Form **990**

Return of Organization Exempt From Income Tax

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

2006

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For th	e 2006 calendar y	/ear, o	r tax year beginning	_, 20	06, and e	nding					
		heck if applicable:		C Name of organization					D Emp	ayer Iden	tification Numbe	er ——
_	$\overline{}$	l Pleas	se use Habel	Homework Hotline, In	nc.			<u> </u>	62	-1446	5139	
	=	or	print type.	Number and street (or P.O. box if mail	I is not delivered to stree	etaddr) R	oom/suit	•		hone nur		
	_	- 1 S	Sea I	4805 Park Ave.					(6	15) 2	298-6636	
		ins	struc- ons.	City, town or country		State ZIP	code + 4		F Acco	unting	Cash	X Accruai
	_	ended return		Nashville		TN 37	7209	- 1		Other (sp		
	H	L		on 501(c)(3) organizations and 49				ere not applic	able to se		organizations.	
	∟ ,~•	(charit	able trusts must attach a comple	eted Schedule A		H (a)	ls this a group	o return (c	r affiliates	s? 🗌 Yes	; 🗶 но
		((Form	990 or 990-EZ).			H (b)	If Yes," enter	number o	of affiliates	,▶	
<u>G</u>	Web s	site: N/A			_						····· Yes	i 📙 No
J	Organ	nization type			\Box		Į.	(If 'No,' attac			•	
	(chec	k only one)				527		ls this a sepa				\Box
				ization is not a 509(a)(3) support				organization				X No
	gross	receipts are norm	nally r	not more than \$25,000. A return i a return, be sure to file a complet	s not required, but le return.	ir the		Group Exe				4
							1			-	ation is not requ), 990-EZ, or 990	
L	Gross	receipts: Add line	es 6b,	8b, 9b, and 10b to line 12 - 15	9,312.	d Dala						
Pa				nses, and Changes in Net		u Daiai	1062	See ine	1115171	ACTIONS	<i>3.)</i>	
				ents, and similar amounts receive		١.	.1					
				advised funds				354	100			
				not included on line 1a)				154,	,122.			
	С	Indirect public sur	pport	(not included on line la)		···· - <u>-1</u>	-					
	d e	Government contr	ributio	ons (grants) (not included on line	la)	[16	<u> </u>			25.45		
	c	la through ld) (cash	^{\$} —	154,122. noncash \$) :				1 e	15	4,122.
				ue including government fees and								
				assessments								F 100
				temporary cash investments								<u>5,190.</u>
				from securities		1	1			5		
	b	Less: rental expe	enses				<u> </u>			3.3		
				oss). Subtract line 6b from line 6		· · · · · · · · ·				6c		
R	7	Other investment	t incor	ne (describe ▶	(A) Securities		1	(B) Othe		7		
R E V E N	8a	Gross amount fro	om sal	les of assets other			+	(B) Office				
Ň		than inventory				8	+			- 6		
Ĕ	ı			sis and sales expenses		8				-		
	ı	• • •		l(€)		8				12.00		
	q	Net gain or (loss)). Con	nbine line 8c, columns (A) and (B	3)				r	. 8d		
				tivities (attach schedule). If any a			ck ner	: · L				
	a	Gross revenue (n	not inc	:luding \$		9	al					
	١,			other than fundraising expenses								
				om special events. Subtract line						9 c		
				ry, less returns and allowances .						13.2		
				ld								
				ales of inventory (attach schedule). Subtra		•				10 c		
	11			art VII, line 103)						-		
	12			es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10							1.5	9,312.
_	13	Program services	s (fror	n line 44, column (B))						. 13		3,221.
Ĕ	14			eral (from line 44, column (C))								1,976.
EXPEZSES	15			44, column (D))								0.
N 5	16			(attach schedule)								
E S	17	•		ines 16 and 44, column (A)							11	5,197.
_	18	Excess or (defici	il) for	the year. Subtract line 17 from lin	ne 12					. 18		14,115.
u S	11			ances at beginning of year (from								070.
N S	20			assets or fund balances (attach e								
' 1	21			ances at end of year. Combine lit							13	35,185.

