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)

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 calend	dar year, o	or tax year beginning	, 2006, and	ending					
В		if applicable:		C Name of organization				D Emp	loyer Ider	tification Number	
	A	ddress change	or print					62	62-1806967		
	N	ame change						elephone number			
	In	itial return	specific	1001 CHICAMAUGA AV	ENUE			(6	15)	321-3344	
	Fi	nal return	instruc- tions.	City, town or country	State ZI	P code +	4	F Acc	ounting nod:	Cash X	Accrual
	A	mended return		NASHVILLE	TN 3	7206	-3527		Other (sp] / 1001 uu 1
	Па	oplication pending	Section	on 501(c)(3) organizations and			are not applica	able to se			
		.,	charit	able trusts must attach a com 1990 or 990-EZ).	pleted Schedule A	H (a)	Is this a group	return fo	or affiliate:	s? Yes	X No
G	Web	site: ► www.	street	-works.org		1	Are all affiliate				No
J	Orga (chec	nization type	>	X 501(c) 3 ◀ (insert no	o.) 4947(a)(1) or 527		(If 'No,' attach	a list. S	iee instruc	tions.)	
K		· · · · · · · · · · · · · · · · · · ·		ization is not a 509(a)(3) suppo		` `	organization c		-		No
	gross	s receipts are i	normally r	not more than \$25,000. A return	n is not required, but if the	ī	Group Exe	mption	Numbe		3 1
	orga	nization choos	es to file a	a return, be sure to file a comp	ete return.	M				ation is not require	:d
L	Gros	s receipts: Add	d lines 6b,	8b, 9b, and 10b to line 12 ▶ 3	327,888.), 990-EZ, or 990-P	
	rt I			nses, and Changes in Ne		nces	(See the	instru	uctions	s.)	
	1	Contributions	, gifts, gra	ints, and similar amounts recei	ved:						
	a	Contributions	to donor	advised funds		a					
	b	Direct public	support (n	ot included on line 1a)		b	21,	805.			
	I			(not included on line 1a)		С					
				ns (grants) (not included on lir			300,	700.			
	е	Total (add lines	ash \$	322,505. noncash	\$				1 e	322.	505.
	2			ue including government fees a							383.
	3	•		assessments	•	•					
	4			temporary cash investments							
	5			from securities					5		
	6a				i i	1					
	l .										
	ı			oss). Subtract line 6b from line	·				6c		
ь	7			ne (describe ▶)	7		
REVENUE	0				(A) Securities		(B) Other				
Ē	8 a	than inventor	it from said	es of assets other		а			1 1		
ü	b			is and sales expenses		b			-		
-	i			e)		С			-		
	l			bine line 8c, columns (A) and					8 d		
		•		vities (attach schedule). If any	` '						
		Gross revenu					· · · · · · · · · · · · · · · · · · ·	J			
						а					
	b	Less: direct e	expenses o	other than fundraising expenses	3 9	b					
	C	Net income o	r (loss) fro	om special events. Subtract line	e 9b from line 9a				9 c		
	10 a	Gross sales of	of inventor	y, less returns and allowances		a					
	b	Less: cost of	goods sol	d		b					
	С	Gross profit or (oss) from sa	les of inventory (attach schedule). Sub	tract line 10b from line 10a				10 c		
	11	Other revenue	e (from Pa	art VII, line 103)					. 11		
	12			s 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,					. 12	327	888.
_	13			line 44, column (B))					. 13		493.
EXPENSES	14			ral (from line 44, column (C))					. 14		696.
E	15			14, column (D))					. 15		222.
S	16			attach schedule)					. 16		
S	17			nes 16 and 44, column (A)					. 17	345.	411.
^	10			he year. Subtract line 17 from					18		523.
ΝŞ	19			nces at beginning of year (fror					19		946.
A S S E T	20			ssets or fund balances (attach					20		
s	21			nces at end of year. Combine					-	119.	423.

