Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

Open to Public

| | | f the Treasury | The organization may have to use a | conv of this retu | rn to satisf | v state renortin | a requirements | Inspection |
|------------|-----------------------|---------------------------------------|--|----------------------|--------------|------------------|---|--------------------------------|
| | | | year, or tax year beginning July | | | d ending Jun | | . 20 04 |
| | | | C Name of organization | • | , 2003, an | u enang Juli | | , 20 04 entification number |
| _ | | applicable Please use IRS label or | ONE (ORGANIZED NEIGHBO | RS OF EDGEHI | LL) INC. | | 62 15403 | |
| _ | Name ch | print or | Number and street (or P O box if ma | | | ss) Room/suite | E Telephone n | umber |
| _ | name cr nitial ret | , ,,pu. | 1001 EDGEHILL AVENUE | | | | (615)25 | 6-4617 |
| _ | inal reti | Specific | City or town, state or country, and ZI | P + 4 | | | F Accounting meth | |
| _ | | d return tions | NASHVILLE TN 37203-4915 | | | | Other (s | |
| _ | | | ction 501(c)(3) organizations and 494 | 47(a)(1) nonexempt | charitable | H and I are no | ot applicable to se | ection 527 organizations |
| | • | tru | ists must attach a completed Schedule | | | • | - | iffiliates? 🔲 Yes 🗹 No |
| G١ | Nebsite | et e dgehilled | ommunity.com | | | H(b) If "Yes." | enter number of | affiliates ▶ |
| | | | | . 🗆 | . 🗆 | | ffiliates included? | |
| | | | only one) ► 2 501(c) (3) < (insert | | | 4 ` ' | attach a list See separate return filed | |
| K | Check h | here 🕨 🔲 if the | organization's gross receipts are normal return with the IRS, but if the organization | lly not more than \$ | 25,000 The | organizat | separate return nied son covered by a gr | oup ruling? Yes No |
| | | | eturn with the IRS, but if the organization | | | | xemption Number | |
| | | | - | • | | | | ganization is not required |
| | | | es 6b, 8b, 9b, and 10b to line 12 🕨 | 60,537 | | to attac | h Sch B (Form 9 | 990, 990-EZ, or 990-PF) |
| Pa | art I | Revenue, Ex | xpenses, and Changes in Ne | et Assets or F | und Bala | nces (See p | age 18 of th | e instructions.) |
| | 1 | | gifts, grants, and similar amour | | | | | |
| | 1 | | upport | | 1a | 48,0 | 97 | |
| | i . | Indirect public | | | 1b | 3 | 83 | |
| | 1 | • | ontributions (grants) | | 1c | 11,9 | 46 | |
| | d | Total (add lines | s 1a through 1c) (cash \$ | 60,426 noncasi | 1 \$ |) | 1d | 60,426 |
| | 2 | Program servic | e revenue including government f | ees and contract | s (from Pa | rt VII, line 93) | 2 | |
| | 1 | - | ues and assessments | | | | 3 | |
| | | · · · · · · · · · · · · · · · · · · · | ings and temporary cash invest | | | | 4 | 111 |
| | 1 | | | | | | 5 | |
| | | _ | | | 6a | | | |
| | ь | | penses | | 6b | | ///// | |
| | С | Net rental inco | ome or (loss) (subtract line 6b fro | om line 6a) | | | . 6c | |
| يو | 7 | Other investme | ent income (describe 🕨 🔃 | | | |) 7 | |
| Revenue | 8a | Gross amount | from sales of assets other | (A) Securities | | (B) Other | | £ |
| Rev | | than inventory | | | 8a | | | RECEIVE |
| _ | Ь | Less: cost or oti | her basis and sales expenses, | | 8b | | | 1 |
| | С | Gain or (loss) (| (attach schedule) | <u></u> . | 8c | | (///// | 3 |
| | d | Net gain or (los | ss) (combine line 8c, columns (A) a | and (B)) | | | . 8d | S OCT 2 9 200 |
| | 9 | Special events a | nd activities (attach schedule). If any | amount is from g | aming, che | eck here 🕨 🗆 |) ///// | |
| | а | Gross revenue | (not including \$ | of | | | | OGDEN. L |
| | | contributions r | eported on line 1a) | | 9a | | <i></i> | |
| | | | kpenses other than fundraising (| | 9b | | | |
| | | | (loss) from special events (subt | | | | 9c | |
| | 1 | | inventory, less returns and allo | | 10a | | <i>\\\\\</i> | |
| | | | goods sold | . | 10b | | | |
| | | | loss) from sales of inventory (attach | | | | | |
| | 11 | Other revenue | (from Part VII, line 103) | | | | . 11 | |
| | <u> </u> | | (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d | | <u>1)</u> | | | 60,537 |
| Į. | | • | | | | | | 48,061 |
| Expenses | | • | and general (from line 44, colum | nn (C)) | | | | 1,514 |
| per | | • • | | | | | . 15 | 3,004 |
| ű | | | | | | | . 16 | |
| | | iotal expense | es (add lines 16 and 44, column | (A)) | | · · · · · · | | 52,579 |
| ets | 18 | | ficit) for the year (subtract line 1 | | | | 1 1 | 7,958 |
| Net Assets | 19 | | fund balances at beginning of y | | | | | 217,203 |
| et | 20 | | s in net assets or fund balances | | | | | 20-10: |
| ~ | 121 | Net assets or fi | und balances at end of year (com | ibine lines 18-19 | . and 20) | | 21 | 225.161 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2003)