Schedule A (Form 990 or 990-EZ) 2006	Homework Hotline,	Inc.	62-1446139	<u> </u>	P	age 2
Part III Statements About Activ	ities (See instructions.))			Yes	No
 During the year, has the organization at to influence public opinion on a legislati or incurred in connection with the lobby (Must equal amounts on line 38, Part Vi 	ve matter or referendum? If 'ing activities ▶ \$	Yes,' enter the total expenses paid	0.	1		х_
Organizations that made an election un organizations checking 'Yes' must comp lobbying activities.	der section 501 (h) by filing F plete Part VI-B AND attach a	orm 5768 must complete Part VI-A. O statement giving a detailed description	ther n of the			
2 During the year, has the organization, e substantial contributors, trustees, direct taxable organization with which any suc beneficiary? (If the answer to any quest	ors, officers, creators, key er h person is affiliated as an o	mployees, or members of their families of their	s, or with any			
a Sale, exchange, or leasing of property?				2a		x_
b Lending of money or other extension of	credit?			2Ь		х
c Furnishing of goods, services, or facilities	es?		·····	2 c		х
d Payment of compensation (or payment	or reimbursement of expense	es if more than \$1,000)?		2 d		х
e Transfer of any part of its income or as:	sets?			2 e		х
3a Did the organization make grants for sc explanation of how the organization del	holarships, fellowships, stud ermines that recipients quali	ent loans, etc? (If 'Yes,' attach an fy to receive payments.)		3 a		х
b Did the organization have a section 403	(b) annuity plan for its emplo	oyees?		3 b		x
c Did the organization receive or hold an to preserve open space, the environme 'Yes,' attach a detailed statement	easement for conservation p nt, historic land areas or his	urposes, including easements oric structures? If		3с		х
d Did the organization provide credit cour	nseling, debt management, d	redit repair, or debt negotiation service	es?	<u>3</u> d		х
4a Did the organization maintain any dono 4f and 4g				4a		X
b Did the organization make any taxable	distributions under section 4	966?		4b		<u> </u>
c Did the organization make a distribution	n lo a donor, donor advisor, o	or related person?		4 c		
d Enter the total number of donor advised	I funds owned at the end of t	the tax year	······································	_		
e Enter the aggregate value of assets hel	d in all donor advised funds	owned at the end of the tax year	<u></u>			
f Enter the total number of separate fund funds included on line 4d) where donors amounts in such funds or accounts	s have the right to provide ac	dvice on the distribution or investment	of			0
g Enter the aggregate value of assets hel	d in all funds or accounts ind	cluded on line 4f at the end of the tax	year ►			0.

Form 990 (2006) Homework Hotline, Inc.

Statement of Program Service Accomplishments

proanization. How the public pr	erceives an organization in si	eople, serves as the primary or sole source of information about a uch cases may be determined by the information presented on its fully describes, in Part III, the organization's programs and accom	s return. Therefore
What is the organization's prim All organizations must describe clients served, publications iss zations and 4947(a)(1) nonex	nary exempt purpose? e their exempt purpose achie- sued, etc. Discuss achievement empt charitable trusts must a	Student and parents homework assistance vernents in a clear and concise manner. State the number of his that are not measurable. (Section 501(c)(3) and (4) organise enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a To establish, maint	ain and staff a call-in	program designed to provide homework assistance.	
	·		
	·		
).) If this amount includes foreign grants, check here	103,221.
	·		
(Grants and allocations) If this amount includes foreign grants, check here	
	_ ·) if this amount metades foreign grants, check field	
) If this amount includes foreign grants, check here	
) If this amount includes foreign grants, check here	
	· · · · · · · · · · · · · · · · · · ·) If this amount includes foreign grants, check here	
<u></u>		e 44, column (B), Program services)	103,221.
BAA	a Experises (Should equal int	o 11, colonia (c), i regioni services)	Form 990 (2006)
			. 0 330 (2000)

