, JU 011	address, and ZIP + 4			Phone n	o, > ()		

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

Employer identification number

OMB No. 1545-0047

STARS Nashville			62	1285699
Part I Compensation of the Five High (See page 2 of the instructions.				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 pl deferred compens	ans & account and other
See Attached Schedule # 3				
	-			
	•			
Total number of other employees paid over \$50,000 .	6			
Part II-A Compensation of the Five High	est Paid Independent (Contractors for	Professiona	l Services
(See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor		T	of service	(c) Compensation
N/A				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
The state of the s				
			***************************************	
Total number of others receiving over \$50,000 for	1			
Total number of others receiving over \$50,000 for professional services				
	ant Daid Indonesial C	\	N	
Part II-B Compensation of the Five High (List each contractor who perform	est Paid independent C	contractors for the	Jiner Servic	es rindividuale er
firms. If there are none, enter "No	one." See page 2 of the i	nstructions )	ices, whethe	i individuals of
(a) Name and address of each independent contracto		(b) Type	of service	(c) Compensation
N/A	paid more than \$00,000	(b) 1 ypc	OI SCIVICE	(c) Compensation
	***********			
300000000				
Total number of other contractors as a side a				
Total number of other contractors receiving over \$50,000 for other services				

Pa	Statements About Activities (See page 2 of the instructions.)	Y	'es	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   * (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		<b>✓</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.			
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		✓
b	Lending of money or other extension of credit?	2b		✓
С	Furnishing of goods, services, or facilities?	2c		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	-	✓
е	Transfer of any part of its income or assets?	2e		✓
3а	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.)	За		✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		✓
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	Вс		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		✓
		a		<b>√</b>
b	and the organization make any taxable distributions and a section 4000	b		<u> </u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	lc		
d	Enter the total number of donor advised funds owned at the end of the tax year			0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		····	0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pa	rt I	Reason for Non-Private	e Foundation :	Status (See pages 4	through 7 c	of the instruc	etions.)
l cer	tify	that the organization is not a priva		*	,	plicable box.)	
5		A church, convention of churches	s, or association	of churches. Section 170	0(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii).	(Also complete Pa	art V.)			
7		A hospital or a cooperative hospi	ital service organi	zation. Section 170(b)(1)	(A)(iii).		
8		A federal, state, or local government	ent or governme	ntal unit. Section 170(b)(	(1)(A)(v).		
9		A medical research organization of and state ▶					ne hospital's name, cit
10		An organization operated for the b (Also complete the <b>Support Sche</b> e		or university owned or o	perated by a g	overnmental ur	nit. Section 170(b)(1)(A)(i
11a	V	An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			a governmenta	ll unit or from th	ne general public. Sectio
11b		A community trust. Section 170(b	o)(1)(A)(vi). (Also co	omplete the <b>Support Sc</b>	<b>hedule</b> in Par	t IV-A.)	
12		An organization that normally rece from activities related to its charit from gross investment income ar organization after June 30, 1975.	able, etc., function	ns—subject to certain ex ness taxable income (le	xceptions, and ss section 511	(2) no more to tax) from bus	han 331/3% of its suppor sinesses acquired by th
13		An organization that is not contrrequirements of section 509(a)(3).  Type I Type II	Check the box to		of supporting o		
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	ge 7 of the inst	ructions.)
Na	me(	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organizati the sup organi	d) upported on listed in oporting zation's documents?	(e) Amount of support
					Yes	No	
<del></del>							
Total	١.				<u> </u>	•	
14		An organization organized and op	erated to test for	public safety. Section 5	509(a)(4). (See	page 7 of the	instructions.)