Form 990 (2006) STREET WORKS, INC. 62–1806967

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Part II

E	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised					
	funds (attach sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here ▶	22a				
22 t	Other grants and allocations (att sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here ▶	22b				
23	Specific assistance to individuals (attach schedule)	23	22,912.	22,912.		
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers,					33.00
	directors, key employees, etc listed in Part V-A (attach sch) .See .L-25a. S.tm:	25a	67,046.	53,636.	6,705.	6,705.
b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
c	Compensation and other distributions, not	230				
	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
	(attach schedule)	25 c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	143,400.	114,408.	28,992.	0.
27	Pension plan contributions not					
	included on lines 25a, b, and c	27				
28	Employee benefits not included on					
	lines 25a - 27		10,211.	9,700.	511.	0.
29	Payroll taxes		16,311.	12,663.	3,131.	517.
	Professional fundraising fees	-				
	Accounting fees	-	3,000.	2,850.	150.	0.
	Legal fees	-				
	Supplies	-	13,096.	11,338.	1,758.	0.
	Telephone		11,154.	10,624.	530.	0.
	Postage and shipping Occupancy		141.	141.	0.	0.
37	Equipment rental and maintenance	37			0.	0.
38	Printing and publications	38	6,347.	6,347.	0.	0.
39	Travel	39	4,109.	2 776	222	^
40	Conferences, conventions, and meetings	40	5,076.	3,776. 5,076.	333.	0.
41	Interest	41	5,070.	3,070.	U.	0.
42	Depreciation, depletion, etc (attach schedule)	42	18,778.	18,328.	450.	0.
43	Other expenses not covered above (itemize):	T	10,110.	10,020.	430.	<u> </u>
	DUES	43a	410.	375.	35.	0.
	INSURANCE	43b	2,068.	2,068.	0.	0.
	OFFICE EXPENSE	43 c	7,252.	7,252.	0.	0.
	PROFESSIONAL FEES	43 d	2,023.	1,922.	101.	0.
е		43 e				
f		43 f				
g		43 g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	345,411.	295,493.	42,696.	7,222.
	t Costs. Check . If you are following	<u> </u>		200/4001	=2,000.	1,444.
	any joint costs from a combined education			licitation reported in(R)	Program services?	. ► Yes X No
	es,' enter (i) the aggregate amount of thes				mount allocated to Progr	
\$; (iii) the amount al				; and (iv) the	
_	undraising \$		3		, ()	

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? HIV/AIDS EDUCATION & PREVENTION All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and
	(4) organizations and 4947(a)(1) trusts; but optional for others.)
a HIV/AIDS EDUCATION & PREVENTION	
(Grants and allocations \$ 0 ⋅) If this amount includes foreign grants, check here	295,493.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here	
C	
(Grants and allocations \$) If this amount includes foreign grants, check here	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
e Other program services	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶	000
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	295,493.

BAA Form 990 (2006)

Not	e:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	39,145.	45	21,510.
	46	Savings and temporary cash investments		46	
		a Accounts receivable			
		b Less: allowance for doubtful accounts		47 c	
	40	2 Diadaca and a significant an			
		a Pledges receivable			
	49		40 100	48 c	F2 00E
		<u> </u>	40,103.	49	53,837.
	50	a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
		b Receivables from other disqualified persons (as defined under section 4958(f)(1))			
_		and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
ASSETS	51	a Other notes and loans receivable			
		(attach schedule)			
Ś		b Less: allowance for doubtful accounts		51 c	
	52	Inventories for sale or use		52	
	53	The state of the s		53	6,989.
		a Investments — publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	
		b Investments — other securities (attach sch) ► Cost FMV		54 b	
	55	a Investments – land, buildings, & equipment: basis 55a			
		b Less: accumulated depreciation			
	56	(attach schedule)		55 c	
		a Land, buildings, and equipment: basis		56	
		b Less: accumulated depreciation (attach schedule)	69,274.	57 c	51,844.
	58			-	01/011.
		(describe ►)		58	
	59		148,522.	59	134,180.
	60	Accounts payable and accrued expenses	5,383.	60	8,564.
	61	Grants payable		61	
L	62	Deferred revenue		62	
L A B	63	Loans from officers, directors, trustees, and key		TOTAL CONTRACT	
i L		employees (attach schedule)	6,193.	63	6,193.
Ť		a Tax-exempt bond liabilities (attach schedule)		64a	
T E S		b Mortgages and other notes payable (attach schedule)		64b	
э	65 66	` =====================================	11 [76	65	14 757
		ganizations that follow SFAS 117, check here X and complete lines 67	11,576.	66	14,757.
N E T	Org	through 69 and lines 73 and 74.			
	67	Unrestricted	136,946.	67	110 400
A Se	68	Temporarily restricted	130,940.	68	119,423.
ASSETS	69	Permanently restricted		69	
		ganizations that do not follow SFAS 117, check here ► and complete lines			
Q R		70 through 74.			
FUZD D	70			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ą	72	Retained earnings, endowment, accumulated income, or other funds		72	
BALANCES	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through			
Ĕ		72. (Column (A) must equal line 19 and column (B) must equal line 21)	136,946.		119,423.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	148,522.	74	134,180.