	Support Schedule (You may use the worksheet in the					nting.
Cale begi	ndar year (or fiscal year	(2)	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received, (Do not include unusual grants. See line 28.)		85,199.			
16	Membership fees received		00/100/	357,752.	03,731.	310,302.
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					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a/S)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,087.	1,154.	1,796.	560.	4,597.
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			168.		168.
23	Total of lines 15 through 22		86,353.	87,755.	84,311.	375,067.
24	Line 23 minus line 17	116,648.	86,353.	87,755.	84,311.	375,067.
25	Enter 1% of line 23	1,166.	864.	878.		
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in co	olumn (e), line 24	► 26a	7,501.
	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	or 2002 through 2005 exceed amounts	led the amount shown in li	ine 26a. Do not file this lis	t with your ≥ 26 b	185,000.
c	Total support for section 509(a)(1) test: Enter line 24, c	olumn (e)		▶ 26 c	
	Add: Amounts from column (e) fo	r lines: 18	4,597. 168.	19 26b 185,0		
		22	168.	26b 185,0		
	Public support (line 26c minus lin					
	Public support percentage (line 2		d by line 26c (denon	ninator))	▶ 261	49.41 %
27 2	Organizations described on line For amounts included in lines 15, name of, and total amounts recei such amounts for each year:	16, and 17 that were ved in each year from,	each 'disqualified pe	erson.' Do not file this	ilist with your return	Enter the sum of
	(2005)					
	b For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organi After computing the difference be differences (the excess amounts)	t received for each yea zations described in lir tween the amount rece for each year:	or, that was more that nes 5 through 116, as eived and the larger a	n the larger of (1) the s well as individuals.) amount described in (amount on line 25 fo Do not file this list w 1) or (2), enter the su	r the year or (2) ith your return. m of these
	(2005)	(2004)	(2003) _		_ (2002)	
C	(2005) Add: Amounts from column (e) for 17 Add: Line 27a total	or lines: 15		16		1
	17	20 _		21	2/6	
C	I Add: Line 27a total Public support (line 27c total min	an	id line 2/b total		270	
•	Public support (line 2/c total min Total support for section 509(a)(2	us line 2/d (Olai)	rom line 23 column	(a) ▶ 27f	27e	THE PARTY OF THE P
!	Total support for section 509(a)(a Public support percentage (line	o) lest: Enter amount i 27e (numerotes) disida	d by line 23, COOMIN	(c) [<u>Z/] </u>	> 27.	8
	g Public support percentage (line in Investment income percenta g e (line 19. column (a) fac	eu uy mie Z7i (denon imprator) dividad by	line 27f (denominator	n ► 271	8
		tion described in the	IO 11 or 12 that roc	eived any unusual ora	ents during 2002 thro	igh 2005, prepare a
28	list for your records to show, for a nature of the grant. Do not file th	each vear. The name o	f the contributor, the	date and amount of the	he grant, and a brief	description of the

	instructions.)	ie per Audited Fir	nancia	Statemen	ts with	Revenue per Ret	urr	Cee the
a	Total revenue, gains, and other support		tatemen	ıts			a	416,884.
þ	Amounts included on line a but not on P							
	1 Net unrealized gains on investments							
	2Donated services and use of facilities .					257,572.		
	3Recoveries of prior year grants							
	4Other (specify):				b4			
	Add lines b1 through b4						b	257,572.
С	Subtract line b from line a						С	159,312.
ď	Amounts included on Part I, line 12, but	not on line a:						
	1 Investment expenses not included on Pa	•			-			
	2Other (specify):							
					d2			
	Add lines d1 and d2						d	
e	Total revenue (Part I, line 12). Add lines	s c and d	· · · · · · · ·			<u></u>	e	159,312.
, i t	Reconciliation of Expens	ses per Audited Fi	nancia	al Statemer	nts with	Expenses per Re	etu	irn
a	Total expenses and losses per audited f	inancial statements					a	372,769.
b	Amounts included on line a but not on P	•				3		
	1 Donated services and use of facilities .					257,572.		
	2Prior year adjustments reported on Part						器	
	3Losses reported on Part I, line 20							
	4Other (specify):							
	Add lines b1 through b4				b4	³	Ь	257,572.
С	Subtract line b from line a						귀	115,197.
ď	Amounts included on Part I, line 17, but					[1	A.	113/17/
	I Investment expenses not included on Pa				di	7	弱	
	2Other (specify):						溢	
					d2		3	
	Add lines d1 and d2						d	
e	Total expenses (Part I, line 17). Add lin	es c and d					e	115,197.
	Current Officers, Directo or key employee at any time du	rs, Trustees, and	Key E	mployees	(List each	n person who was an o	offic	cer, director, trustee,
		(B) Title and average				(D) Contributions to	5 T	(E) Expense
	(A) Name and address	per week devote	ed	(if not p	aid,	employee benefit		account and other
		to position		enter •	u-)	plans and deferred compensation plans		allowances
Wi	lliam Blue							
Na	shville, TN						- [
		President	0.5		0.		1.1	0.
₩e	endy Kurland							
Na	shville, TN						- [
		Director	40	4:	1,503.	c).	0.
Ka	therine Fischman							
Na	shville, TN					1	- 1	
		Secretary_	0.5		0.	0).[0.
	vid Goldberg						1	
Na	shville, TN						- 1	
		Treasurer	0.5		0.).	0.
	m_Day	.						
ΜĽ	rfreesboro, TN							
		Board Member	0.5		0.	<u>c</u>	2.	0.
Şe	e List of Officers, Etc. Statement	-					1	
	· 	-				1	- [
		1		i				