	rt IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions					accounting.
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do	.,,	(-,	()	(-,	(6) (6)
	not include unusual grants. See line 28.).	1,221,032	1.250.371	1,211,427	1,067,749	4,750,579
16	Membership fees received	1,221,002	112001071	.,,,	1,007,710	1,100,010
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	1,487,317	1,182,011	872,510	921,696	4,463,534
18	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 .	42,671	25,020	15,401	27,554	110,646
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					
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	2,751,020	2,457,402	2,099,338	2,016,999	9,324,759
24	Line 23 minus line 17	1,263,703	1,275,391	1,226,828	1,095,303	4,861,225
25	Enter 1% of line 23	27,510	24,574	20,993	20,170	07.005
26	Organizations described on lines 10 or 11:					97,225
b	Prepare a list for your records to show the nam					
	governmental unit or publicly supported organiz		_	-	I .	592,484
С	amount shown in line 26a. <b>Do not file this list wi</b> Total support for section 509(a)(1) test: Enter lin	=			iounio -	4,861,225
d	Add: Amounts from column (e) for lines: 18		19			1,001,220
ŭ				184	▶ 26d	703,130
е	Public support (line 26c minus line 26d total)				26e	4,158,095
f	Public support percentage (line 26e (numera	tor) divided by li	ne 26c (denomir	nator))		86 %
27	Organizations described on line 12: a Fo	r amounts includ	ed in lines 15, 10	6, and 17 that w	ere received fro	m a "disqualified
	person," prepare a list for your records to show to	the name of, and t	total amounts rec	eived in each vea	r from, each "dis	qualified person."
	Do not file this list with your return. Enter the	sum of such am	ounts for each ye	ear:		
	(2005) (2004)					
b	For any amount included in line 17 that was received	ed from each pers	son (other than "di	squalified persons	s"), prepare a list t	for your records to
	show the name of, and amount received for each y (Include in the list organizations described in lines 5	ear, that was mor	e than the larger of	of (1) the amount of	on line 25 for the y	/ear or (2) \$5,000.
	the difference between the amount received and	the larger amount	described in (1) o	or (2), enter the su	an of these differ	n. After computing ences (the excess
	amounts) for each year:	-				`
	(2005) (2004)		. (2003)		. (2002)	
С	Add: Amounts from column (e) for lines: 15		16		.	
	17 20 _					
d		and line 27b total				
e	Public support (line 27c total minus line 27d tot				▶ 27e	
f	Total support for section 509(a)(2) test: Enter ar Public support percentage (line 27e (numera				. ▶ 27g	%
g h	Investment income percentage (line 18, colu					
28	Unusual Grants: For an organization described					
	prepare a list for your records to show, for each	th year, the name	of the contribute	or, the date and	amount of the c	rant, and a brief
	description of the nature of the grant. Do not fi	le this list with y	<b>our return.</b> Do n	ot include these	grants in line 15	

Pa	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		
32	Does the organization maintain the following:			
a b	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 basis?	32a 32b		
c	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
33	Does the organization discriminate by race in any way with respect to:			
а	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		

Pa	Lobbying Expenditures by E (To be completed ONLY by a				e instructions.	)
Che	eck ▶ a ☐ if the organization belongs to an affili	<u>-</u>		you checked "a" a	nd "limited control"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea				(a) Affiliated group totals	(b) To be completed for all electing organizations
		i	······································	36		organizations
36 37	Total lobbying expenditures to influence public					
38	Total lobbying expenditures to influence a legiture and lobbying expenditures (add lines 36 and	• •		· · ·		
39	Other exempt purpose expenditures	•				
40	Total exempt purpose expenditures (add lines			• • •		
41	Lobbying nontaxable amount. Enter the amount			• •	2	30 Table 18
	· -	obbying nontaxa	_			
	Not over \$500,000 20%			100000000000000000000000000000000000000		
	Over \$500,000 but not over \$1,000,000 . \$100,	000 plus 15% of t	he excess over \$5	500,000		
	Over \$1,000,000 but not over \$1,500,000 . \$175,	000 plus 10% of th	e excess over \$1,0	000,000 } 41		
		000 plus 5% of the		CONTROL OF THE PARTY OF THE PAR		
		0,000				
42	Grassroots nontaxable amount (enter 25% of I					
43	Subtract line 42 from line 36. Enter -0- if line 4			43		
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than lir	ne 38			
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	'20.		
	(Some organizations that made a section See the instructions f	or lines 45 throug	do not have to o gh 50 on page 13	complete all of the	ns.)	
_	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2006	2005	2004	2003	Total
_				7		
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
				8	÷.	
49	Grassroots ceiling amount (150% of line 48(e))				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
50	Grassroots lobbying expenditures					
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (See	page 13 of the	e instructions.)
	ng the year, did the organization attempt to influ				ny Yes No	Amount
	mpt to influence public opinion on a legislative m		_			
	Volunteers					
b	Paid staff or management (Include compensation				•   -	
ч С	Media advertisements				•   -	
d e	Publications, or published or broadcast statement				•	A STATE OF THE STA
f	i aphoditorio, or published of broadcast statem					
•	Grants to other organizations for lobbying purp	oses				
a	Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, governments					
g h	Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gove Rallies, demonstrations, seminars, conventions,	ernment officials,	or a legislative b	ody		