Fo	orm 990 (2006) STREET WORKS, IN	IC.		62-180	16967 Page!
· [P	art IV-A Reconciliation of Revenuinstructions.)	e per Audited Financia	Statements with	Revenue per Retur	n (See the
-	Total revenue, gains, and other support	nor audited financial statemen	to		260,000
b	Amounts included on line a but not on Pa		11.5	<u>a</u>	360,888.
IJ	1 Net unrealized gains on investments		1,1		
	2Donated services and use of facilities			22 000	
				33,000.	
	3 Recoveries of prior year grants				
	4 Other (specify):				
	Add lines b1 through b4				33,000.
c	Subtract line b from line a				327,888.
d	Amounts included on Part I, line 12, but		11		
	1 Investment expenses not included on Pa				
	2Other (specify):				
	Add lines d1 and d2				
е	Total revenue (Part I, line 12). Add lines	c and d	1.0	▶ e	327 , 888.
	art IV-B Reconciliation of Expens	ses per Audited Financia	al Statements with	Expenses per Ret	urn
	-				
a	Total expenses and losses per audited fi			<u>a</u>	378,411.
b	Amounts included on line a but not on Pa	•	1 1		
	1 Donated services and use of facilities			33,000.	
	2Prior year adjustments reported on Part				
	3Losses reported on Part I, line 20				
	4 Other (specify):				
			b4		
	Add lines b1 through b4				33,000.
С	Subtract line b from line a				345,411.
d	Amounts included on Part I, line 17, but		1 1		
	1 Investment expenses not included on Pa	rt I, line 6b	d1		
	2Other (specify):				
			d2		
	Add lines d1 and d2			d	
е	Total expenses (Part I, line 17). Add line	es c and d		▶ e	345,411.
P	art V-A Current Officers, Director or key employee at any time dur	rs, Trustees, and Key E	mployees (List each not compensated.) (Se	n person who was an office the instructions.)	cer, director, trustee,
		(B) Title and average hours	(C) Compensation	(D) Contributions to	(E) Expense
	(A) Name and address	per week devoted	(if not paid,	employee benefit	account and other

BAA	TEEA0105	01	/18/07		Form 990 (2006)
See List of Officers, Etc. Statement	_				
	CHAIRMAN	0	0.	0.	0.
NASHVILLE, TN					
WAYNE MILLER					
	DIRECTOR	0	0.	0.	0.
ANTIOCH, TN					
REVLON BIGGS					
NASHVILLE, TN	DIRECTOR	0	0.	0.	0.
BILL COLLINS					
	DIRECTOR	0	0.	0.	0.
DERECK PINDER NASHVILLE, TN	_				
	EXEC DIRECTOR 4	10	65,100.	1,946.	0.
NASHVILLE, TN					
RON CROWDER					
(A) Name and address	per week devoted to position	rs	(c) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Form 990 (2006) STREET WORKS, INC.			62-18069	67	Р	age 6
Part V-A Current Officers, Directors, Tru					Yes	No
75 a Enter the total number of officers, directors, and trustees p		•				
b Are any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compens A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation.	sated professional and ih family or business re	other independent contr lationships? If 'Yes.' att	actors listed in Schedule	75b		X
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 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'						X
If 'Yes,' attach a statement that includes the inf		•		75 c		
d Does the organization have a written conflict of				75 d	y	
Part V-B Former Officers, Directors, Tru	stees, and Key Em	ployees That Rece	eived Compensation	or Othe		
Benefits (If any former officer, director during the year, list that person below a the instructions.)	or, trustee, or key emplo nd enter the amount of	oyee received compensation or other l	ation or other benefits (des benefits in the appropriate	scribed be column.	low) See	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa	and ot	
	· · · · · · · · · · · · · · · · · · ·			···		
Part VI Other Information (See the insti	ructions.)				Yes	No
76 Did the organization make a change in its activ	ities or methods of cond	ducting activities?				
If 'Yes,' attach a detailed statement of each character any changes made in the organizing or go						X
If 'Yes,' attach a conformed copy of the change		t not reported to the IRS);	77		Х
78a Did the organization have unrelated business g		or more during the vear	covered by this return?	78а		Х
b If 'Yes,' has it filed a tax return on Form 990-T						
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contrac	tion during the		79		Х
80 a Is the organization related (other than by associate membership, governing bodies, trustees, officer	iation with a statewide rs, etc, to any other exe	or nationwide organizat empt or nonexempt orga	ion) through common anization?	80a		X
b If 'Yes,' enter the name of the organization ►				_		
91 a Enter direct and indirect political averagiture	and ch	eck whether it is ex	xempt or nonexemp	ot.		
81 a Enter direct and indirect political expenditures.b Did the organization file Form 1120-POL for this		•				37
BAA	s year:			81 b Form	99n (2006)
					(,,

