			1	Return of Organ	ization Evennt F	rom li	ncome i	Гах	OMB No. 1545-0047
Form	1	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)						black lung	2005
Depar	lment	of the Treasury							Open to Public
untom		enus Sarvica		organization may have to u	se a copy of this return to s				Inspection
		for the 2005 cale		tax year beginning		, 2005,	and ending		
	) C	heck if applicable:	Plaase use IRS	C Name of organization	MT OF			D Employer identifica	
إ	_ ^	ddross change	label or	MIRIAM'S PRO			<del></del>	62-172	
Ļ	=	ame change	print or type.		(if mail is not colivered to street ad	dress)	Room/suite	ETelephone number	292-3500
بِ	=	wilen (Leur	See Specific	37 RUTLEDGE			<u> </u>	F Accounting method	1 1 1 1 1 1 1 1
Ļ	₹	inal mum	tions.	City or town, state or country, a NASHVILLE, T				Other (specity)	T Cost (C) Vectors
Ļ	=	vmonded return				TH and I	are not realisate	to section 527 organi	zaliona
ι	_) ^	ppication pending	+ section trusts m	501(c)(3) organizations and 4947( ust uttach a completed Schodule /	а)( 1) понежите сталишто 4 (Form 990 or <b>990</b> -EZ).	1		um tor allillates?	☐ Yes 🔯 No
						1	"Yes," enter nu		<b>&gt;</b>
<b></b>		_				1	up all affiliates in		Yes No
G We		dun bere Gebaalt anti-		X 501(c) ( 3 ) ◀ (Insert no	.) 4947(a)(1) or 527	$\dashv$ $\cdots$ ,		ist. See Instructions.)	
		dan type (chock only		oss receipts are normally not more		HKO I	this a separate	return filed by an ared by a proup ruling?	☐ Yes. ☐ No
K Cho			-	•			Broup Exemption		<u> </u>
				ell the organization chooses to tile	g rgium, de			if the organization	is not required
		a a complete ratum.		ire a complete rokum.	544,632			. B (Form 990, 990	
	_	eipts: Add lines 6b, 8b	, 95. 445 196 to pr	and Changes in Ne					1 124, 01 000 - 17.
Pa	44					3(6) 166-	fore me ii	38404011317	
- 1	1			similar amounts received:			lal	203,829	
- 1	a	•	=	• • • • • • • • • • •		• •	1b	203,023	
-	þ								
ı	C			nts)			1c		203,82
- 1	d			(cash 5 _ 203,829		, ·			
į	2			ding government fees and		93) .		· ·	2 184,812
l	3	Membership due						· · · · · · · · · · · · · · · · · · ·	4 1,742
ŀ	4				• • • • • • • • • • • •	• • • • •	• • • • • •	· · · · · · · · ·	<del>*  </del>
	5	Dividends and in	iterest from sec	curities		- • • • •	1 - 1	1	-
	6a	Gross rents					6a	<del></del>	
	Ь			• • • • • • • • • • • • •		6b			
- 1	C	Net rental incom	e or (loss) (sut	otract line 6b from Ilne 6a)				<del> </del>	6c
R	7	Other investmen	•				<del>, , , , , , , , , , , , , , , , , , , </del>	· · · · · · · · · · · · · · · · · · ·	7
0	₿а	Gross amount in			(A) Se	curities	<del></del>	(B) Other	
		than inventory					8a		
n u	Ь			ales expenses			86		
a	c	Gain or (loss) (a	ttach schedule	) <i>-</i>			8c		
	d	Net gain or (loss	i) (combine line	8c, columns (A) and (B))				- · · · · · · · · · · · · · · · · · · ·	84
- 1	9			ittach schedule). If any am	ount is from gaming, check	here	<b>▶</b> IJ		
	a	Gross revenue (	not including S	of at			1 - 1		
		contributions rep	t enil no <b>ben</b> oc	a)			9a	154,025	
	b	Less: direct exp	enses other tha	an fundraising expenses			95		
- 1	C	Net income or (la	oss) from spec	ial events (subtract line 9b	from line 9a)				t 154,02
	10a	Gross sales of in	nventory, less i	retums and allowances .			103		
	b								
	C			s of inventory (attach sche				· · · · · · · · · · · · · · · ·	0c
	11			ne 103)					11 62
	12	Total revenue (	add lines 1d, 2	2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	and 11)	<u></u>		· · · · · · · · · · · · · · · · · · ·	12 544,63
6	13			, column (B))					351,91
Ð.	14	Management an	d general (fron	n line 44, column (C)) · ·	• • • • • • • • • • • • • • • • • • • •				68,09
n	15			mn (D))					15 121,64
3	16	*	-	chedule)					16
8	17	Total expenses	(add lines 16	and 44, column (A))		<u></u>			541,64
19.2	18			(subtract line 17 from line					18 2
A	19			beginning of year (from lin					19 168,00
Š	20			fund balances (attach exp				P-	20
لغج	21			end of year (combine lines				• • • • • • • • • • • • • • • • • • • •	21 171,65
ror	CLIA!	acy ACT and Papi	ALMENT HEADIC	tion Act Notice, see the	separate instructions.				Form <b>\$90</b> (200:

Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these 

Joint Costs. Check > 1 if you are following SOP 98-2

44

16152920368 T-452 P007/028 F-080 For 990 (2005) MIRIAM'S PROMISE 62-1722505 Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) Functional Expenses organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising services and general 6b, 8b, 9b, 10b, or 16 of Part i. Grants and allocations (attach schedule) (cash \$ noncash \$ 22 if this amount includes loreign grants, check here Specific assistance to individuals (attach 23 23 24 Benefits paid to or for members (attach schedule) . . . . . 24 25 59,510 11,901 20,829 26,780 25 26 190,029 174,184 11,092 4,753 26 27 27 4,279 24,946 4,227 28 33,452 28 14,146 2,397 29 29 18,969 2,426 30 30 2,679 31 31 7,126 4,447 32 13,B23 13,507 316 32 5,246 2,453 7,699 33 990 5,211 3,283 938 34 2,305 695 35 3,659 659 35 Postage and shipping ...... 9,960 36 52,423 33,027 9,436 6,894 2,079 10,943 1,970 37 37 38 3,472 2,187 625 660 38 12,765 1,907 39 39 14,672 40 985 40,188 40 41,173 Interest 41 41 4,218 4,218 42 Depreciation, depletion, etc. (attach schedule) . . . . . . 43 Other expanses not covered above (itemize): 2,111 793 \ a OTHER 43a 1,318 **b** ADVERTISING 43b 18,530 18,530 11,293FAMILY AID 43c 11,293 CONTRACTED SERVICES 23,197 43d 23,282 85 12,630 3,609 3,809 INSURANCE 43e 20,048 43f

some state of the		
Are any joint costs from a combined educational campaign are	d fundralsing 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 S	<u> </u>
(iii) the amount allocated to Management and general \$	; and (iv) the amount allocated to Fundraising \$	

541,643

EEA

351,911

68,090

121,642

Form 990 (2005)

43g

Form 990 (2005)