Pa	rt VI			<b>Fransfers To and Transa</b> se page 13 of the instruction		Relationships	With	None	chari	table
51				r indirectly engage in any of the 01(c)(3) organizations) or in sect					d in s	ection
а				to a noncharitable exempt org		g to pointed organ			Yes	No
_		•		· · · · · · · · · · · · · · · ·				51a(i)		
		Other assets .					•	a(ii)		
b		er transactions:								
~			es of assets with a	a noncharitable exempt organiza	ation			b(i)		
	(ii)			ritable exempt organization .			•	b(ii)		
	(iii)			her assets			•	b(iii)		
	(iv)		• •				•	b(iv)		
							. [	b(v)		
				ship or fundraising solicitations			. [	b(vi)		
С				ists, other assets, or paid emplo			. [	С		
	If th	e answer to any of ds, other assets, o	the above is "Yes," r services given b	" complete the following schedule y the reporting organization. If to n column (d) the value of the good	e. Column (b) st	received less that	n fair n	market narket v	value /alue	of the
(	a)	(b)		(c)		(d)				
Line	e no.	Amount involved	Name of non-	charitable exempt organization	Description of	transfers, transactions	s, and sh	aring am	angeme	ents
							····			
				· · · · · · · · · · · · · · · · · · ·						
				***************************************						
							···			
			,	WWW				,		
	desc		01(c) of the Code (	affiliated with, or related to, or other than section 501(c)(3)) or its				∐ Yes		No
		(a) Name of organiza	ation	(b) Type of organization		(c) Description of rela	ationship			
										····
									<del>\</del>	
									** ***	
								V. 1911		
<del>,</del>										
		. 16.0		V 104 4000		4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1				
							,,,	***************************************		
						CHEROLO V				

	990-T	Ex	empt	Organiz	zation I	Busir	1ess	i Inc	ome	Tax	( Retu	ırn	$\vdash$	MB No. 1545-0	687
Form	<b>330</b> I	ŀ	_	(and pro	xy tax ι	under	sec	tion 6	6033(	(e))				2006	)
	tment of the Treasury al Revenue Service		or calend ending	ar year 2006 June 30		ax year	begin	ning	July 1	,	2006, and uctions.		Ope for 501	n to Public Ins	ection ions Only
$\overline{\Box}$	Check box if		Name of	organization (	Check box	if name	change	ed and se	e instruc	tions.)		D	Employe	er identification	number
B Exe	address changed empt under section		STARS N	lashville									(Employees on page 9.)	s' trust, see instruction )	s for Block D
	501( C )( 3 )	Print	Number,	street, and roo	m or suite no.	. If a P.O.	. box, s	ee page	9 of instr	ructions	3.		62	12856	99
	408(e) 220(e)	or	2416 21	st Avenue So	uth Suite 2	200						E		ed business activ	
	408A 🔲 530(a)	Type	City or to	wn, state, and	ZIP code								(See Instru	uctions for Block E	on page 9.)
	529(a)			e, TN 37212										; 561	000
	ok value of all assets end of year			nption num								,			
				anization typ						01(c) t			(a) tru		er trust
	Describe the orga													<u> </u>	
!	During the tax year, f "Yes," enter the n	ame and	identifyi	ng number o	f the parent				nt-subs	sidiary	controlled	grou	ip? .	► ∐ Yes	☑ No
	The books are in								Te	elepho	one numb	er 🕨	61	5 ) 279-	0058
Pa	rt I Unrelate	ed Tra	de or E	lusiness I	ncome			(A)	Income	9	(B) E	cpens	es	(C) Ne	t — Isaasaa
1a	Gross receipts of	or sales													
b	Less returns and	allowanc	es		<b>c</b> Balar	nce 🟲	10			ļ					
2	Cost of goods s	-		-			2			<del> </del>					
3	Gross profit. Su						3								-
4a	Capital gain net		•		•		4a 4b			<del> </del>					
b	Net gain (loss) (F		•			•	4c			<u> </u>		12.7			<del></del>
C	Capital loss dec Income (loss) from				· · ·		5								<del>                                     </del>
5 6	Rent income (So				lallacii State		6						S (************************************		<u> </u>
7	Unrelated debt-		-				7								
8	Interest, annuit			•	•		***************************************								
	organizations (S	chedule	F) .				8								
9	Investment inco					or (17)	9								ļ
10	organization (So Exploited exemp			 na (Schadul			10								
11	Advertising inco		-				11								
12	Other income (Se			•		edule.)	12								
13	Total. Combine						13		6000			6200		-20	0
Pai				<b>Elsewher</b> s, deduction											
14	Compensation of	of office	rs. direc	tors, and tr	ustees (Scl	hedule	K)						14		T
15	Salaries and wa												15	4,18	1
16	Repairs and ma	•	ce										16		
17	Bad debts												17		
18	Interest (attach	schedul	e)										18		
19	Taxes and licens												19		
20	Charitable contr												20		<del> </del>
21	Depreciation (at	tach Fo	rm 4562	)					21				001-		
22	Less depreciation												22b 23		
23	Depletion												24		
24	Contributions to												25	87	ρ
25 26	Employee benef												26		+
26 27	Excess exempt												27		+
27 28	Excess readersh Other deduction												28	1,14	1
28 29	Total deduction												29	6,20	_
30	Unrelated busine			_										-20	<del></del>
31	Net operating lo												$\vdash$		<del>                                     </del>
32	Unrelated busine												32		
33	Specific deducti												33		
34	Unrelated busin	ness ta	xable in	come. Sub	tract line 3	33 from	line :	32. If lir	ne 33 is	s grea	ater than	line			
	32, enter the sm	aller of	zero or	line 32 <u> </u>									34	-20	0

