

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_

**Do not send to the IRS. Keep for your records.  
See instructions.****2008**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**NASHVILLE RESCUE MISSION**

Employer identification number

**62-6018832**

Name and title of officer

**DONALD A. WORRELL****PRESIDENT & CEO****Part I Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here....	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12).....	1b	<b>11,135,570.</b>
2a Form 990-EZ check here....	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).....	2b	
3a Form 1120-POL check here....	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).....	3b	
4a Form 990-PF check here....	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).....	4b	
5a Form 8868 check here....	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c).....	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize **FRASIER, DEAN & HOWARD, PLLC** to enter my PIN **23241** as my signature

ERO firm name Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

*Donald A. Worrell Sr.*

Date

*8/3/09***Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.....

**62537137203**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

*Bob Weathers*

Date

*7-24-09*

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

**BAA For Paperwork Reduction Act Notice, see instructions.**

Form 8879-EO (2008)

TEEA7401L 10/23/08

**Public Copy**

## 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)

2008

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

For the 2008 calendar year, or tax year beginning , 2008, and ending ,

<b>B</b>	Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instruc- tions.	NASHVILLE RESCUE MISSION 639 LAFAYETTE NASHVILLE, TN 37203-7535	<b>D</b> Employer Identification Number 62-6018832	<b>E</b> Telephone number 615-255-2475
			<b>F</b> Name and address of principal officer: DONALD A. WORRELL SAME AS C ABOVE	<b>G</b> Gross receipts \$ 11,150,050.	
			<b>H(a)</b> Is this a group return for affiliates? <b>H(b)</b> Are all affiliates included? If 'No,' attach a list. (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
			<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶	
			<b>J</b> Website: ▶ HTTP://WWW.NASHVILLERESCUEMISSION.ORG/		
			<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of Formation: 1954	<b>M</b> State of legal domicile: TN

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FOLLOWING GOD'S COMMAND TO LOVE OUR NEIGHBOR AS OURSELVES. THE NASHVILLE RESCUE MISSION SEEKS TO HELP THE HURTING OF MID-TN BY OFFERING FOOD, CLOTHING AND SHELTER TO THE HOMELESS AND RECOVERY PROGRAMS TO THOSE ENSLAVED IN LIFE DEGRADING PROBLEMS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a).....	3
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	4
	5	Total number of employees (Part V, line 2a).....	5
	6	Total number of volunteers (estimate if necessary).....	6
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C).....	7a
	b Net unrelated business taxable income from Form 990-T, line 34.....	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h).....	10,018,315.
	9	Program service revenue (Part VIII, line 2g).....	202,607.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	116,499.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	63,021.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	10,400,442.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	3,332,767.
	14	Benefits paid to or for members (Part IX, column (A), line 4).....	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	2,851,184.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....	873,073.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,815,785.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f).....	1,674,600.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	8,731,624.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12.....	1,668,818.
	20	Total assets (Part X, line 16).....	10,338,094.
	21	Total liabilities (Part X, line 26).....	267,367.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	10,070,727.

Part II Signature Block			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer DONALD A. WORRELL Type or print name and title.	Date	PRESIDENT & CEO
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/> Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 FRASIER, DEAN & HOWARD, PLLC 3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203	EIN ▶ N/A	Phone no. ▶ (615) 383-6592

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0112L 12/22/08

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**Part III** Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:           ) (Expenses \$ 2,452,417. including grants of \$           ) (Revenue \$           )TRANSIENT SERVICES: PROVIDING SHELTER, FOOD, CLOTHING, MEDICAL CARE, SPIRITUAL  
COUNSELING, AND TRAVEL ASSISTANCE TO HOMELESS, NEEDY AND TRANSIENT INDIVIDUALS AND  
FAMILIES THROUGH THE MEN'S SHELTER, FAMILY LIFE CENTER, AND TRAVELER'S AID. EXPENSES  
DO NOT INCLUDE DONATED SERVICES CONSUMED.**4b** (Code:           ) (Expenses \$ 1,399,241. including grants of \$           ) (Revenue \$           )RECOVERY SERVICES: PROVIDING COUNSELING, BIBLE CLASSES, EDUCATION, EMPLOYMENT  
PREPARATION AND TRANSITIONAL HOUSING THROUGH THE MEN'S RECOVERY PROGRAM, THE LODGING  
PLACE, THE HOPE CENTER AND THE ANCHOR HOME. EXPENSES DO NOT INCLUDE DONATED SERVICES  
CONSUMED.**4c** (Code:           ) (Expenses \$ 3,166,323. including grants of \$           ) (Revenue \$           )DISTRIBUTION OF FOOD, CLOTHING AND OTHER ESSENTIALS TO PEOPLE IN NEED OF HELP.**4d** Other program services. (Describe in Schedule O.) SEE SCHEDULE O(Expenses \$ 302,737. including grants of \$           ) (Revenue \$           )**4e** Total program service expenses ▶ \$ 7,320,718. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule E, Part I.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III.		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I.	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	X	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I.		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.		X