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) progranizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  ADOPTION COUNSELING AND SERVICES  (Grants and allocations \$ ) If this amount includes foreign grants, check here PREGNANCY COUNSELING  (Grants and allocations \$ ) If this amount includes foreign grants, check here PI 110  (Grants and allocations \$ ) If this amount includes foreign grants, check here PI 110  (Grants and allocations \$ ) If this amount includes foreign grants, check here PI 110  (Grants and allocations \$ ) If this amount includes foreign grants, check here PI 110  (Grants and allocations \$ ) If this amount includes foreign grants, check here PI 110  (Grants and allocations \$ ) If this amount includes foreign grants, check here PI 110  (Grants and allocations \$ ) If this amount includes foreign grants, check here PI 110	form 990 (2005) MIRIAM'S PROMISE		62-172	22505. 'Page 3
Minat is the organization's primary exempt purpose? ►ASSIST_BIRTH/ADOPTIVE_PARENTS    Committee   Com	Form 990 is available for public inspection and, for some p particular organization. How the public perceives an organi on its return. Therefore, please make sure the return is cor	eople, serves as the primary or sole source of information about a ization in such cases may be determined by the information prese	nted	
Grants and allocations \$   If this amount includes foreign grants, check here   110	What is the organization's primary exempt purpose? •A III organizations must describe their exempt purpose achies of cilents served, publications issued, etc. Discuss achies organizations and 4947(a)(1) nonexempt charitable trusts in	evements in a clear and concise manner. State the number ements that are not measurable. (Section 501(c)(3) and (4) must also enter the amount of grants and allocations to others.)	(Ho	Program Serv Expenses equired for 501(c)(3) and 4) orgs., and 4947(a)(1) trusts; but optional for others.)
Grants and allocations \$ ) If this amount includes foreign grants, check here  Grants and allocations \$ ) If this amount includes foreign grants, check here  Other program services (attach schedule)  (Grants and allocations \$ ) If this amount includes foreign grants, check here  □		) if this amount includes foreign grants, check here	<b>▶</b> □	<b>241</b> ,381
Grants and allocations \$ ) If this amount includes foreign grants, check here  Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here		) If this amount includes foreign grants, check here	• 0	110,530
e Other program services (attach schedule)  (Grants and allocations \$ ) If this amount includes foreign grants, check here		) If this amount includes foreign grants, check here	<b>→</b> □	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	Other program services (attach schedule)     (Grants and allocations \$	) If this amount includes foreign grants, check here	▶ 🗆	351,91

Form 990 (2005) MIRIAM'S PROMISE

62-1722505 Page 4

Balance Sheets (See the Instructions.) Part IV (B) (A) Where required, attached schedules and amounts within the description Note: End of year Beginning of year column should be for end-of-year amounts only. 150,400 20,758 45 45 46 126,306 46 Savings and temporary cash investments . . . . . . . X. 47 a Accounts receivable . . . . . . . . . . . . . . . . . . 47a 29,555 27,770 b Less; allowance for doubtful accounts ..... 47b 1.785 20,224 47¢ 48a 48c b Less; allowance for doubtful accounts . . . . . . . . . . . . 48b 49 49 Receivables from officers, directors, trustees, and key employees 50 51 a Other notes and toans receivable (attach A 3 51c b Less; allowance for doubtful accounts ..... 51b 5 52 52 æ <del>3,</del>745 53 Prepaid expenses and deferred charges ...... 53 Investments - securities (attach schedule) . . . . . . . . . ▶ ☐ Cost ☐ FMV 54 54 55 a Investments - land, buildings, and b Less; accumulated depreciation (attach 55c 55b schedule)...... 56 . . . . . . . . 57a 21,564 57 a Land, buildings, and equipment basis b Less: accumulated depreciation (attach 15,689 57c 11,697 57b 9,867 schedule)..... 3,500 3,500 58 Other assets (describe > SECURITY DEPOSIT 58 193,367 190,222 59 Total assets (must equal line 74), Add lines 45 through 58. 59 21,711 21,556 60 60 61 61 62 62 Loans from officers, directors, trustees, and key employees (attach 63 64a 64 a Tax-exempt bond liabilities (attach schedule) 64b b Mortgages and other notes payable (attach schedule) 65 Other liabilities (describe > 21,711 21,556 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 168,666 171,655 57 67 NF 68 e t u n 69 Organizations that do not follow SFAS 117, check here > and A 3 8 complete lines 70 through 74. X.4.4 70 70 71 t 71 а n Retained earnings, endowment, accumulated income, or other funds 72 72 73 Total net assets or fund balances (add lines 67 through 69 or lines Q e 70 through 72; 168,666 171,655 column (A) must equal line 19; column (B) must equal line 21) ..... 190,222 193,366 Total liabilities and net assets / fund balances. Add lines 66 and 73 . . . . . . . Form 990 (2005)