Par	t III	Tax Computation			
		-	_		T
35	Contro	izations Taxable as Corporations. See instructions for tax computation on page 1 blled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:	o.		
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
u		(2) (\$ (3) (\$			
b		organization's share of: (1) Additional 5% tax (not more than \$11,750)			
_	(2) Add	ditional 3% tax (not more than \$100,000)			
С			<b>▶</b> 35c		0
36		Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax of	n 💷		
		nount on line 34 from:   Tax rate schedule or   Schedule D (Form 1041)			
37		tax. See page 16 of the instructions	1		
38	Alterna	ative minimum tax	. 38		
39		Add lines 37 and 38 to line 35c or 36, whichever applies	. 39	(	0
Par	t IV	Tax and Payments	es sales es		
40a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116) . 40a	_	ı	
b	Other of	credits (see page 17 of the instructions)		ı	
С		l business credit. Check here and indicate which forms are attached:		ı	
		m 3800 ☐ Form(s) (specify) ▶		ı	
d		for prior year minimum tax (attach Form 8801 or 8827)	40-		
е		credits. Add lines 40a through 40d	40e 41		
41		ct line 40e from line 39			
42		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43		
43		tax. Add lines 41 and 42			
44a b	•	estimated tax payments			
C		eposited with Form 8868			
d		n organizations: Tax paid or withheld at source (see instructions)			
e	_	p withholding (see instructions)			
f	-	for federal telephone excise tax paid (attach Form 8913) 44f			
g		credits and payments: Form 2439			
•	☐ For	m 4136 □ Other Total ▶ □ 44g □			
45	Total p	payments. Add lines 44a through 44g	. 45		
46	Estima	ted tax penalty (see page 4 of the instructions). Check if Form 2220 is attached $\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;\;$			-
47		ue. If line 45 is less than the total of lines 43 and 46, enter amount owed			_
48		ayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid I			<u> </u>
49 Par		e amount of line 48 you want: Credited to 2007 estimated tax ► Refunded I  Statements Regarding Certain Activities and Other Information (see instruction			<u> </u>
				1.0	s No
1		time during the 2006 calendar year, did the organization have an interest in or a signature of		authority	OR CHARGOSTA
		financial account (bank, securities, or other) in a foreign country? If YES, the organization D F 90-22.1. If YES, enter the name of the foreign country here ▶	may nav	re to me	<b>│</b> ✓
2		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign	truet?	17
-		see page 5 of the instructions for other forms the organization may have to file.	a loroigi	iluot:	
3		he amount of tax-exempt interest received or accrued during the tax year ▶ \$			
Sch	edule /	A—Cost of Goods Sold. Enter method of inventory valuation ▶			
1	Invento	ory at beginning of year 1 6 Inventory at end of year	. 6		
2	Purcha	ses	е 🕌 🖠		
3	Cost of	flabor			
4a	Additio	nal section 263A costs Part I, line 2	. [7]		<u> </u>
_	•	schedule) 4a 8 Do the rules of section 263A (		S12572000	No No
		costs (attach schedule)  Add lines 1 through 4b property produced or acquired f			
	_	Add lines 1 through 4b 5   to the organization? er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be-			it is true
Sigi		of, and complete. Percaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Her		Executive Director		RS discuss this reti rer shown below (s	
		ature of officer Date Title	instruction		No
 Paid	-	Preparer's Date Check if	Prepa	arer's SSN or PTI	N
	arer's	signature Check If self-employed			
•		Firm's name (or yours if self-employed),	i		
Use (	Ulliy	address, and ZIP code Phone no.	(	)	

### SCHEDULE 1

#### STARS Nashville

62-1285699

FOR THE FISCAL YEAR ENDED JUNE 30, 2007 SUPPORT FOR FORM 990, PART I, LINE 20 Other Changes in Net Assets of Fund Balances

Net Unrealized Gain/Loss on Investments
Net Realized Gain/Loss on Investments
Increase in Temporarily Restricted Net Assets
Net Assets of Kids on the Block - organization that merged into STARS

39,218 24,296 223,504 131,596

Total - Form 990, Part 1, Line 20

418,614

#### SCHEDULE 2

#### STARS Nashville

62-1285699

FOR THE FISCAL YEAR ENDED JUNE 30, 2007
Part VI Other Information Line 76 and Line 79

Effective Sept 1, 2006 the Kids on the Block of Middle TN fully merged all their operations into STARS Nashville. All assets and employees were transferred to STARS.

