

4:03 11/10/2008 3:34 PM

<b>Form 990</b> Department of the Treasury Internal Revenue Service		<b>Return of Organization Exempt From Income Tax</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.		CMB No. 1545-0047 <b>2007</b> Open to Public Inspection																																																																																																																																																																																															
<b>A</b> For the 2007 calendar year, or tax year beginning <u>7/01/07</u> , and ending <u>6/30/08</u>																																																																																																																																																																																																			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C</b> Name of organization <b>EIGHTEENTH AVENUE FAMILY ENRICHMENT CENTER</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1811 OSAGE STREET</b> City or town, state or country, and ZIP + 4 <b>NASHVILLE TN 37208</b>		<b>D</b> Employer identification number <b>62-0562855</b> <b>E</b> Telephone number <b>615-320-1131</b> <b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)																																																																																																																																																																																															
<b>G</b> Website: <u>N/A</u> <b>J</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>K</b> Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. <b>L</b> Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 <u>453,932</u>																																																																																																																																																																																																			
<b>H</b> and <b>I</b> are not applicable to section 527 organizations <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> If "Yes," enter number of affiliates <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(c)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) <b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>I</b> Group Exemption Number <input type="checkbox"/> <b>M</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).																																																																																																																																																																																																			
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Subtract line 6b from line 6a	6c				<b>7</b> Other investment income (describe )	7				<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			<b>b</b> Less: cost or other basis and sales expenses	8a				<b>c</b> Gain or (loss) (attach schedule)	8b				<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8c				<b>8d</b>					<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					<b>Revenue</b>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	9a	<b>1,510</b>			<b>b</b> Less: direct expenses other than fundraising expenses	9b	<b>1,684</b>			<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c		<b>-174</b>		<b>10a</b> Gross sales of inventory, less returns and allowances	10a				<b>b</b> Less: cost of goods sold	10b				<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). 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Form 990 (2007) **EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855**

Page 2

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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 <b>See Statement 1</b>	25a 60,000		60,000	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 235,865	201,230	34,635	
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 464	316	148	
29 Payroll taxes	29 23,643	16,082	7,561	
30 Professional fundraising fees	30			
31 Accounting fees	31 9,250	9,065	185	
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34 7,051	6,557	494	
35 Postage and shipping	35 544	11	533	
36 Occupancy	36 27,440	23,324	4,116	
37 Equipment rental and maintenance	37 2,688	2,500	188	
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 33,943	33,264	679	
42 Depreciation, depletion, etc. (attach schedule)	42 11,455	10,137	1,318	
43 Other expenses not covered above (itemize): a <b>See Statement 2</b>	43a 65,488	61,350	4,138	
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 477,831	363,836	113,995	0

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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Form 990 (2007)

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Form 990 (2007) **EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855**

Page 3

**Part III Statement of Program Service Accomplishments (See the instructions.)**

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

What is the organization's primary exempt purpose?

▶ **See Statement 3**

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

**a CHILD DAY CARE: THE CENTER PROVIDES HIGH QUALITY CHILD CARE FOR LOW INCOME INNER CITY FAMILIES. THE CENTER PROVIDED SERVICES TO AN AVERAGE OF 95 CHILDREN DAILY FIVE DAYS PER WEEK THROUGHOUT THE FISCAL YEAR.**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ▶ ☐**363,836**

**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 (attach schedule)**

(Grants and allocations \$ )

If this amount includes foreign grants, check here ▶ ☐**f Total of Program Service Expenses (should equal line 44, column (B), Program services)****363,836**

Form 990 (2007)

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

		(A) Beginning of year	(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
<b>Assets</b>	45 Cash—non-interest-bearing	8,101	32,459
	46 Savings and temporary cash investments		
	47a Accounts receivable	14,268	
	b Less: allowance for doubtful accounts		
	47b	14,761	14,268
	48a Pledges receivable		
	b Less: allowance for doubtful accounts		
	48b		
	49 Grants receivable		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		
	51a Other notes and loans receivable (attach schedule)		
	b Less: allowance for doubtful accounts		
	51b		
	51c		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54a Investments—publicly-traded securities	Cost FMV	54a
b Investments—other securities (attach schedule)	Cost FMV	54b	
55a Investments—land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)			
55b			
55c			
56 Investments—other (attach schedule)			
57a Land, buildings, and equipment: basis	346,518		
b Less: accumulated depreciation (attach schedule)	See Statement 4		
57b	271,922	85,252	
57c		74,596	
58 Other assets, including program-related investments (describe )			
58			
59 Total assets (must equal line 74). Add lines 45 through 58	108,114	121,323	
59	145,745	171,372	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	See Worksheet	
	63	11,617	24,103
	64a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule)	See Worksheet	
64b	24,321	25,000	
65 Other liabilities (describe )			
65			
66 Total liabilities. Add lines 60 through 65	181,683	220,475	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	-73,569	-99,152
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	-73,569	-99,152
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	108,114	121,323