For	n 990 (2005) MIRIAM'S PROMISE				62- <u>1</u> 72		Page 5
	Reconciliation of Revenue per Au	dited Financial	States	nents with Rev	enue per Ret	urn	
1					•		
	(See the instructions.)	I -1-1-1			a	5/4	,632
a .	Total revenue, gains, and other support per audited financia	i statements			• •	311	/ 000
b .	Amounts included on line a but not on Part I, line 12:	<b>:</b>	ь1				
_	Net unrealized gains on investments						
2	Donated services and use of facilities		b2				
3	Recoveries of prior year grants		b3				
4	Other (specify):						
			ь4				
	Add lines b1 through b4	• • • • • • • • • •			· · ·   b		
C	Subtract line b from line a		· · · ·		C	544	, 632
d	Amounts included on Part I, line 12, but not on line a:						
1	Investment expanses not included on Part I, line 6b	,	41				
2	Other (specify):						
			d2	_			
	Add lines d1 and d2		. , , .		d		
e	Total revenue (Part I, line 12). Add lines c and d				. > 6	544	,632
	Reconciliation of Expenses per Au	dited Financial S	taten	nents With Exp	enses per Re	turn	
تينك a	Total expenses and losses per audited financial statements				1 1	541	,643
b	Amounts included on line a but not on Part I, line 17:		, .				, <u> </u>
0		•	ь 1				
,	Donated services and use of facilities						
S	Prior year adjustments reported on Part I, line 20						
3	Losses reported on Part I, line 20		ь3				
4	Other (specify):		1				
			b4				
	Add lines b1 through b4	• • • • • • • • • •			·   b		
¢	Subtract line b from line a				· · · C	541	,643
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		
ė	Total expenses (Part I, line 17). Add lines c and d				. • 0	541	,643
Pa	rt V-A Current Officers, Directors, Trustee					er, director	·
84	trustee, or key employee at any time during the		•	•		.,	•
	the state of the s	лен		(C) Compensation	(D) Contributions to	(E) Expense	e account
	(A) Name and address	Title and everage hours p week devoted to position	g/	(If not paid, untar	propioyee benefit plans & delerred compensation plans	end other a	dowances
00	e attached statement	wask gazgrap to begings	<u> </u>	-0-)	compensation plans	<del>                                     </del>	
26	e accached scacement				Ĺ	1	
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Form 990 (2005) MIRIAM'S PROMISE		62-17225	05		Pa	ige 6
Part V-A Current Officers, Directors, Trustees,	and Key Employees	(continued)			Yes	No
75 a Enter the total number of officers, directors, and trustees perm						
meetings			20			
b Are any officers, directors, trustees, or key employees listed in	Form 990, Part V-A, or hig	hest compensated				
employees listed in Schedule A, Part I, or highest compensate	_					
contractors listed in Schedule A, Part II-A or II-B, related to ear	ch other through family or b	usiness				
relationships? If "Yes," attach a statement that identifies the in-	•		, , , , , , , , , ,	. 75b	Ì	Х
c Do any officers, directors, trustees, or key employees listed in	•					935
employees listed in Schedule A, Part I, or highest compensate	· · · · · · · · · · · · · · · · · · ·	•				1940
contractors listed in Schedule A. Part II-A or II-B, receive com	•	· ·	er			
tax exempt or taxable, that are related to this organization thro	•	•		75c	İ	Х
Note. Related organizations include section 509(a)(3) support				(X)		
reason troubled or desirence a suppose openior and fallo, and have	nig Vigamizanomo.			·~×		Sala e e
If "Yes," attach a statement that identifies the individuals, expla	ains the relationship betwee	in this		18		A. 10
organization and the other organization(s), and describes the	compensation arrangement	s,		a.,		į
including amounts paid to each individual by each related orga	nization.					
d Barrista an arianta barra a religion de latacas de latacas de la latacas de la latacas de latacas de latacas de latacas de lata	•			. 75d	Х	i .
d Does the organization have a written conflict of interest policy's	and Voy Employees	That Bossin	A Composed			<u></u>
Part V-B Former Officers, Directors, Trustees,						eı
Benefits (If any former officer, director, trustee, o		•			w)	
during the year, list that person below and enter the	amount of compensation o	romer benefits in t	пе эрргорияте сол	: <b>пп.</b>		
See the instructions.)		<del></del>	(G) Contributions to	1 = =		
(A) Name and address	(B) Loans and Advances	(C) Compensation	employee benefit	(E) Exper	nsu acc / Blowd	ouni neas
			plans & deferred compensation plans	<del> </del>		
N/A			i _	ļ		_
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Part V Other Information (See the instructions.)					Yes	No
76 Did the organization engage in any activity not previously repo	ried to the IRS? If "Yes," at	tach a detailed				
description of each activity				. 76		X
77 Were any changes made in the organizing or governing docum	nents not reported to the IR	S?		. 77		X
If "Yes," attach a conformed copy of the changes.	•					
78 a Did the organization have unrelated business gross income of	\$1,000 or more during the	vear covered by				
this return?		•		. 78a	 	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	· · · · · · · · · · · · · · · · · · ·			78b		$\frac{\Lambda}{X}$
79 Was there a liquidation, dissolution, termination, or substantial			• • • • • • • • •	. 100		· •
a statement	отнасион аппий кие Леж.	: H 105, ARBON		72	kerejiê	
80 a is the organization related (other than by association with a sta	tandele and a state of the state of			. 79	(Section)	X
			mmon			
membership, governing bodies, trustees, officers, etc., to any o	urer exempt or nonexempt	organization?	• • • • • • • • •	, 80a	(1000) (1000)	X
b If "Yes," enter the name of the organization ► N/A				. 🔛		
dt = man dissa and fadi a sur	and check whether it is		nonexempt			
81 a Enter direct and indirect political expenditures. (See line 81 ins		81a		_		
b Did the organization file Form 1120-POL for this year? ,		<u> </u>		. 81ь		Х