### SCHEDULE 3

#### STARS Nashville

62-1285699

FOR THE FISCAL YEAR ENDED JUNE 30, 2007

Form 990, Schedule A Part I Compensation of Five Highest Paid Employees

(a) Name and Address	(b)Title & Ave Hours	(c)Com	pensation	(d)Conti	ributions	(e)Expen	se Account
Stephanie Davis 2416 21st Ave S Suite 200 Nashville, TN 37212	Assoc Executive Dir- Urban 40 hrs wk	\$	59,556	\$	3,158	\$	3,600
Tim Diffenderfer 2416 21st Ave S Suite 200 Nashville, TN 37212	Assoc Executive Dir- Rural 40 hrs wk	\$	59,944	\$	3,172	\$	3,600
Eric Johnson 2416 21st Ave S Suite 200 Nashville, TN 37212	Assoc Executive Dir- Suburban 40 hrs wk	\$	54,507	\$	2,725	\$	-
Alice Parkerson 2416 21st Ave S Suite 200 Nashville, TN 37212	Dir of Development 40 hrs wk	\$	56,650	\$	2,833	\$	_
Cynthia Whetstone 2416 21st Ave S Suite 200 Nashville, TN 37212	Dir of Operations 48 hrs wk	\$	67,830	\$	3,392	\$	-
Carol Nixon 2416 21st Ave S Suite 200 Nashville, TN 37212	Dir of Evaluation 25 hrs wk	\$	65,651	\$	2,780	\$	-