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	<b>37</b>	X

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. ....		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....		X
<b>3b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. ....		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>4b</b>	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts. ....		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>5c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? .....		X
<b>6b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .....	X	
<b>7b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>7d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....	X	
<b>7h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....	X	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
<b>9a</b>	Did the organization make any taxable distributions under section 4966? .....		
<b>9b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? .....		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 .....		
<b>10b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>11a</b>	Gross income from other members or shareholders .....		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>12b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....		

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	27	
<b>1b</b> Enter the number of voting members that are independent	27	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . SEE SCHEDULE O	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. . . . SEE SCHEDULE O	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	X	
<b>b</b> Other officers of key employees of the organization? . . . SEE SCHEDULE O	X	
Describe the process in Schedule O. (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ TN

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website      ☒ Another's website      ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ DAVID SAGRAVES 639 LAFAYETTE STREET NASHVILLE TN 37203 (615) 312-1540

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
J. V. CROCKETT, III BOARD MEMBER	1	X						0.	0.	0.
ANN DAVIS BOARD MEMBER	1	X						0.	0.	0.
LORENA B. EDWARDS BOARD MEMBER	1	X						0.	0.	0.
JERRY FAULKNER CHAIR	1	X		X				0.	0.	0.
HOWARD H. COCHRAN, JR. BOARD MEMBER	1	X						0.	0.	0.
R.M. GLOVER BOARD MEMBER	1	X						0.	0.	0.
GLENN A. HARRIS BOARD MEMBER	1	X						0.	0.	0.
JOHN W. LAMB, M.D. BOARD MEMBER	1	X						0.	0.	0.
LEVEDA PARTON SECRETARY	1	X		X				0.	0.	0.
JOHN K. MERIWETHER BOARD MEMBER	1	X						0.	0.	0.
CHARLES W. EMERSON, JR. M.D. BOARD MEMBER	1	X						0.	0.	0.
WILLIAM LYNN MOENCH BOARD MEMBER	1	X						0.	0.	0.
EM GHIANNI BOARD MEMBER	1	X						0.	0.	0.
FRAN HOOGESTRAAT BOARD MEMBER	1	X						0.	0.	0.
ROSEMARY RAGAN BOARD MEMBER	1	X						0.	0.	0.
MARVIN RAINEY BOARD MEMBER	1	X						0.	0.	0.
GLEN L. ROBERTS VICE CHAIR	1	X		X				0.	0.	0.

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ROBERT E. ROEHL, JR. BOARD MEMBER	1	X						0.	0.	0.
THOMAS A. SASS BOARD MEMBER	1	X						0.	0.	0.
WILBUR SENSING, JR. BOARD MEMBER	1	X						0.	0.	0.
ROBERT C. MCKINNEY BOARD MEMBER	1	X						0.	0.	0.
JACK VICARY BOARD MEMBER	1	X						0.	0.	0.
ARNOLD VON HAGEN AST. VICE-CHAIR	1	X		X				0.	0.	0.
CHRIS MILAM BOARD MEMBER	1	X						0.	0.	0.
DREW NIXON, III TREASURER	1	X		X				0.	0.	0.
BILL ANDRADE, M.D. BOARD MEMBER	1	X						0.	0.	0.
MICHELLE YORK BOARD MEMBER	1	X						0.	0.	0.
DONALD A. WORRELL PRESIDENT/CEO	40			X				85,439.	0.	15,198.
<b>1b Total</b>								85,439.	0.	15,198.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.