| Par | | ust com)(1) none | plete column (A) Columi exempt charitable trusts | ns (B), (C), and (D) are re but optional for others(| quired for section 501(c See page 22 of the instr |)(3) and (4) organizations uctions) |
|----------|--|---|---|---|--|---|
| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22 | Grants and allocations (attach schedule) (cash \$) | 22 | 30525 | 30525 | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 | Benefits paid to or for members (attach schedule). | 24 | | | | |
| 25 | Compensation of officers, directors, etc | 25 | | | | |
| 26 | Other salaries and wages | 26 | 6117 | 6117 | | |
| 27 | Pension plan contributions | 27 | | | - | |
| 28 | Other employee benefits | 28 | | | | |
| 29 | Payroll taxes | 29 | 469 | 469 | | |
| 30 | Professional fundraising fees | 30 | 4005 | | 1005 | |
| 31 | Accounting fees | 31 | 1005 | | 1005 | |
| 32 | Legal fees | 32 | | | | |
| 33 | Supplies | 33 | 589 | 530 | 59 | |
| 34 | Telephone | 34 | 2301 | 2071 | 230 | - |
| 35 | Postage and shipping | 35 | 80 | 65 | 15 | |
| 36 | Occupancy | 36 | | | | ··· |
| 37 | Equipment rental and maintenance | 38 | 3530 | 3500 | 30 | |
| 38 | Printing and publications | 39 | 3330 | 3500 | 30 | |
| 39 | Travel | 40 | 1364 | 1364 | | |
| 40 | Conferences, conventions, and meetings | 41 | 1304 | 1304 | | |
| 41 42 | Interest | 42 | 426 | 405 | 21 | |
| 42 43 | Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): a Insurar | 43a | 128 | 700 | 128 | |
| 43 b | Write-off 1/15 forgivable mortgage | 43b | 1067 | 1067 | 120 | |
| C | Contracted Services | 43c | 4279 | 1500 | | 2779 |
| ď | Up-keep on house for sale | 43d | 260 | 260 | | |
| e | Dues & Fees | 43e | 439 | 188 | 26 | 225 |
| 44 | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15 | 44 | 52579 | 48061 | 1514 | 3004 |
| Join | t Costs. Check if you are following SOP | | <u> </u> | " | | |
| Are a | ny joint costs from a combined educational campaign | and fu | indraising solicitation | n reported in (B) Pro | gram services? . | ► ☐ Yes 🗹 No |
| If "Ye | s," enter (i) the aggregate amount of these joint cos | ts \$ | , (ii) the | e amount allocated | to Program service: | s \$, |
| | ne amount allocated to Management and general \$ | | , and (iv) the | | | |
| Par | t III Statement of Program Service Acc | ompli | shments (See p | age 25 of the in | structions.) | |
| What | t is the organization's primary exempt purpose? | ▶ Ne | ghborhood revita | alization, Leaders | hip develop. | Program Service |
| All or | ganizations must describe their exempt purpose a | chieve | ments in a clear an | d concise manner. | State the number. | Expenses (Required for 501(c)(3) and |
| of cli | ents served, publications issued, etc. Discuss ach | iieveme | ents that are not m | neasurable. (Section | n 501(c)(3) and (4) | (4) orgs , and 4947(a)(1) trusts, but optional for |
| | nizations and 4947(a)(1) nonexempt charitable trusts | | | | | others.) |
| | Scholarships: Solicitated contributions for so scholarships were available. Interviewed app | | | | | |
| - | youth // | | and allocations | \$ | 00505 | 20505 |
| | Housing: Worked on renovation of a home fo | | | <u> </u> | 30525) | 30525 |
| D. | riousnig. Worked on renovation of a nome to | . Sale | to a low-income | ouyer. | | |
| • | •••••• | • | | • | ••••• | |
| - | (0 | Grants | and allocations | \$ |) | 1402 |
| c 1 | Neighborhood Organizing: See attached. | | | | | |
| • | | • • • • • • • • | | | •••••• | |
| _ | | • • • • • • • • • | *************************************** | | ••••• | |
| _ | (0 | Grants | and allocations | \$ |) | 16134 |
| d . | | | | | | |
| | ••••• | | ••••• | | | |
| - | | | ,,, | ••••••• | | |
| _ = | | | and allocations | \$ |) | |
| _ | otal of Program Services (attach schedule) (Contact of Program Service Expenses (should exi- | | and allocations | \$ | | 48061 |