0.00	699.99 8,05 <b>4</b> .98	0.00	0.00	699.99 8,05 <b>4</b> .98	0.00	0.00	8,054.98	0.00	8,054.98	9	++	05/13/98	1- xerox Documnit P12 (B&W) Laserprint
(0.00)	299.99	0.00	(0.00)	299.99	0.00	(0.00)	299.99	0.00	299.99	5	+	09/23/97	1 - 3COM Office CONN Station
0.00	1,714.00	0.00	0.00	1,714.00	0.00	0.00	1,714.00	0.00	1,714.00	5	SL	09/11/97	Installation of Network Cabling, Etc.
0.00	3,192.00	0.00	0.00	3,192.00	0.00	0.00	3,192.00	0.00	3,192.00	ري ري	-	08/26/97	1 - Dell Notebook, Etc.
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					2 Dell Dimension Retired 02/03
0.00	2,149.00	0.00	0.00	2,149.00	0.00	0.00	2,149.00	0.00	2,149.00	O ₁	SL	08/20/97	Monitors Software Etc
(2.23)											Н		
(0.00)	4.357.85	0.00	(0.00)	4.357.85	(61.08)	(61.08)	4,418.93	61.08	4,357.85				The state of the s
0.00	297.00	0.00	0.00	297 00	0.00	0.00	297.00	0.00	297.00	ယ	S	3/06/97	Parenting for Prevention Videos
0.00	321.85	0.00	0.00	321.85	(17.24)	(17.24)	339.09	0.00	321.85	л ^	2 0	3/15/97	Cyrix 150+ on Board (For Off Assist)
								410	2	1	2	44 40 000	PROSTAR 816 & AVT Express Kit
0.00	399.00	0.00	0.00	399.00	0.00	0.00	399.00	0.00	399.00	5	SL	10/22/96	(For Office Manager)
(0.00)	1,413.01	0.00	(0.00)	1,413.01	0.00	(0.00)	1,413.01	0.00	1,#10.00		ç	1000	Brother HL-730 Lazer Printer -
(0.00)	1,133.00	0.00	(0.00)	1,133.00	(43.84)	(43.84)	1,176.84	43.84	1,133.00	n 7	<u>د کر</u>	10/70/96	MMC Pentium 133MHz (For Office Mar)
(0.00)	00.00	0.00	(0:00)	000.00	0.00	(0:00)					2		Computer & Writing Desk, Bkcase, Etc.
(00 0)	385 00	0 00	(00 00)	385 00	0 00	(0 00)	385.00	0.00	385.00	თ	SL	7/12/96	MS Office 4.3 Pro Upgrade (For Ben)
(0.00)	6,762.00	0.00	(0.00)	6,762.00	0.00	(0.00)	6,762.00	0.00	6,762.00				The state of the s
0.00	150.00	0.00	0.00	150.00	0.00	0.00	150.00	0.00	150.00	ω	SL	5/96	SMITH CORONA XD6500 TYPEWRITER
0.00	225.00	0.00	0.00	225.00	0.00	0.00	225.00	0.00	225.00	7	SL	4/23/96	1-EXECUTIVE DESK
(00.00)	450.00	0.00	(00.00)	450.00	0.00	(0.00)	450.00	0.00	450.00	7	22	4/23/96	2-CREDENZAS
0.00	686 00	0.00	0.00	686.00	0.00	0.00	686 00	0.00	686.00	ယျ	25	2/29/96	3-PANEL DISPLAY W/CARRY BAG
(0.00)	5,022.00	0.00	(0.00)	5,022.00	0.00	(0.00)	220,00	0.00	00.220,6	ר ת	<u> </u>	4/29/96	MAGNAVOX CM2089.IS 14" MONITOR
				200	8	6000	F 022 00	0.00	F 000 00	7	2	7/06/05	PROSTAR 816 COMM SYSTEM
0.02	3,900.97	0.00	0.02	3,900.97	0.00	0.02	3,900.97	0.00	3,900.99	-			
													""""change"
0.00	199.99	0.00	0.00	199.99	0.00	0.00	199.99	0.00	199.99	7	SF.	05/25/95	FILE CABINET - 4 DRAWER (SAP)
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						(BLACK) & (SAP)
0.00	475.00	0.00	0.00	475.00	0.00	0.00	475.00	0.00	475.00	7	2	03/22/95	4 DRAWER FIRE SAFE CABINET
0.00	357.00	0.00	0.00	357.00	0.00	0.00	357.00	0.00	263.08	٥٤	20 6	01/20/95	OFFICE PAINTINGS
0.00	959.00	0.00	0.00	959.00	0.00	0.00	959.00	0.00	357.00	ى د	2 2	01/18/95	EDSON DOT MATRIX BRINTER
0.00	1,247.00	0.00	0.00	1,247.00	0.00	0.00	1,247.00	0.00	1,247.00	2 7	2 2	01/12/95	UB AB LASED DBINTED
0.01	399.91	0.00	0.01	399.91	0.00	0.01	399.91	0.00	399.92	5	SL	09/16/94	TV/VCR COMBO (BLACK)
			-										Triple of the state of the stat
0.00	1,013.00	0.00	0.00	1,013.00	0.00	0.00	1,013.00	0.00	1,013.00		· ·	- Park Andrews	
0.00	1,013.00	0.00	0.00	1,013.00	0.00	0.00	1,013.00	0.00	1,013.00	З	SL	06/01/94	SOLOMON SOFTWARE
0.00	612.90	0.00	0.00	612.90	0.00	0.00	612.90	0.00	612.90				To the second se
0.00	430.19	0.00	0.00	430.19	0.00	0.00	400.18	0.00	<b>4</b> 00.   0	-	Ç	00,171,00	
0.00	182.71	0.00	0.00	182.71	0.00	0.00	182.71	0.00	182.71	7	<u> </u>	05/23/90	FILE CABINETS
00/30/07	00/00/07	2000-07	odiodiod	000000	1000	30000					+-		
06/30/07	06/30/07	2008-07	08/30/08	06/30/06	2005-06	06/30/05	06/30/05	2004-05	COST	듀	METH	ACQUIRED	DESCRIPTION
NET BOOK	ACCUM.	DEPREC.	NET BOOK	ACCUM.	DEPREC.	NET BOOK	ACCUM.	DEPREC.	The second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section is a section in the section			DATE	
										30-Jun-07	30-		62-1285699
									ASSETS - DEPRECIATION SCHEDULE	CIATION	- DEPRE	ASSETS	outh Issues - Nashville
									S - NASHVILL	JTH ISSUE	OR YOU	CENTER F	
										-			Schedule 3