_				-
μ	а	a	ρ	7

Pai	rt VI Other Information (continued)			Yes	No	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82	X		
	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.)					
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?						
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions.					
	Did the organization solicit any contributions or gifts that were not tax deductible?		84	1	X	
	If 'Yes,' did the organization include with every solicitation an express statement that such cornot tax deductible?	· · · · · · · · · · · · · · · · · · ·		,		
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?					
d	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			N/2	<u>A</u>	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.		a			
	Dues, assessments, and similar amounts from members	85 c	N/A			
	Section 162(e) lobbying and political expenditures		N/A			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A	ļ,	li	
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85	j N/.	<u> </u>	
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	nable estimate of	851	ı N/.	<u>A</u>	
	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	1				
	line 12	86a	N/A			
	Gross receipts, included on line 12, for public use of club facilities	86b 87a	N/A			
		8/a	N/A			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A			
	At any time during the year, did the organization own a 50% or greater interest in a taxable cor an entity disregarded as separate from the organization under Regulations sections 301.770 If 'Yes,' complete Part IX)1-2 and 301.7701-3?	88;	1	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity section 512(b)(13)? If 'Yes,' complete Part XI	within the meaning of	▶ 881	,	Х	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year und	der:				
	section 4911 ► 0. ; section 4912 ► 0. ; section 4	955 ►	0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exces during the year or did it become aware of an excess benefit transaction from a prior year? If "explaining each transaction	s benefit transaction /es,' attach a statemen	t 891		X	
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	e ▶				
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<u> </u>			
	All organizations. At any time during the tax year, was the organization a party to a prohibited		? 89	3	Х	
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable in	surance contract?	89		X	
	_					
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. I organization, or a fund maintained by a sponsoring organization, have excess business holdin the year?	Oid the supporting gs at any time during	89,	1 N/.	A	
90 a	List the states with which a copy of this return is filed ► NONE			21 -17	1	
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)			 .l	8	
91 a	The books are in care of ► RON CROWDER Telephone nu	mber ► (615) 2	<u>[</u> 50	<u>ار</u> 6		
	Located at ► 1001 CHICAMAUGA AVENUE, NASHVILLE, TN	ZIP + 4 ► 3	7206-3	527		
b	At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	other authority over a ancial account)?	911	Yes	No	
	If 'Yes,' enter the name of the foreign country		0.0000000000000000000000000000000000000			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Financial Accounts.					
BAA			For	m 990	(2006)	