	Yes	No
4		X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

	Yes	No
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
RUSS REID CO. 2 NORTH LAKE AVE PASADENA, CA 91101-1868	DIRECT MARKETING	841,704.
ELDER CREATIVE SERVICES 109 KENNER AVENUE NASHVILLE, TN 37205	PRINTING SERVICES	136,853.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **2**

**Part VIII** Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns .....	1a				
	b Membership dues .....	1b				
	c Fundraising events .....	1c 50,536.				
	d Related organizations .....	1d				
	e Government grants (contributions) .....	1e				
	f All other contributions, gifts, grants, and similar amounts not included above. ....	1f 10,707,641.				
	g Noncash contribns included in lns 1a-1f: .... \$	3,232,099.				
	<b>h Total.</b> Add lines 1a-1f. ....		10,758,177.			
PROGRAM SERVICE REVENUE	Business Code					
	2a PERSONAL LOCKERS		18,990.	18,990.		
	b FEES FOR SRO UNITS		181,682.	181,682.		
	c					
	d					
	e					
	f All other program service revenue ...					
	<b>g Total.</b> Add lines 2a-2f. ....		200,672.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) .....		114,454.			114,454.
	4 Income from investment of tax-exempt bond proceeds .....					
	5 Royalties .....					
		(i) Real (ii) Personal				
	6a Gross Rents .....					
	b Less: rental expenses .....					
	c Rental income or (loss) .....					
	d Net rental income or (loss) .....					
	7a Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses .....					
	c Gain or (loss) .....					
	d Net gain or (loss) .....					
	8a Gross income from fundraising events (not including \$ 50,536. of contributions reported on line 1c). See Part IV, line 18 .....	a 8,305.				
	b Less: direct expenses .....	b 14,480.				
	c Net income or (loss) from fundraising events .....		-6,175.			-6,175.
	9a Gross income from gaming activities. See Part IV, line 19 .....	a				
	b Less: direct expenses .....	b				
	c Net income or (loss) from gaming activities .....					
10a Gross sales of inventory, less returns and allowances .....	a					
b Less: cost of goods sold .....	b					
c Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code				
11a OTHER REVENUE		68,442.			68,442.	
b						
c						
d All other revenue .....						
<b>e Total.</b> Add lines 11a-11d. ....		68,442.				
12 <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....		11,135,570.	200,672.	0.	176,721.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.	1,324,642.	1,324,642.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.	1,841,681.	1,841,681.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	85,439.	68,460.	5,325.	11,654.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	2,503,041.	2,005,616.	155,996.	341,429.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	71,674.	41,096.	13,361.	17,217.
9 Other employee benefits.	455,396.	367,459.	44,020.	43,917.
10 Payroll taxes.	192,989.	158,058.	11,591.	23,340.
11 Fees for services (non-employees).				
a Management.				
b Legal.	4,478.		4,478.	
c Accounting.	16,800.		16,800.	
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.	848,911.			848,911.
f Investment management fees.				
g Other.	22,402.		21,549.	853.
12 Advertising and promotion.	60,800.			60,800.
13 Office expenses.	464,474.	126,970.	93,145.	244,359.
14 Information technology.				
15 Royalties.				
16 Occupancy.	488,433.	440,674.	24,027.	23,732.
17 Travel.	97,065.	81,849.	7,016.	8,200.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	294,263.	261,692.	25,004.	7,567.
23 Insurance.	91,442.	86,970.	2,683.	1,789.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PUBLICITY	277,343.	260,463.		16,880.
b REPAIRS & MAINTENANCE	218,914.	199,902.	13,923.	5,089.
c FUNDRAISING DEVELOPMENT	151,402.			151,402.
d BENEVOLENCE	39,066.	38,955.	111.	
e EDUCATION & TRAINING	16,265.	7,037.	3,493.	5,735.
f All other expenses.	21,727.	9,194.	9,622.	2,911.
25 Total functional expenses. Add lines 1 through 24f.	9,588,647.	7,320,718.	452,144.	1,815,785.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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Form 990 (2008)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing .....	355,035.	1	2,090,498.
	2 Savings and temporary cash investments .....	3,904,076.	2	3,383,081.
	3 Pledges and grants receivable, net .....		3	200,000.
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	1,516.	8	1,516.
	9 Prepaid expenses and deferred charges .....	5,847.	9	13,666.
	10a Land, buildings, and equipment: cost basis .....	10a 8,685,846.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 2,733,146.		
		5,861,856.	10c	5,952,700.
	11 Investments — publicly-traded securities .....	8,000.	11	60,995.
	12 Investments — other securities. See Part IV, line 11 .....		12	
	13 Investments — program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	201,764.	15	229,769.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	10,338,094.	16	11,932,225.	
LIABILITIES	17 Accounts payable and accrued expenses .....	267,367.	17	274,155.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part III of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	267,367.	26	274,155.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	9,357,588.	27	10,252,661.
	28 Temporarily restricted net assets .....	530,485.	28	1,182,335.
	29 Permanently restricted net assets .....	182,654.	29	223,074.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances.</b> .....	10,070,727.	33	11,658,070.
	34 <b>Total liabilities and net assets/fund balances.</b> .....	10,338,094.	34	11,932,225.