	427.00	244.00	549.00	183.00	183.00				3 732.00		10/05/05	Dell- OptiPlex 170L 2.8 -Carol
00 305.00	427.00	244.00	549.00	183.00	183.00				3 732.00	<u>န</u>	10/04/05	Dell- OptiPlex 170L 2.8 -Sandy
	1,413.50	771.00	1,670.50	642.50	642.50		0.00		2,31		09/01/05	SPSS Software-Eval- SPSS TABLES & SI
22 6,175.27	11,094.22	4,517.14	10,692.41	6,577.08	4,517.14	15,209.55	2,059.94	2,059.94	17,269.49			TOTAL ASSETS ADDED FOR FY 04-05
	572.40	274.75	801.35	297.65	274.75	1,076.10	22.90	22.90	_		05/18/05	MIP Bank Rec Module
	656 24	291 66	510.41	364 58	291.66	802.07	72 92	79 92	3 874 99		03/17/05	Power Point Projector
20 303.20	1,061.20	454.80	758.00	606.40	454.80	1,212.80	151.60	151.60		<u>v</u> 4	02/28/05	Dell P4, Optiplex, monitor & software-EJ
	1,061.20	454.80	758.00	606.40	454.80	1,212.80	151.60	151.60		-	02/28/05	Dell P4, Optiplex, monitor & software-SD
4,	4,304	1,721.66	6,025.81	2,582.49	1,721.66	7,747.47	860.83	860.83	8,608.30		01/01/05	Southeaster telecom phone system
	2,377.83	864.67	1,080.83	1,513.17	864.67	1,945.50	648.50	648.50			10/07/04	(2) Dell EUDL Laptop
73 9,977.27	29,700.73	7,609.72	17,586.99	22,091.01	9,383.33	26,970.32	12,707.68	9,383.33	39,678.00			TOTAL ASSETS ADDED FOR FY 03-04
	1,000.	30.10	190.10	1,201.20	700.00	000.70	7.00.20	700.00			12/12/00	DOI CION FRANCE
T	12,293.45	3,782.60	10,402.15	1 201 25	3,782.60	14,184./5	4,728.25 736.25	3,782.60	3 1 395 00	<u> </u>	12/12/03	Dell CISW Lapton
60 3,179.40	5,904.	1,816.80	4,996.20	4,087.80	1,816.80	6,813.00	2,271.00	1,816.80			03/30/04	Donor Software Train
	6,078.00	1,181.83	1,181.83	4,896.17	2,026.00	3,207.83	2,870.17	2,026.00			02/09/04	Dell Server & Install
	3,385.00	470.14	470.14	2,914.86	1,128.33	1,598.47	1,786.53	1,128.33	3 3,385.00	<u>က</u>	12/12/03	Dell RD Laptop (Need more detai
68 178.32	644.68	164 60	342 92	480 08	164 60	507 52	315 48	164 60	823.00	-	08/22/03	RD Office Desk, Chair, Shelves, Cabin
(0.00)	1,312.13	0.00	(0.00)	1,312.13	0.00	(0.00)	1,312.13	523.45	1,312.12		-	TOTAL ASSETS ADDED FOR FY 02-03
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
	516.46	0.00	(0.00)	516.46	0.00	(0.00)	516.46	258.23		22	10/29/02	Celeron - XP Pro - TD
67 0.00	795.67	0.00	0.00	795.67	0.00	0.00	795.67	265.22	3 795.67		10/29/02	Pentium IV. XP Pro -CW
0.00)	1,960.00	0.00	(0.00)	1,960.00	2,422.83	(0.00)	1,960.00	0.00	1,960.00			TOTAL ASSETS ADDED FOR FY 01-02
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
0.00	0.00	0.00	0.00	0.00	2,422.83	0.00	0.00		5 0	25	06/01/02	Konika Copy Mach
	1.960.00	0.00	(0.00)	1.960.00	0.00	(0.00)	1.960.00	0.00	3 1.960.00		09/26/01	Multi Media Proiector
99 0.00	6,778.99	0.00	0.00	6,778.99	0.00	0.00	6,778.99	0.00	6,778.99			TOTAL ASSETS ADDED FOR FY 00-01
	0.00	0.00	0.00	0.00	0.00	0.00	0.00				00101101	ווו דטו במסטו סכני וווונטו
0.00	908.99	0.00	0.00	908.99	0.00	0.00	908.99	0.00	3 908.99	ν <u>Γ</u>	06/28/01	Compaq computer & monitor for Jim vVms
	2,991.00	0.00	0.00	2,991.00	0.00	0.00	2,991.00	0.00			03/28/01	Dell Inspiron 8000 Laptop for RD
	2,300.00	0.00	0.00	2,300.00	0.00	0.00	2,300.00	0.00	3 2,300.00		12/31/00	EMI - Upgrade phone system/voice mail
	6,391.89	0.00	(0.00)	6,391.89	0.00	(0.00)	6,391.89	0.00	6,391.89			TOTAL ASSETS ADDED FOR FY 99-00
94 (0.00)	855.94	0.00	(0.00)	855.94	0.00	(0.00)	855.94		3 855.94	SL :	09/16/99	Additional Items for Network
	600.00	0.00	0.00	600.00	0.00	0.00	600.00	0.00	3 600		09/16/99	Firewall for Internet Use
(0.00)	7,766.00	0.00	(0.00)	+,+22.33	0.00	(0.00)	7,722.30	0.00	7,722.33	1	00/10/00	400 MG PC for Anna - Retired 02/03
	513.00	0.00	0.00	513.00	0.00	0.00	513.00	0.00	3 513.00	2 2	07/30/99	SOLOMON Accounts Receivable Module
	-,		(0:00)	2)(2)				1				
	2.621.77	0.00	(00.0)	2 621 77	196.80	196.80	2 424 97	214.69	2.621.77	r	000	Total Assets Added FY 98-99
0.00	901.93 600.92	0.00	0.00	901.93	78.11	78.60	522.23	85.85	7 600.93	. <u> </u>	05/19/99	Black Leather Chair- (Donated by Bd mem
	1,118.92	0.00	(0.00)	1,118.92	0.00	(0.00)	1,118.92	0.00			+	$\top$
7	06/30/07	2006-07	06/30/06	06/30/06	2005-06	06/30/05	06/30/05	2004-05	0	METH LIFE	E	$\vdash$
NET BOOK	ACCUM. DEPREC.	DEPREC. EXPENSE	NET BOOK VALUE	ACCUM. DEPREC.	DEPREC.	NET BOOK VALUE	ACCUM. DEPREC.	DEPREC.			DATE	
										30-Jun-07		02-120003
									DEPRECIATION SCHEDULE	PRECIATION	ASSETS - DE	Center For Youth Issues - Nashville
									COUNTED FOR YOUTH PASHED - NACHVII I		TENTER FOR	