Part IV Balance Sheets (See page 25 of the instructions.)

| N | lote: | 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 46 | Cash—non-interest-bearing | 12,198 115,452 | | 6,582 116,722 |
| | | Accounts receivable | 140 | 47c | 233 |
| | b | Pledges receivable | | 48c | |
| | 49 50 | Grants receivable | | 50 | |
| Assets | | Other notes and loans receivable (attach schedule) | 10,665 | T | 9,598 |
| V | 52 53 54 | Inventories for sale or use | | 52 53 54 | 92,163 |
| | 55a | | _ | | |
| | 56 | schedule) | 90 | 55c 56 | |
| | Ь | Less: accumulated depreciation (attach schedule) | 39 477 | 57c | 51 |
| | 58 59 | Other assets (describe ►) Total assets (add lines 45 through 58) (must equal line 74) | | | 225,349 |
| | 60 61 62 | Accounts payable and accrued expenses | | 60 61 62 | 188 |
| Liabilities | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| Lia | | Tax-exempt bond liabilities (attach schedule) | | 64a 64b 65 | |
| | 66 | Total liabilities (add lines 60 through 65) | | 66 | 188 |
| nces | 67 | 67 through 69 and lines 73 and 74. Unrestricted | 1,366 | | 1,229 |
| Fund Balances | 68 69 Orga | Temporarily restricted | 205,172 10,665 | | 214,334 9,598 |
| o | 70 71 | complete lines 70 through 74. Capital stock, trust principal, or current funds | | 70 71 | |
| Net Assets | 72 73 | Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances (add lines 67 through 69 or lines | | 72 | |
| Ž | 74 | 70 through 72; column (A) must equal line 19; column (B) must equal line 21) Total liabilities and net assets / fund balances (add lines 66 and 73) | 217,203 217,391 | 73 | 225,161 225,349 |

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.