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? .....	3b	

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Form 990 (2008)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)...	7,699,517.	8,527,167.	9,239,472.	10018315.	10761117.	46,245,588.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. ....						0.
3 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. ....						0.
4 <b>Total.</b> Add lines 1-3. ....	7,699,517.	8,527,167.	9,239,472.	10018315.	10761117.	46,245,588.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). ...						0.
6 <b>Public support.</b> Subtract line 5 from line 4. ....						46,245,588.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. ....	7,699,517.	8,527,167.	9,239,472.	10018315.	10761117.	46,245,588.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. ....	233.	11,737.	89,262.	116,499.	114,454.	282,185.
9 Net income from unrelated business activities, whether or not the business is regularly carried on. ....						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV. ....	43,169.	42,836.	48,355.	66,188.	68,442.	268,990.
11 <b>Total support.</b> Add lines 7 through 10. ....						46,796,763.
12 Gross receipts from related activities, etc. (see instructions) .....					12	862,558.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	98.8 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. ....	15	99.3 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.") . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 <b>Total.</b> Add lines 1-5. . . . .						
7a Amounts included on lines 1, 2, 3 received from disqualified persons. . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12.) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%
19a <b>33-1/3 support tests – 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
b <b>33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

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## PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER REVENUE	68,442.	66,188.	48,355.	42,836.	43,169.
TOTAL	<u>\$ 68,442.</u>	<u>\$ 66,188.</u>	<u>\$ 48,355.</u>	<u>\$ 42,836.</u>	<u>\$ 43,169.</u>

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**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements****Attach to Form 990. To be completed by organizations that  
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

NASHVILLE RESCUE MISSION

Employer identification number

62-6018832

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year. ....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year. ....		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements. ....	2a
b Total acreage restricted by conservation easements. ....	2b
c Number of conservation easements on a certified historic structure included in (a). ....	2c
d Number of conservation easements included in (c) acquired after 8/17/06. ....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1. ....	▶ \$ _____
(ii) Assets included in Form 990, Part X. ....	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1. ....	▶ \$ _____
b Assets included in Form 990, Part X. ....	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		357,123.		357,123.
b Buildings		6,796,558.	1,797,421.	4,999,137.
c Leasehold improvements		100,876.	6,503.	94,373.
d Equipment		1,076,037.	715,645.	360,392.
e Other		355,252.	213,577.	141,675.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				5,952,700.

BAA

Schedule D (Form 990) 2008

**Part VII Investments—Other Securities** See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b) should equal Form 990, Part X, col. (B) line 13. ▶		

**Part IX Other Assets** (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col. (B), line 15). . . . . ▶	

**Part X Other Liabilities** (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	11,135,570.
2	Total expenses (Form 990, Part IX, column (A), line 25)	9,588,647.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	1,546,923.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) . . . SEE . PART . XIV	40,420.
9	Total adjustments (net). Add lines 4-8	40,420.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	1,587,343.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	11,241,696.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	51,226.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) . . . SEE . PART . XIV	2d	54,900.
e	Add lines 2a through 2d	2e	106,126.
3	Subtract line 2e from line 1	3	11,135,570.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	11,135,570.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	9,654,353.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	51,226.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) . . . SEE . PART . XIV	2d	14,480.
e	Add lines 2a through 2d	2e	65,706.
3	Subtract line 2e from line 1	3	9,588,647.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	9,588,647.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**Part XIV** Supplemental Information *(continued)*

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## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

NASHVILLE RESCUE MISSION

62-6018832

SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN BENEFICIAL INTEREST IN TRUST.....	\$	40,420.
TOTAL	\$	<u>40,420.</u>

SCHEDULE D, PART XII, LINE 2D  
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

CHANGE IN VALUE OF BENEF. INT. IN TRUST.....	\$	40,420.
SPECIAL EVENT EXPENSES.....		14,480.
TOTAL	\$	<u>54,900.</u>

SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENT EXPENSES.....	\$	14,480.
TOTAL	\$	<u>14,480.</u>

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**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

► **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

NASHVILLE RESCUE MISSION

62-6018832

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Mail solicitations      | <input type="checkbox"/> Solicitation of non-government grants |
| <input checked="" type="checkbox"/> Email solicitations     | <input type="checkbox"/> Solicitation of government grants     |
| <input checked="" type="checkbox"/> Phone solicitations     | <input checked="" type="checkbox"/> Special fundraising events |
| <input checked="" type="checkbox"/> In-person solicitations |  |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUSS REID COMPANY, INC	DIRECT MAIL		X	2,441,122.	848,911.	1,592,211.
<b>Total</b> .....				2,441,122.	848,911.	1,592,211.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