Parameter Control Control	990 (2006) STREET WORKS, INC					62-1806	ŝ967	F	age 8
	VI Other Information (continu	•							No
c A	At any time during the calendar year, did	the organizat	tion maint	tain an office o	outside of the Ur	ited States?	91 c	:	
l1	f 'Yes,' enter the name of the foreign co	untry ▶							
92 5	Section 4947(a)(1) nonexempt charitable	trusts filing F	orm 990	in lieu of Forn	1041 - Check	here			▶
	and enter the amount of tax-exempt inter								
	VII Analysis of Income-Produc					***************************************		Marie .	
				s income	T	ection 512, 513, or 514			
Note:	Enter gross amounts unless ise indicated.	(A)		(B)	(C)	(D)		(E) or exer	mpt
onerw	ise indicated.	Business code	Α	Amount	Exclusion code	Amount	function		
	Program service revenue:								
	CLIENT FEES							5,3	383.
C									
d									
e									
	Medicare/Medicaid payments								
_	Fees & contracts from government agencies								
	Membership dues and assessments			***************************************					
95	Interest on savings & temporary cash invmnts .								
96	Dividends & interest from securities								
97	Net rental income or (loss) from real estate:								
	debt-financed property								
	not debt-financed property								
98	Net rental income or (loss) from pers prop \dots								
99	Other investment income					1,			
100	Gain or (loss) from sales of assets other than inventory								
101	Net income or (loss) from special events							*****	
	Gross profit or (loss) from sales of inventory								
	Other revenue: a								
								S/4000 KB-15 W	acres (CDC)
e									
104	Subtotal (add columns (B), (D), and (E))			······································				5.3	383.
105	Total (add line 104, columns (B), (D), a	and (E))					<u> </u>		383.
	ine 105 plus line 1e, Part I, should equa					•			
Part	VIII Relationship of Activities to	o the Acco	mplish	ment of Exe	empt Purpos	es (See the instruc	ctions.)		
Line I	No. Explain how each activity for which	income is re	ported in	column (E) of	Part VII contrib	uted importantly to the		ment	
<u>,</u>	of the organization's exempt purpo								
	93a THE AGENCY MAKES TRANS								
	AS A PART OF ITS COMMUNI						HARGED	TO TH	<u> HOSE</u>
	WHO ARE ABLE TO PAY B	ASED UPO	N A PE	ERCENTAGE	OF, TUCOME	i .			
D~M	IX Information Regarding Tax	able Cube!	diarias	and Diagram	orded Entit	or (Coo the in-ti-	tion = \		
rait			uiaries						I/A
	(A)	(B)		(C	.)	(D)		(E)	
Na	me, address, and EIN of corporation, partnership, or disregarded entity	Percentage		Nature of	activities	Total		of-year	•
	partilership, or disregarded entity	ownership in				income	as	sets	
			용						
			용						
			용						
D	V Information Demanding T	nofous A	용	L	ID (*)	0	<u> </u>		
Part									
	id the organization, during the year, receive any fu							X	
	old the organization, during the year, pay		_	=	a personal bene	tit contract?	Yes	X	No
	te: If 'Yes' to (b), file Form 8870 and Fo	rm 4/20 (see	<u>ınstructio</u>	ns).		***************************************			
BAA						TEEA0108 04/04/	707 Form	n 990 ((2006)