| Par | t IV-A | Reconciliation of Revenue Financial Statements with Return (See page 27 of th | ı Revenue | per | Part | Fi | econciliation of inancial Staten | | | |
|-----------------------------|--|--|--------------|-----------------------|----------|--|--|---|------------|--|
| (2) (3) (4) c d | per audite Amounts line 12, F. Net unrea on investr Donated and use of Recoverie year gran Other (sp | nue, gains, and other support and financial statements Included on line a but not on orm 990: lized gains ments | b c c | ons.) | (2) | Total expandited find Amounts in on line 17, Donated and use of Prior year ad reported on Form 990 Losses repline 20, For Other (speed of the control of the | tenses and lo tancial statemen included on line. Form 990: services facilities \$ time 20, \$ time 30 time 40 time 40 time 40 time 40 time 40 time 50 time | rough (4)> 17, a: | | |
| Par | | st of Officers, Directors, Tr instructions.) | ustees, ar | nd Key E | Emplo | (line c plus yees (List e | | not compen | e sated | ; see page 27 o |
| | | (A) Name and address | | (B) Title a week o | nd avera | age hours per to position | (C) Compensation (If not paid, enter -0) | (D) Contribution employee benefit p deferred compen | olans & | (E) Expense account and other allowances |
| Nasl | nville, TN | | | Preside | nt | | -0- | | -0- | -0- |
| Nas | nville, TN | s, 1321 South 5 Circle 37203 | | Vice Pr | esider | it | -0- | | -0- | -0- |
| Arle Nasi | ne Lane, I hville, Tn | P.O. Box 120171 37212 | | Secreta | ry | | -0- | | -0- | -0- |
| Flor | | 911 14th Ave. South | | Treasu | er | | -0- | | -0- | -0- |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | ••••• | | | | | : | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 75 | organizatio | fficer, director, trustee, or key en on and all related organizations, o attach schedule—see page 2 | of which mor | e than \$10 | 0,000 w | | | | | ☐ Yes 🗹 No |

| Par | t VI Other Information (See page 28 of the instructions.) | | Yes | No |
|--------------|--|--------------|--|----------|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . | 76 | | V |
| 77 | Were 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? | 78a | | ~ |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | ,,,,,,, | V |
| 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 | | |
| b | If "Yes," enter the name of the organization ▶ | | | |
| | and check whether it is exempt or nonexempt. | | | |
| | Eriter direct and indirect political experiations, See line of instructions | 81b | | |
| | Did the organization file Form 1120-POL for this year? | 315 | - | Ť |
| 8 2 a | 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 | ~ | ļ |
| h | 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 | V | |
| | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | ~ | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | V |
| 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 85b | _ | ├ |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 030 | | |
| | 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. | | | |
| _ | 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 | | ├ |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its | | | ļ |
| | reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax | 056 | | |
| | year? | 85h | | |
| 86 | 30 7(c)(7) orgs. Effect. a middle rees and capital contributions included on line 12 | | | |
| 87 | Gross receipts, included on line 12, for public use of club facilities | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other | | | |
| U | sources against amounts due or received from them.) | | | |
| 88 | 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 | 88 | | |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ | | | |
| 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> | |
| С | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | -0- |
| | Enter: Amount of tax on line 89c, above, reimbursed by the organization | | | -0- |
| | List the states with which a copy of this return is filed ▶ Tennessee | | | |
| | Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) | | <u>1</u> | |
| 91 | The books are in care of ➤ Flora Wilson Located at ➤ 911 14th Ave. South, Nashville, TN Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here | 56-52 212 | 4 U | |
| 92 | Located at ► 911 14th Ave. South, Nashville, TN ZIP + 4 ► 37. Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here | -: | | |
| JL | and enter the amount of tax-exempt interest received or accrued during the tax year | • • | | |