TEEA0105 01/18/07

Lobbying Expenditures by Electing Public Charities (See instructions.)

To be completed ONLY by an eligible organization that filed Form 5768)

Chec		ed ONLY by an eligible						AH
Chec		zation belongs to an affi		► b if you	cneck	(a)		trol' provisions apply.
		Limits on Lobbying	•	d.)		Affiliated total:	group	(b) To be completed for all electing organizations
36	Total lobbying expenditi	ures to influence public (opinion (grassroots lobb	ying)	. 36			0.
37		ures to influence a legist	• •		. 37_			
38	Total lobbying expendite				0.			
39	Other exempt purpose							
40		expenditures (add lines 3			40	5	L 017E 20	0.
41	, ,	nount. Enter the amount	_					10000000000000000000000000000000000000
	If the amount on line 40		lobbying nontaxable as				PA EX	1
	· · · · · · · · · · · · · · · · · · ·		of the amount on line	i i	ع	27 27	٠ <u>٠</u> ۽ ۽	《新史》
	Over \$500,000 but not over \$1		000 plus 15% of the excess o		1.50	20 40 EL		Mary Bridge
		\$1,500,000 \$175,	•	· · · · · · · · · · · · · · · · · · ·	41	100 100 100 100 100 100 100 100 100 100	化书籍	0.
		\$17,000,000 \$225,	· ·		13	4 3 3 3	4	
42		· ·	000,000		42	adella di dica di	. (E. 1887)	4 200 25 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
42 43		amount (enter 25% of lir ne 36. Enter -0- if line 42	•		42			0.
44		ne 38. Enter -0- if line 41			44			0.
		amount on either line 43			"	(A. 1917)	12.0	8 15 15 1 19 1 19 1 19 1 19 1 19 1 19 1
	Caudon, ir there is an a				500	4.3	11 44 6 7.71	<u> </u>
	(Some orga	inizations that made a se	Averaging Period ection 501(h) election dee the instructions for li	o not have to co	mplete	(h) all of the five	column	s below,
			Lobbying Expen	ditures During 4	-Year	Averaging Pe	riod	
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004		(d) 2003		(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots non- taxable amount		0/2-7		-		1.722	.,,
4 9	Grassroots ceiling amount (150% of line 48(e))			<u> </u>	<u> </u>		3	
	Grassroots lobbying expenditures							
		only by organizations the	at did not complete Pari	VI-A) (See inst				N/A
Duri atte	ng the year, did the orga mpt to influence public o	nization attempt to influe pinion on a legislative m	ence national, state or later or referendum, the	ocal legislation, ough the use of:	includi	ng any .	Yes N	o Amount
	a Volunteersb Paid staff or managem							
	c Media advertisements .	• • • • • • • • • • • • • • • • • • • •			. 			
	d Mailings to members, I	egislators, or the public						
	e Publications, or publish	ned or broadcast stateme	ents				$-\!\!\!\perp$	
	f Grants to other organiz	ations for lobbying purp	oses					
	g Direct contact with legi							
	h Rallies, demonstrations	s, seminars, conventions	, speeches, lectures, o	any other meai	าร			