<b>Part IV-A</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>	<b>(See the instructions.)</b>
------------------	---	--------------------------------

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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	N/A
-----------	--	-----

a	Total expenses and losses per audited financial statements		a
b	Amounts included on line a but not Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d		e

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

[illegible]

Page 6

Yes	No
-----	----

▶ 13

75b	X
-----	---

75c		X
-----	--	---

75d	X
-----	---

Yes	No
-----	----

76	X
----	---

77		X
----	--	---

78a	X
-----	---

78b		
-----	--	--

79	X
----	---

80a	X
-----	---

81a

C

81b		X
-----	--	---

Form 990 (2007)

4303 11/18/2003 3:35 PM

Form 990 (2007) **EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855**

Page 7

**Part VI Other Information (continued)**

	Yes	No
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>N/A</b>	
<b>83b</b>		
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>N/A</b>	
<b>84b</b>		
<b>85a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	<b>N/A</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>N/A</b>	
<b>85b</b>		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>N/A</b>	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>N/A</b>	
<b>85g</b>		
<b>85h</b>		
<b>86</b> 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b> 501(c)(12) orgs. Enter: a Gross income from members or shareholders	<b>87a</b>	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
<b>b</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		<b>X</b>
<b>88a</b>		
<b>88b</b>		
<b>89a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>		
<b>b</b> 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
<b>89b</b>		
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<b>0</b>	
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization	<b>0</b>	
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	<b>X</b>
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	<b>X</b>
<b>g</b> 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?	<b>89g</b>	<b>X</b>
<b>90a</b> List the states with which a copy of this return is filed <b>None</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>	<b>15</b>
<b>91a</b> The books are in care of <b>BUSINESS MANAGEMENT ASSOCIATES</b> Telephone no. <b>615-373-4829</b> <b>7107 CROSSROADS BLVD, STE 102</b> Located at <b>BRENTWOOD, TN</b> ZIP + 4 <b>37027</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>91b</b>	<b>X</b>

4303 11/18/2003 3:35 PM

Form 990 (2007) **EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855**

Page 8

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

☒ X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

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

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **DAY CARE SERVICE FEES**

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

b **MISCELLANEOUS INCOME**

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

101 **TO PROVIDE HIGH QUALITY CHILD CARE DEVELOPMENT FOR LOW INCOME INNER CITY FAMILIES.****Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐

Yes

☒ X

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐

Yes

☒ X

No

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

Form 990 (2007)



Form 990 (2007) **EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855**

Page 9

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest rents, royalties, and annuities described in question 107 above?

Yes	No

Please  
Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

**SHANTRELLE EDMONDSON**

Date

**EXECUTIVE DIRECTOR**

Type or print name and title

Paid  
Preparer's  
Use OnlyPreparer's  
signature*Robert S. Holt*

Date

11-18-08

Check if  
self-  
employed☒Preparer's SSN or PTIN  
(See Gen. Instr. X)  
**P00184832**Firm's name (or yours  
if self-employed),  
address, and ZIP + 4**Business Management Associates  
7107 Crossroads Blvd Ste 102  
Brentwood, TN 37027-2805**

EIN

**62-1090782**Phone  
no.**615-373-4829**

Form 990 (2007)

Form 990 (2007) **EIGHTEENTH AVENUE FAMILY ENRICHMENT 62-0562855**

Page 9

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please  
Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

**SHANTRELLE EDMONDSON**

Type or print name and title

**EXECUTIVE DIRECTOR**

Date

11/18/08

Paid  
Preparer's  
Use OnlyPreparer's  
signatureFirm's name (or yours  
if self-employed),  
address, and ZIP + 4**Business Management Associates  
7107 Crossroads Blvd Ste 102  
Brentwood, TN 37027-2805**

Date

11-18-08

Check if  
self-  
employed☒Preparer's SSN or PTIN  
(See Gen. Instr. X)  
**P00184832**

EIN

**62-1090782**

Phone

no. **615-373-4829**

Form 990 (2007)