| Part | VII Analysis of Income-Producing Ac | tivities (See pa | age 33 of the | instructions.) | | γ |
|---------------|---|--|---------------------|--|----------------------|--------------------------|
| Note | : Enter gross amounts unless otherwise | Unrelated b | usiness income | Excluded by sector | on 512, 513, or 514 | (E) Related or |
| ındic | ated. | (A) | (B) | (C) | (D) | exempt function |
| 93 | Program service revenue: | Business code | Amount | Exclusion code | Amount | income |
| a | | - | · | 1 | | |
| b | | - } | | | | <u> </u> |
| C d | | - | | † | | |
| u | | - | | | | |
| f | Medicare/Medicaid payments | - } | | | | · |
| g | Fees and contracts from government agencies | | | | | |
| 94 | Membership dues and assessments | 1 | | | | |
| 95 | Interest on savings and temporary cash investments | 1 | | 14 | 111 | |
| 96 | Dividends and interest from securities | 1 | | | | |
| 97 | Net rental income or (loss) from real estate: | | | | | |
| | debt-financed property | | | | | |
| | not debt-financed property | | | 1 | | |
| 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 | 1 | I | | | |
| 102 | Gross profit or (loss) from sales of inventory | | | | | |
| 103 | Other revenue. a | _ | | | | |
| b | | | | | | |
| С | | | | 1 | | |
| d | | | | <u> </u> | | |
| е | | | | | | |
| 104 105 | Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E)) | <i>(</i> | 1 | <u> </u> | 111 . > | 111 |
| | Line 105 plus line 1d, Part I, should equal the | | | | | |
| Part | VIII Relationship of Activities to the Acc | | | | | |
| Line V | | | | | | accomplisament |
| Part | IX Information Regarding Taxable Subsi | diaries and Dis | regarded Entiti | es (See page : | 34 of the instru | ctions.) |
| | (A) Name, address, and EIN of corporation, | (B) Percentage of | (C) | | (D) | (E) End-of-year |
| | | vnership interest | Nature of a | ctivities | Total income | assets |
| | | % | | | | |
| | | % | | | | |
| | | % | | | | |
| | | % | | | | L |
| Part | X Information Regarding Transfers Associ | iated with Perso | nal Benefit Con | tracts (See page | ge 34 of the ins | tructions.) |
| (b) | Did the organization, during the year, receive any funds, di Did the organization, during the year, pay pren e: If "Yes" to (b), file Form 8870 and Form 47 | niums, directly o | r indirectly, on a | • | | ☐ Yes ☑ No ☐ Yes ☑ No |
| | Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration | ed this return, includ | ing accompanying so | | | |
| Diaaa | | * | | 1 | | |
| | ie Kin M. Hallens, Prinder | <u> </u> | | | 10/26/04 | |
| Pleas Sign | Signatule of officer | | Oale | Da | <u>/0/26/04</u> | • |
| | Signatule of officer | dont, | ONE | Da | 10/26/04 te | |
| | Signatule of officer | dant; | Date 10/23/04 | Check if self-employed | .1 | PTIN (See Gen Inst W) |

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 Section 4947(a)(1) Nonexempt Charitable Trust

2003

Employer identification number

OMB No 1545-0047

Internal Revenue Service Name of the organization

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

ONE (Organized Neighbors of Edgehill) 62 1540325 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & (e) Expense account and other (b) Title and average hours per week devoted to position (a) Name and address of each employee paid more (c) Compensation than \$50,000 deferred compensation allowances None Total number of other employees paid over -0-\$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services. -0-