1 Total lobbying expenditures (add lines c through h.)

Form 990 (2006) Homework Hotline, Inc.	62-1446139	9	F	age_7
Party! Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities a substantially less than fair rental value?		82 a	X_	
bilf 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.)	82b	82a		
83 a Did the organization comply with the public inspection requirements for returns and exemption		83 a	Х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contribut		83 b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a	i iga	X
b If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	· · · · · · · · · · · · · · · · · · ·	84b		(1) (1) (1) (1) (1) (1) (1) (1)
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85 a	N/.	<u> </u>
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N/	A জন্মজ্ঞ
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.	organization received a	7.		
c Dues, assessments, and similar amounts from members		18		
d Section 162(e) lobbying and political expenditures	85d N/A			2
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)			الاعتباد	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N/.	
h If section 6033(eX1XA) 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 lax year?	nable estimate of	85 h		120 250 I
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		1	in a	(1)
line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities		(A)		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A		7. V	
b 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	ξ. 10-15-		1500
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable or or an entity disregarded as separate from the organization under Regulations sections 301.77 If 'Yes,' complete Part IX	orporation or partnership, 01-2 and 301.7701-3?	88 a		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	•	88 b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year un				13
section 4911 0. ; section 4912 0. ; section 4		: - 7		. 7
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 Yes, attach a statement	89 b		X
•		333		
c Enter: Amount of tax imposed on the organization managers or discualified persons during the year under sections 4912, 4955, and 4958	• <u></u>			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		89 e		x
e All organizations. At any time during the tax year, was the organization a party to a prohibited f All organizations. Did the organization acquire a direct or indirect interest in any applicable in		89 f		X
1 All organizations. Did the organization acquire a direct of matrice interest in any applicable in	salance conduct.	1		
g For supporting organizations and sponsoring organizations maintaining donor advised funds. organization, or a fund maintained by a sponsoring organization, have excess business holding the year?	Did the supporting ags at any time during	89 q		X
90 a List the states with which a copy of this return is filed None None				<u> </u>
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		 1 90 b		11
91 a The books are in care of Mendy Kurland Telephone no	ımber ► (615) 298-			
91a The books are in care of Mendy Kurland Telephone no Located at Mendy Ave, Nashville, TN	ZIP + 4 ► 3720	9		
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 financial.)	or other authority over a	91 E	Yes	No X
		25		
If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F				
Financial Accounts.		1.140	dı	14.4

BAA

Form 990 (2006)

10,376.

0.

Part II, Line 25a	Key Em	ployees, Etc.		
ame as Shown on Return omework Hotline, Inc.				Employer Identification No 62-1446139
	Comp	pensation		
Name	(A) Total	(B) Program services	(C) Managemen and general	
Wendy Kurland	41,503.	31,127.	10,37	6. 0.
Total Compensation Received	41,503.	31,127.	10,37	6. 0.
Contributions to	Employee Benefit	Plans & Deferred	Compensation	Plans
Name	(A) Total	(B) Program services	(C) Managemen and general	
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans				
	Expense Account	and Other Allowa	nces	
. Name	(A) Total	(B) Program services	(C) Managemen and genera	

41,503.

31,127.

Total Expense Account and Other Allowances

Total to Part II, Line 25a ...

	0 (2006) Homework Hotline, Inc.	and France Controlled Fort	62-14		Page 9
	Information Regarding Transfers To organization is a controlling organiza	tion as defined in section	ities. Complete only if t 512(b)(13).	tne N/	A
				Ye	s No
106	Did the reporting organization make any transfers to Yes,' complete the schedule below for each control	o a controlled entity as defined in led entity	section 512(b)(13) of the Co	ode? If	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	insfer
a					
b					
c					P-32
	Totals				
107 [Did the reporting organization receive any transfers Yes,' complete the schedule below for each controll	from a controlled entity as defin	ed in section 512(b)(13) of the	ne Code? If	s No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	ansfer
a					
b					
c					
	Totals			3	
108 [Did the organization have a binding written contract annuities described in question 107 above?	in effect on August 17, 2006, co	vering the interest, rents, roy	valties, and	s No
	Under penalties of perjury, I declare that I have examined this true, correct, and complete. Declaration of preparer (other tha			y knowledge and belief,	it is
Please	1. /12. 1 // /M	(e)	1 11/07	107	
Sign Here	Signature of officer Wendy Kurland, c Type or print name and title.	lirector	Date 1		
Paid	Preparer's 0 11 1A SD	Oate	Check if	Preparer's SSN or PTI General Instruction W)	N (See

TN 37067

EIN - 20 - 408 2958
Phone no. - (615) 778-9821

Form 990 (2006)

Firm's name (or yours if self: employed), address, and ZIP+4

Franklin

TN 37

Pre-

Only

BAA

parer's Use