Form	990 (2005) MIRIAM'S PROMISE		<u>62-1722</u>	505	Pag	<del>ie</del> 7
Par	t VI Other Information (continued)				Yes	No
82 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	X	
ь	If "Yes," you may indicate the value of these items here. Do not include this					<b>*</b>
	amount as revenue in Part I or as an expense in Part II.				<b>.</b>	
	(See Instructions in Part III.)	825				
83 a	Did the organization comply with the public inspection requirements for returns and exemption a	pplications?		83a	X	
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contribution		• • • • • • •	83b	X	
84 a	- · · · · · · · · · · · · · · · · · · ·		• • • • • •	84a	28 77	X
Ь	If "Yes," did the organization include with every solicitation an express statement that such cont	ributions or				CONTRACTOR
	gifts were not tax deductible?			845	<del></del> /2	
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?			85a		
ь			• • • • • •	85b	N/A	and the same of th
	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.	1			<u>.</u> 4.	
¢	Dues, assessments, and similar amounts from members	85c				
d	Candidat toriot toody and manufacture to the contraction	85d				
ę	1.221.0 Street House and Control of Transaction of American American	85e				22.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			(00 to	
g	and any all all and any and any and any and any and any and any and any		• • • • • •	85g	N/A	
h					L , .	1
	reasonable estimate of dues allocable to nondeductible tobbying and political expenditures for the		ar?	85h	N/A	
86	501(c)(7) orgs. Enter: a initiation fees and capital contributions included on line 12			38*		8%;
þ	Gross receipts, included on line 12, for public use of club facilities	86b				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a				
Ь	Gross income from other sources. (Do not net amounts due or paid to other					
	sources against amounts due or received from them.)				**	12.0
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corp	oration or				*
	partnership, or an entity disregarded as separate from the organization under Regulations sections					v
	301,7701-2 and 301,7701-3? If "Yes," complete Part IX			88	ಸಾಜಯ	<b>,</b>
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under					
	section 4911 ► ; section 4912 ► ; section 49				8000	
Ъ	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit to					
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Y					
	a statement explaining each transaction			89b		X
c	Enter: Amount of tax Imposed on the organization managers or disqualified persons during the					
	sections 4912, 4955, and 4958		•••			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		· · · · • <u></u>			
	List the states with which a copy of this return is filed >	<del></del>	1 444 1			
	Number of employees employed in the pay period that includes March 12, 2005 (See instruction		906	7 6	~~	
91 a		Telephone no. ▶		- 35	00	
	Located at > 37 RUTLEDGE ST NASHVILLE TN	ZIP+4 ► <u>372</u>	10			
D	At any time during the calendar year, did the organization have an interest in or a signature or o				<del></del>	T
	over a financial account in a foreign country (such as a bank account, securities account, or oth			<u> </u>	Yes	No
	account)?	• • • • • • • •		916		X
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1. Report of Fe	oreign Bank				3
	and Financial Accounts.					
c	At any time during the calendar year, did the organization maintain an office outside of the Unite	d States?	• • • • • • •	91¢	L,	X
en en	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 he		92	• • •		<b>-</b> []
	and enter the amount of tax-exempt interest received or accrued during the tax year		1 25 ]			