| Par | t III | Statements About Activities (See page 2 of the instructions.) | | Yes | No |
|---------|-------------------------|---|----------------|---------|-------|
| ÇI | | Statements About Activities (See page 2 of the instructions.) | | 163 | - |
| | attern or inc | g the year, has the organization attempted to influence national, state, or local legislation, including any optito influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities \$ | 1 | | • |
| | organ | nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other izations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of bbying activities. | | | |
| 2 | subst with a owne | g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the actions.) | | | |
| a | Sale, | exchange, or leasing of property? | 2a | | ٠ |
| b | Lendi | ng of money or other extension of credit? | 2b | | ٠ |
| C | | shing of goods, services, or facilities? | 2c | | |
| d | | ent of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d 2e | | 8 |
| e | | fer of any part of its income or assets? | Ze | | ۳ |
| 3a h | you d | ou make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how etermine that recipients qualify to receive payments.) but have a section 403(b) annuity plan for your employees? | 3a 3b | ~ | |
| 4 — | Did y | ou maintain any separate account for participating donors where donors have the right to provide advice a use or distribution of funds? | 4 | | • |
| Par | t IV | Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) |) | | |
| he | organi | zation is not a private foundation because it is. (Please check only ONE applicable box.) | | | |
| 5 | | church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). | | | |
| 6 | □ A | school. Section 170(b)(1)(A)(ii). (Also complete Part V.) | | | |
| 7 | □ A | hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). | | | |
| 8 | | Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). | | | |
| 9 | | medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hos nd state ▶ | pital's | name | , ci |
| 0 | | n organization operated for the benefit of a college or university owned or operated by a governmental unit. Sect Iso complete the Support Schedule in Part IV-A.) | tion 170 |)(b)(1) | (A)(i |
| | S | n organization that normally receives a substantial part of its support from a governmental unit or from t ection 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) | he gen | eral p | oub' |
| | | community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) | | | |
| 2 | re | n organization that normally receives. (1) more than 331/3% of its support from contributions, membershill ceipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more | re tha | n 33¹ | /3% |
| | | s support from gross investment income and unrelated business taxable income (less section 511 tax) from buy the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part | | es ac | quii |
| 3 | d | n organization that is not controlled by any disqualified persons (other than foundation managers) and suppescribed in. (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).) | | | |
| | _ | Provide the following information about the supported organizations. (See page 5 of the instructions | .) | | |
| | _ | IAI NAMEIS) OF SUDDOFFER OFGANIZATIONS) | numb n abov | | |
| | _ | | | | |
| | | | | | |

| | :: You may use the worksheet in the instructions | | | | | accounting. |
|--------|--|-------------------------------------|--|----------------------|---------------------------------------|---|
| | ndar year (or fiscal year beginning in) . > | (a) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | (e) Total |
| 15 | Gifts, grants, and contributions received. (Do | | | | | |
| | not include unusual grants. See line 28.) | 118984 | 39153 | 99388 | 91676 | 349201 |
| 16 | Membership fees received | | | | | |
| 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 | 167 | 1730 | | | 1897 |
| 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 | 258 | 297 | 428 | 508 | 1491 |
| | by the organization after June 30, 1975 | 256 | 291 | 420 | 506 | 1491 |
| 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 | 119409 | 41180 | 99816 | 92184 | 352589 |
| 24 | Line 23 minus line 17 | 119242 | 39450 | 99816 | 92184 | 350692 |
| 25 | Enter 1% of line 23 | 1192 | 395 | 998 | 922 | |
| 26 | Organizations described on lines 10 or 11: | a Enter 2% of | amount in columi | n (e), line 24 | ▶ 26a | 7014 |
| b | Prepare a list for your records to show the nar | ne of and amoun | t contributed by e | each person (oth | er than a | |
| | governmental unit or publicly supported organiz | | - | | V///// | |
| | amount shown in line 26a. Do not file this list w | ith your return. E | nter the total of all | these excess an | | -0- |
| С | Total support for section 509(a)(1) test. Enter li | | | | ▶ 26c | 350692 |
| d | Add: Amounts from column (e) for lines. 18 | | 19 | | | |
| | | | 26b | | ▶ 26d | 1491 |
| e f | Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera | | ino 26o (donomir | | > 26e | 349201 100 % |
| | | | | | ! | |
| 27 | Organizations described on line 12: a For person," prepare a list for your records to show | r amounts includ the name of and | led in lines 15, 19 total amounts rec | 6, and 17 that we | ere received fro ir from each "dis | m a "disqualified qualified person ' |
| | Do not file this list with your return. Enter the | e sum of such an | nounts for each y | ear: | , oddi. dis | quamica personi |
| | (2002) | | (2000) | | (1000) | |
| ь | For any amount included in line 17 that was recei | | | | | |
| | show the name of, and amount received for each | year, that was mo | re 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 11, as w | ell as individuals) | Do not file this lis | st with your retur | n. After computing |
| | the difference between the amount received and amounts) for each year. | the larger amount | described in (1) (| or (2), enter the si | am of these differ | ences (the excess |
| | (2002) (2001) | | . (2000) | | . (1999) | |
| | , , | | | | | |
| C | Add: Amounts from column (e) for lines. 15 | | 16 | | , | |
| | 17 20 | | | | ▶ <u>27c</u> | |
| d | | | ı <u></u> | | | |
| е | Public support (line 27c total minus line 27d to | tal) | | | ▶ 27e | |
| f | Total support for section 509(a)(2) test. Enter a | mount from line 2 | 23, column (e). | . ▶ <u>[27f]</u> | | |
| 9 | Public support percentage (line 27e (numera | | | | | % |
| | Investment income percentage (line 18, colu | | | | | % |
| | | | | | | |