Par	t XI	Information Regarding Transfers To an organization is a controlling organization	nd From Controlled En	ntities. Comple	ete only if the	9	N/A	
		organization	The domination of the control	10.2(8)(10).			Yes	No
106	Did 'Ye:	the reporting organization make any transfers to a s,' complete the schedule below for each controlled	controlled entity as defined entity	in section 512(b)	(13) of the Code	? If		
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C Descrip trans) tion of	(I Amount o	D) of tran	sfer
а								
b								
С								
		Totals						
107	Did 'Yes	the reporting organization receive any transfers fro s,' complete the schedule below for each controlled	om a controlled entity as detentity	fined in section 51	2(b)(13) of the (Code? If	Yes	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C Descrip trans) tion of	() Amount	D) of tran	sfer
a								
b								
С								
		Totals						
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	effect on August 17, 2006, o	covering the intere	est, rents, royalti	es, and	Yes	No
Pleas Sign Here	se (Under penalties of periury, I declare that I have examined this return, correct, and complete. Declaration of prepared other than of Signature of officer RON CROWDER, EXECUTIVE DIRECT	000	les and statements, and which preparer has any Da	6-06	owledge and b	pelief, it i	is
		Type or print name and title.	Date	· Ta	hook if Pr	eparer's SSN	or PTIN	(See
Paid Pre- pare Use Only		Preparer's signature Firm's name (or yours if self-employed), address, and	06 A	/25/07 en	mployed ► X			
BAA		ZiP + 4 GOODLETTSVILLE	TN 37072-	-2303 P	hone no. ► (61		1300	
~~~						FORM	1 220	ことしいり

#### SCHEDULE A (Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2006

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

STREET WORKS, INC. 62-1806967 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (d) Contributions to employee benefit plans and deferred (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation NONE Total number of other employees paid over \$50,000 None Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services None Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over \$50,000 for other services ......

Pa	rt III Statements About Activities (See instructions.)		Yes	No
_ 1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	b Lending of money or other extension of credit?	2b	Х	
,	c Furnishing of goods, services, or facilities?	2c		Х
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d		Х
	e Transfer of any part of its income or assets?	2e		X
3	a 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.)	3a		Х
1	b Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
ı	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	3с		Х
,	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4:	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		Х
1	Did the organization make any taxable distributions under section 4966?	4b		
•	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
(	d Enter the total number of donor advised funds owned at the end of the tax year ▶			
•	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			·····
1	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.

Par	t IV Reason for Non-Private	Foundation Status (S	See instructions.)						
cert	ify that the organization is not a private f	oundation because it is: (F	Please check only <b>ONE</b> appl	icable box.)					
5	5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).								
6	6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
7									
8									
9									
10	An organization operated for the ber (Also complete the <b>Support Schedu</b>	nefit of a college or univers <b>le</b> in Part IV-A.)	sity owned or operated by a	government	al unit. Sectio	on 170(b)(1)(A)(iv).			
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also compared)	res a substantial part of its plete the <b>Support Schedul</b>	support from a governmen e in Part IV-A.)	tal unit or fro	om the genera	al public.			
11 b	A community trust. Section 170(b)(1	)(A)(vi). (Also complete th	ne <b>Support Schedule</b> in Part	t IV-A.)					
12	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)								
13	An organization that is not controlled requirements of section 509(a)(3).	d by any disqualified perso	ons (other than foundation m	nanagers) ar	nd otherwise r	neets the			
	Type I Type II	Type III-Functio	nally Integrated	Type III-	Other				
	Provide the following information about the supported organizations. (See instructions.)  (a) Name(s) of supported organization(s)  Employer identification number (EIN)  Employer identification number (EIN)  Employer identification organization (described in lines 5 through 12 above or IRC section)  governing organization's governing organization's governing documents?								
		:		Yes	No				
Total									
14	An organization organized and opera	ated to test for public safet	ty. Section 509(a)(4). (See						
BAA				Sche	edule A (Form	n 990 or 990-EZ) 2006			

STREET WORKS, INC. Schedule A (Form 990 or 990-EZ) 2006 62-1806967 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 (e) Total beginning in) ..... Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 386,477. 301,705. 293,239. 245,466. 1,226,887. 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 organization's charitable, etc, purpose . . . . . . . . . Gross income from interest, dividends, 18 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 . . . . . . 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 ..... 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 ..... Total of lines 15 through 22 . . . . 386,477. 301,705. 293,239. 245,466. 1,226,887. 24 Line 23 minus line 17 ..... 386,477. 301,705. 293,239. 245,466. 1,226,887 Enter 1% of line 23 ..... 3,865. 3,017. 2,932. 2,455. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ..... 26 a 24,538. 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 c Total support for section 509(a)(1) test: Enter line 24, column (e) ...... 26<u>c</u> 1,226,887. d Add: Amounts from column (e) for lines: 18 _____ 19 22 26b 26 d 26 e 1,226,887. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . . . . . . . . . 26 f 100.00 % 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: (2005)____ (2004) ____ (2003) ___ (2003) ___ (2002) ___ bFor 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 amounts) for each year. differences (the excess amounts) for each year: ____ (2004) _ _ _ _ c Add: Amounts from column (e) for lines: 15 27 c and line 27b total ..... d Add: Line 27a total ..... 27 d e Public support (line 27c total minus line 27d total) ...... f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .... > 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g 응