· .	(2005) MIRIAM'S PROMISE		.020000	1	175107 ACE 1701 ACE	028 F-080 2 <b>505 Page 8</b>
Part V		Activities (See th	e instructions.)		02-172	2303 Fage 0
3,75	nter gross amounts unless otherwise	Unrelated busi		Excluded by section	n 512, 513, or 514	(E)
indicated	ļ.	(A)	(B)	(c)	(D)	Rolated or exempt tunction
	rogram service revenue:	Business code	Amount	Exclusion code	Amount	Income
′ a <u>A</u>	DOPTION SERVICES					184,812
ե _		-				
· -		-				
d _				<del> </del>	<u> </u>	<del> </del>
e _	and a second second	- <del> </del>		<del> </del>		<del> </del>
	ledicare/Medicaid payments		<del></del>	<del></del>		
	ees and contracts from government agencies .  Iembership dues and assessments			<del></del>		
	sterest on savings and temporary cash investment			14	<del></del>	1,342
	ividends and interest from securities			= -	<del></del>	
_	let rental income or (loss) from real estate:					
	ebt-financed property					
	ot debt-financed property					
98 N	et rental income or (loss) from personal property	, .				
	ther investment income					
100 G	ain or (loss) from sales of assets other than invent	ary				
101 N	et income or (loss) from special events			01		154,025
102 G	ross profit or (loss) from sales of inventory					
103 O	ther revenue: a BOOK AND SUPPL			03		624
ь _						
e _		_				
d _	·	_				ļ <u></u>
e _						<u> </u>
	ubtotal (add columns (8), (D), and (E))					340,803
•	otal (add line 104, columns (B), (D), and (E))				· <b>-</b>	340,803
	e 105 plus line 1d, Part I, should equal the amount    Relationship of Activities to the		-4 E-4-	4 Europas (	3 the last	
Part VI						
Line No	of the organization's exempt purposes (other				ing to the accompi	12111110111
93A	ASSISTANCE FOR INDIVIDU				LAN FOR A	DOPTION
235	AND CARE FOR CHILDREN B					
Part IX	Information Regarding Taxable S	iubsidiaries and	Disregard	ed Entities (8	ee the instructions	3.)
Mar	(A) me, address, and EIN of corporation,	(B)	(C		(D) Total income	(E)
		Percentage of wineralip interest	Nature of	acuvides	TOTAL INCOME	End-of-year assets
N/A		%				
		%				
		- %				
		%				
Part X	······································				ictions.)	
	d the organization, during the year, receive any funds, directly or		•		• • • • •	Yes X No
	id the organization, during the year, pay premiums		on a personal t	benefit contract?		Yes 🔀 No
Note:	If "Yes" to (b), tile Form 8970 and Form 4720 (see Under penalties of perjory, I declare that I have examined if		annuing vehade ins a	nd violements, and to	the best of the knowledge	<u> </u>
	and belief, it is true, correct, and complete. Declaration of p	reparer other than etticar)	t pased on all intol	nation of which prepare	ir has any knowledge.	,, , , ,
Please	Track C Wat	// Ta	254101		1 8	1/06
Sign	Signature of officer		2547-1		Date	<del>/// • • -</del>
Here	That A. Water	. J.L.				
	Type or print name and title.	<del>,</del>				
	Properers (A)	Date	)	Check if	Preparer's SSN or PT	IN (See Gen. Inst. W)
Paid	signature // (Olissia)	<u>IVV</u> UX 67	-26-2006	self-	P0059	5827
Preparer'	Firm's name (or yours	Y & COMPAN		EIN		88165
Use Only	if salf-amployed) address, and ZIP+4  MURFREESBO		ITE 102 371	Phone no.	•	