	G/L Balance as of 06/30/07 for STARS	TOTALS AS OF JUNE 30, 2007	TOTAL KOB ASSEST AS OF 6/30/07		TOTAL ASSETS ADDED 06-07	Dell Latitude D830 2.0GB/Dock/ True Nort	Poweredge 2900 Server/software/quad co	Raiser's Edge Development Software	Dell - Latitude D-520 - LeKeithia-AES	Dell - Latitude D-520 - Louis - AES	Dell - Latitude D-520 - Patti - AES	Dell - Latitude D-520 - Malissa- AES	Dell - Laptop (RD)-Need Details	Fujitsu fi-5650C Sheetfed Scanner	TOTAL ASSETS ADDED 05-06	Cannon IR5570	Dell-Latitude D-520-LeKethia	Dell-Latitude D-520-Nate Johnson	Dell-Latitude D-520-DeKalb	Dell-Latitude D-520-Jodie Haley	DESCRIPTION			02-1285099	Certier For Fourth Issues - Mastralle	Cantar Ear Vouth Issues Nashvilla		Schedule 3
		4576				1 06/30/07	04/26/07	04/26/07	02/01/07	02/01/07	02/01/07	02/01/07	01/10/07	09/01/06		12/31/06	06/30/06	06/30/06	06/30/06	06/30/06	ACQUIRED	DATE			AGGET G	ACCETO .	NOCUTED FO	
			\$ 7 12 20 20 20 20 20 20 20 20 20 20 20 20 20			SL	SL	SL	SL	<u>S</u>	ည	2	ည	SL		SL	SL	SL	SL	SL	METH			30-7	מולים ליים	עםםם כי	5	
_		1	2 - 1 2 - 1 3 - 1 3 - 1 3 - 1			з	ω	ω	3	သ	ω	ယ	ယ	3	4	5	ယ	သ	3	ယ	LIFE			30-Jun-07	2 2	TION I	- 100 H	
	301,714.10	301,715.97	131,694.52		24,519.66	1,522.23	6,474.39	5,674.00	1,144.00	1,144.00	1,144.00	1,144.00	1,888.05	4,384.99	44,787.81	35,611.01	1,079.96	1,079.96	1,079.96	1,079.96	COST				AGGETG - DEFARCIATION GCDEDOLE	יס בודיון ה	NOTITED FOR VOITH ISSUES - NASHVIII	
		12,242.50																			2004-05	EXPENSE	DEPREC.					
		58,398.38																			06/30/05	DEPREC.	ACCUM.					
		42,315.60			•										7-1						06/30/05	VALUE	NET BOOK					
	21028	21,028.63													4,569.60	3,561.10					2005-06	EXPENSE	DEPREC.					
		77,004.18													4,569.60	3,561.10					06/30/06	DEPREC.	ACCUM.					
		68,497.61			. *										40,218.21	32,049.91	1,079.96	1,079.96	1,079.96	1,079.96	06/30/06	VALUE	NET BOOK					
0.01	26,715.77	26,715.77	1,834.54	1,937.67	2,573.23	0.00	215.81	189.13	158.89	158.89	158.89	158.89	314.68	1,218.05	10,181.14	7,122.20	359.99	359.99	359.99	359.99	2006-07	EXPENSE	DEPREC.					
0.64	229,274.69	229,274.05	127,388.65	635.56	2,573.23	•	215.81	189.13	158.89	158.89	158.89	158.89	314.68	1,218.05	14,750.74	10,683.30	359.99	359.99	359.99	359.99	06/30/07	DEPREC.	ACCUM.					
(2.51)	72,439.41	72,441.92	4,305.87		21,946.43	1,522.23	6,258.58	5,484.87	985.11	985.11	985.11	985.11	1,573.38	3,166.94	30,037.07	24,927.71	719.97	719.97	719.97	719.97	06/30/07	VALUE	NET BOOK				***************************************	