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

| 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? | 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 a b | Does the organization maintain the following. Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | 32a |
| c d | basis? | 32b 32c 32d |
| | 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: Students' rights or privileges? | 33a |
| b | Admissions policies? | 33b |
| C | Employment of faculty or administrative staff? | 33c |
| e | Scholarships or other financial assistance? | 33e |
| f | Use of facilities? | 33f |
| g h | Athletic programs? | 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 |
| ь | 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 |

| Schedule | A (Form | 1 990 or | 990-F71 | 2003 |
|----------|---------|----------|---------|------|

| r a | t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an | | | | ii i Sti uctic | J113.j | |
|--|---|--|---|--|-------------------------------|---------|--|
| Chec | ck ▶ a ☐ if the organization belongs to an affilia | | | you checked "a" a | nd "limited c | ontrol" | provisions apply. |
| | Limits on Lobbyin (The term "expenditures" meal | • | | | (a) Affiliated g totals | | (b) To be completed for ALL electing organizations |
| 36 37 38 39 40 41 | Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39). Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— Not over \$500,000 | | | | | | |
| | See the instructions for | or lines 45 throug | h 50 on page 11 | of the instruction | ns.) | | |
| | | Lobi | bying Expenditu | res During 4-Ye | ar Averagi | ng Pe | riod |
| | Calendar year (or | (a) | (b) | (c) | (d) | | (e) |
| | fiscal year beginning in) ▶ | 2003 | 2002 | 2001 | 2000 |) | Total |
| 45 | • | 1 '' 1 | • • | . , , | | | |
| 45 46 | fiscal year beginning in) ▶ | 2003 | • • | . , , | | | |
| | fiscal year beginning in) ▶ Lobbying nontaxable amount | 2003 | • • | . , , | | | |
| 46 47 48 49 50 | Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelection | 2003 | 2002 | 2001 | 2000 | | Total |
| 46 47 48 49 50 Pa | Lobbying nontaxable amount | 2003 Eting Public Charles that did r | 2002 | Part VI-A) (See | 2000 | of the | Total |
| 46 47 48 49 50 Pai | Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)). Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonelection | 2003 eting Public Characterions that did response national, sta | 2002 narities not complete I | Part VI-A) (See | 2000 | of the | Total |
| 46 47 48 49 50 Pai | Lobbying nontaxable amount | ting Public Character or referender on in expenses remains and the control of the | narities not complete late or local legis um, through the | Part VI-A) (See lation, including a use of: c through h.) | 2000 | of the | Total |
| 46 47 48 49 50 Pai During atter a b c c d e e | Lobbying nontaxable amount | 2003 Eting Public Chations that did rater or referender on in expenses recents | narities not complete I ate or local legis um, through the eported on lines or a legislative to | Part VI-A) (See lation, including a use of: | 2000 | of the | Total |