## SCHEDULE A

(Form 990 or 990-EZ)

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

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary information -- (See separate instructions.)

2005

OMB No 1545-0047

nobarament or the treesury
Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization MIRIAM'S PROMISE 62-1722505 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 & deferred comportation (e) Exponse eccount and other (a) Name and address of each employee paid more (b) Title and average hours (c) Componsation than \$50,000 per week devoted to position Blowancus N/A Total number of other employees paid over \$50,000 -PartillA 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.") (c) Componsation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service N/A Total number of others receiving over \$50,000 for Ransij B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service

Total number of other contractors receiving over  MIRIAM'S PROMISE

Pa		Statements About Activities (See page 2 of the instructions.)		Yes	No
1	Qui	ing the year, has the organization attempted to influence national, state, or local legislation, including any	T	<b> </b>	┝
)		mpt to influence public opinion on a legislative matter or referendum? if "Yes," enter the total expenses paid	1		
		nourred in connection with the lobbying activities   >\$ (Must equal amounts on line 38,			
		t VI-A, or line i of Part VI-B.)	1	ļ	X
	Org	anizations that made an efection under section 501(h) by filing Form 5768 must complete Part VI-A. Other		# (**V	
	org	anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			13.
	the	lobbying activities.		****	
2		ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
		stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
		n any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
		ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the		200	
		nsactions.)	***		
a	Sal	e, exchange, or leasing of property?	Źa	×	X
		Iding of money or other extension of credit?	2b		X
- -			Sc	_	X
c		nishing of goods, services, or facilities?		<del></del>	X
d	-	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<del>                                     </del>	╁
ė		nsfer of any part of its income or assets?	Ze .	-	┡
3 а		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	1_	İ	١.,
		determine that recipients qualify to receive payments.)	32	<u> </u>	X
ь		you have a section 403(b) annuity plan for your employees?	3b	X	₩
¢		ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		<u> </u>
4 a	Did	you maintain any separate account for participating donors where donors have the right to provide advice on	ł		1
	the	use or distribution of funds?	4a	<u> </u>	X
Ь	Dο	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	L	X
	rt (V				
The	organ	nization is not a private foundation because it is: (Please check only ONE applicable box.)			_
5		A 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	$\bar{\Box}$	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	$\overline{\sqcap}$	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	Ħ	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's n	ame, ci	ty,	
•	_	and state •		-	
10	$\Box$	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170	(b)(1)(A	)(iv).	_
	استا	(Also complete the Support Schedule in Part IV-A.)	(-)(-)(-	,,,,,,	
11-	rgn	An organization that normally receives a substantial part of its support from a governmental unit or from the general public	- Section	מע	
11a	ΕM	170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	o		
116	П	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
115	$\exists$	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and g	rose roc	olote	
12					
		from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its		1	
		from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired businesses.	A rues		
	_	organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization			
		described 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)(2). C	heck		
		the box that describes the type of supporting organization; ▶ ☐ Type 1 ☐ Type 2 ☐ Type	ж 3		
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
		(a) Name(s) of supported organization(s)	e numb	er	
		(a) translator or supported original action (a)	n above	<u>-</u>	
ıΔ		An organization organized and operated to test for public cately Section 500(a)(4). (See page 6 of the instructions )			