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

용

rai	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Server River State Aug.	
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	100	
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	-		
32				
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ı	<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	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		
ı	<b>b</b> Admissions policies?	33b		
(	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	33e		
	f Use of facilities?			
,	g Athletic programs?	33 g		
l	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
24				
	a Does the organization receive any financial aid or assistance from a governmental agency?			
	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		

	t VI-A Lobbying Ex (To be complete		cting Public Chari organization that filed F	<b>ties</b> (See instructions.) form 5768)		02-1	.806	N/A
Che	ck ► a  if the organi:	zation belongs to an affil	liated group. Check	( ► <b>b</b> if you checke	ed ' <b>a</b> ' and 'lin	nited	contr	ol' provisions apply.
		imits on Lobbying	•		<b>(a)</b> Affiliated tota	grou	р	(b) To be completed for all electing
		n 'expenditures' means a		,				organizations
36	Total lobbying expenditu							
37		ures to influence a legisla						
38 39		ures (add lines 36 and 3	•	<del></del>				
40		expenditures						
41		xpenditures (add lines 3 nount. Enter the amount	•					
41	If the amount on line 40							
	Not over \$500,000		lobbying nontaxable a	100000000000000000000000000000000000000			100	
		,000,000 \$100,0						
		\$1,500,000 \$175,0		-preschipted/2010		Access to the second		
		\$17,000,000 \$225,0	•					
				100000000000000000000000000000000000000				
42	Grassroots nontaxable a			.h.t.cc/dereacrynyo.				
43	Subtract line 42 from lin		-					
44	Subtract line 41 from lin	ne 38. Enter -0- if line 41	is more than line 38.	44				
	Caution: If there is an a	amount on either line 43	or line 44, you must fil	e Form 4720.				
		4 -Year	Averaging Period	Under Section 501	(h)			
	(Some orga	nizations that made a se Se	ection 501(h) election detection detection for li	o not have to complete nes 45 through 50.)	all of the five	colu	mns I	pelow.
			Lobbying Expen	ditures During 4 -Year /	Averaging Pe	eriod		
·	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2005	<b>(c)</b> 2004	<b>(d</b> ) 200			<b>(e)</b> Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots non- taxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
	Grassroots lobbying expenditures						v	
Гаг	t VI-B Lobbying A (For reporting o	ctivity by Nonelectionly by organizations that	i <b>ng Public Charitie</b> t did not complete Pari	<b>es</b> t VI-A) (See instructions	.)			
	ng the year, did the organ					Yes	No	Amount
á	Volunteers				h		X	
	b Paid staff or management (Include compensation in expenses reported on lines c through h.) X							
c	c Media advertisements X							
	d Mailings to members, legislators, or the public							
	e Publications, or published or broadcast statements							
	Grants to other organiza						X	
	Direct contact with legis			-			Χ	
	n Rallies, demonstrations,					dispersion of	Χ	
i	Total lobbying expenditu					0.00		
	If 'Yes' to any of the abo	ove, also attach a statem	nent giving a detailed o	lescription of the lobbyir	ig activities.			

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: No (i) Cash ..... 51 a (i) X (ii) Other assets ..... a (ii) Х **b** Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization ..... (ii)Purchases of assets from a noncharitable exempt organization ..... b (ii) (iii) Rental of facilities, equipment, or other assets ..... b (iii) (iv) Reimbursement arrangements ..... b (iv) (v)Loans or loan guarantees ..... b (v) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees ..... d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (b) Amount involved (a) Line no. (c) Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements **52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ...... **b** If 'Yes,' complete the following schedule: (a) (b) (c) Description of relationship Name of organization Type of organization

Name as Shown on Return STREET WORKS, INC.

Employer Identification No. 62-1806967

### Compensation

Name	<b>(A)</b> Total	<b>(B)</b> Program services	<b>(C)</b> Management and general	<b>(D)</b> Fundraising
RON CROWDER	65,100.	52,080.	6,510.	6,510.
Total Compensation Received	65,100.	52,080.	6,510.	6,510.

### Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	<b>(A)</b> Total	<b>(B)</b> Program services	<b>(C)</b> Management and general	<b>(D)</b> Fundraising
RON CROWDER	1,946.	1,556.	195.	195.
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans	1,946.	1,556.	195.	195.

### **Expense Account and Other Allowances**

Name 	<b>(A)</b> Total	<b>(B)</b> Program services	<b>(C)</b> Management and general	<b>(D)</b> Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a▶	67,046.	53,636.	6,705.	6,705.

Form 990, Page 5, Part V-A List of Officers, Etc. Statement

<b>(A)</b> Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	<b>(E)</b> Expense account and other allowances
LOUIS TORRES				
NASHVILLE, TN	DIRECTOR			
	0	0.	<u> </u>	0.
LESLIE DAVIS				
NASHVILLE, TN	DIRECTOR			
	0	0.	<u> </u>	0.
DR. MILLARD COLLINS				
NASHVILLE, TN	DIRECTOR			
DD DEVENTY DOCKN	0	0.	0.	0.
DR. BEVERLY BROWN NASHVILLE, TN	TREASURER			
	0	0.	0.	0.
CAPT. ROBERT NASH				
NASHVILLE, TN	DIRECTOR			
	0	0.	0.	0.
BARBARA BIGGERS-MATTHEWS				
NASHVILLE, TN	DIRECTOR			
	0	0.	0.	0.