| Sched | Jule P | (Form 990 or 990-EZ) | | | | | | | | age o |
|-------|---|--|--------------------------------|---|--------------------------|-----------------------|------------|--------------------|------------------|-----------------|
| Par | t VI | | | ransfers To and Transace page 12 of the instruction | | Relationships | With | Nonc | harit | able |
| 51 | | | | indirectly engage in any of the in(c)(3) organizations) or in section | | | | | d in se | ection |
| а | Tran | sfers from the rep | orting organization | to a noncharitable exempt orga | nızatıon of. | | | | Yes | No |
| | | Cash | | <i></i> | | | | 51a(i) | | ~ |
| | • • • | Other assets , , | | | | | | a(ii) | | 1 |
| ь | | er transactions. | | | | | | | | ~ |
| | (i) | Sales or exchange | es of assets with a | noncharitable exempt organizati | tion | | | b(i) | | |
| | | • | | itable exempt organization | | | | b(ii) | | ١ |
| | (iii) | | | ner assets | | | | b(iii) | | ٧ |
| | (iv) | | | | | | | b(iv) | | ~ |
| | (v) Loans or loan guarantees | | | | | | | b(v) | | ~ |
| | (vi) Performance of services or membership or fundraising solicitations | | | | | | | b(vi) | | 1 |
| С | Sha | ring of facilities, eq | quipment, mailing lis | sts, other assets, or paid emplo | yees | | 1 | С | | 1 |
| d | goo | ds, other assets, o | or services given by | complete the following schedule the reporting organization. If the column (d) the value of the good | he organization | received less tha | n fair m | market narket v | value /alue i | of the n any |
| (a | 1) | (b) | | (c) | | (d) | | | | |
| Line | Line no Amount involved Name of nor | | charitable exempt organization | Description o | f transfers, transaction | s, and sh | aring arr | angeme | ents | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | des | cribed in section 5 | | affiliated with, or related to, on other than section 501(c)(3)) or i | | | | Ye | s E | No |
| | | (a) Name of organiz | ration | (b) Type of organization | | (c) Description of re | lationchir | | | |
| | | Ivanie di diganiz | zacion | rype or organization | | Description of te | lationsin | , | | |
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ONE (Organized Neighbors of Edgehill), Inc.

EIN: 62-1540325 Form 990 2003

Part II, line 22: Grants & allocations

Scholarships were given to 24 neighborhood youth to attend a college or technical school.

Part II, line 42: Depreciation AND Part IV, line 57 -- Land, bldgs, eugip.

| Asset | Date acquired | Cost | Prior years' depreciation | Method | Useful life | Current depreciation |
|------------------|------------------|----------|------------------------------|--------|----------------|----------------------|
| Office equipment | Aug. 94 | 758 | 758 | S.L. | 5 yr. | 0 |
| Garden tiller | Apr. 95 | 1,489 | 1,489 | S.L. | 7 yr. | 0 |
| Office equipment | Dec. 95 | 2,180 | 2,180 | S.L. | 5 yr. | 0 |
| Office equipment | Sept.97 | 2,988 | 2,988 | S.L. | 5 yr. | 0 |
| Air conditioner | June 98 | 675 | 528 | S.L. | 7 yr. | 96 |
| Computer | Aug.98 | 3,300 | 2,970 | S.L. | 5 yr. | 330 |
| Total | | \$11,390 | \$10,913 | | | \$426 |

Part III, Primary purpose: Neighborhood revitalization & leadership development

Part III, line c, Neighborhood Organizing:

Produced flyers about neighborhood events and resources.

Held several community meetings on neighborhood issues, such as zoning. and Community Watch.

Conducted monthly meetings with the police captain and officers of our precinct, in order to strategize for improved safety and police protection. Held individual meetings with area residents, new managers of apartment complexes, and other neighborhood leaders about the future of the community. Organized support to help neighborhood children succeed at school by arranging for tutoring and celebrating their accomplishments. Maintained a small tool lending library.

Attachment for Schedule A (Form 990) (2003) Part III, line 4

Students receiving scholarships are chosen by a committee. Applicants must:

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

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