MIRIAM'S PROMISE

62-1722505 Page 3

	dule A (Form 990 or 990-EZ) 2005						Page 3
	Support Schedule (Complete only					ounti:	ng.
Note	You may use the worksheet in the instructions for co				uð.		
	ndar year (or fiscal year beginning in) 🔒 🕨	(a) 2004	(ь) 2003	(c) 2002	(d) 2001	<u> </u>	(e) Total
15	Gifts, grants, and contributions received. (Do					1	
	not include unusual grants. See line 28.)	194,033	331,693			_	525,72
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	205 500	205 710				COA 345
	organization's charitable, etc., purpose	307,633	296,712	<del></del>		<del></del>	604,345
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (tess section 511 taxes) from businesses acquired by the organization after June 30, 1975	782	285				1,067
19	Net income from unrelated business						
	activities not included in tine 18						
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf	<u></u>					
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			ł		ļ	
23	Total of lines 15 through 22	502,448	628,690				1,131,138
24	Line 23 mlnus line 17	194,815					526,793
25	Enter 1% of line 23	5,024	6,287				
26	Organizations described on lines 10 or 11: a	Enter 2% of amount	in column (e), line	24	▶	26a	10,536
ь	Prepare a list for your records to show the name of				7		
	governmental unit or publicly supported organization	n) whose total gifts f	or 2001 through 20	04 exceeded the		***	
	amount shown in line 26a. Do not file this list with		•		. , . ▶ [	26b	
c	Total support for section 509(a)(1) test: Enter line 24	4, column (e)				26c	526,793
đ	Add: Amounts from column (e) for lines: 18	1,067	19				
	22		266	 	<b>»</b> [	264	1,067
e	Public support (line 26c minus line 26d total)			<del></del>	🕨 🕇	26e	525,726
f	Public support percentage (line 26e (numerator					26f	99.80%
27	Organizations described on line 12: a For amo person," prepare a list for your records to show the Do not file this list with your return. Enter the su	unts included in line	s 15, 16, and 17 the	at were received fr	om a "disqua	lifled	
	(2004) (2003)		(2002)		(2001)		
b		d from each person	(other than "disqua	I the amount on lin	epare a list fo	DOF OF	· (2) \$5 000
	(2004)(2003)		(2002)	· <del></del> -	(2001)		
c	Add: Amounts from column (e) for lines: 15  17 20  Add: Line 27a total		16	_	. 1	az.	
d	Add: Line 27a total	and the OTh total	۲۱		···· 🔭 📙	27c	
e	Public support (line 27c total minus line 27d total)	and in e 2/0 (0(4) .			· · · •	27d	
f	Total support for section 509(a)(2) test: Enter amoun					27e	
g	Public support for section 503(a)(2) test: Enter amount Public support percentage (line 27e (numerator)	n nomine 23, colu I dividad bu tipe 2	(9)	- [2/1]		37.	
9 h	Investment income percentage (line 18, column					27g 27h	
28	Unusual Grants: For an organization described in li						
	prepare a list for your records to show, for each year						,
_	description of the nature of the grant. Do not file this					J1101	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part VIII Exempt Organizations (See page 12 of the instructions.) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? No Yes a Transfers from the reporting organization to a noncharitable exempt organization of: 51a(i) X a(ii) X (ii) Other assets - - - b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization b(ii) b(iii) (iii) Rental of facilities, equipment, or other assets ........... b(iv) b(v) c Sharing of facilities, equipment, mailing fists, other assets, or paid employees .......... d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: Description of transfers, transactions, and sharing arrangements **Цле** по. Amount Involved rollssinagio tomexe eldalharionon lo emai/ 52a is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule: (8) (b) Name of organization Type of organization Description of relationship UNITED METHODIST SUPPORT IN FUNDING AND RELIGIOUS CHURCH VOLUNTEERS