TN



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMEN (event type)	RESCUE RUN (event type)	(total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts .....	48,160.	10,681.		58,841.
	2 Less: Charitable contributions .....	42,795.	7,741.		50,536.
	3 Gross revenue (line 1 minus line 2) .....	5,365.	2,940.		8,305.
DIRECT EXPENSES	4 Cash prizes .....	2,980.			2,980.
	5 Non-cash prizes .....				
	6 Rent/facility costs .....	6,006.	350.		6,356.
	7 Other direct expenses .....	4,587.	557.		5,144.
	8 Direct expense summary. Add lines 4- through 7 in column (d) .....				14,480.
	9 Net income summary. Combine lines 3 and 8 in column (d) .....				-6,175.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1 Gross revenue .....				
	2 Cash prizes .....				
DIRECT EXPENSES	3 Non-cash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? .....

b If 'No,' Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....

b If 'Yes,' Explain:

11 Does the organization operate gaming activities with nonmembers? .....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in:

- |                               | 13a | % |
|-------------------------------|-----|---|
| a The organization's facility |     |   |
| b An outside facility         | 13b | % |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? **15a**

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.

- c If 'Yes,' enter name and address:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FOOD & CLOTHING	245,280		1,841,681.	COST STUDIES	FOOD & CLOTHING

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

NON-CASH ASSISTANCE IS PROVIDED TO ORGANIZATIONS WHO IN TURN SELL OR DISTRIBUTE GOODS TO NEEDY INDIVIDUALS. THIS NON-CASH ASSISTANCE CONSISTS OF EXCESS GOODS BEYOND THE NEEDS OF NASHVILLE RESCUE MISSION. WE DO NOT MONITOR OR CONTROL HOW THEY DISTRIBUTE THE GOODS.

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Non-Cash Contributions**

► To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No. 1545-0047

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Inspection**

Name of the organization

NASHVILLE RESCUE MISSION

Employer identification number

62-6018832

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		1,771,797.	POUND/PIECE
6 Cars and other vehicles .....	X	24	16,303.	FMV
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....	X	3	25,029.	MKT VALUATION
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution (historic structures) .....				
14 Qualified conservation contribution (other) .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....	X	1	85,417.	FMV
18 Collectibles .....				
19 Food inventory .....	X	589,185	1,331,558.	1 MEAL @ \$2.26
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ► (PROP. & EQUIP. ....)	X	1	1,995.	FMV
26 Other ► (.....)				
27 Other ► (.....)				
28 Other ► (.....)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....				Yes No
b If 'Yes,' describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....				X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....				X
b If 'Yes,' describe in Part II. SEE PART II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.				

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES**

BILL COLSON AUCTION & REALTY COMPANY , INC. WAS CONTRACTED WITH TO HANDLE THE  
AUCTION AND SALE OF THE DONATED REAL ESTATE.

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**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No. 1545-0047

**2008**

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Name of the organization

NASHVILLE RESCUE MISSION

Employer identification number

62-6018832

**Part I** Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
NRM, LLC 639 LAFAYETTE STREET NASHVILLE, TN 37203 26-3853755	HOLDS REAL ESTATE FOR LIABILITY PROTECTION	TN	85,417.	1,000.	NASHVILLE RESCUE MISSION

**Part II** Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

**Part III** Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropor- tionate allocations?		(I) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership



**Part V** Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

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NASHVILLE RESCUE MISSION

Employer identification number

62-6018832

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

SINCE IT WAS ESTABLISHED IN 1954, THE NASHVILLE RESCUE MISSION HAS BEEN FOLLOWING GOD'S COMMAND TO LOVE OUR NEIGHBORS AS OURSELVES BY OFFERING FOOD, CLOTHING AND SHELTER TO THE HOMELESS AND RECOVERY PROGRAMS TO THOSE ENSLAVED IN LIFE-DEGRADING PROBLEMS. OUR GOAL IS TO HELP THE LEAST, LAST AND LOST OF MIDDLE TENNESSEE KNOW THE SAVING GRACE OF JESUS CHRIST, AND THROUGH HIM, GAIN WISDOM FOR LIVING, FIND FULFILLMENT IN LIFE AND BECOME A POSITIVE PART OF OUR COMMUNITY THROUGH COUNSELING, EDUCATION AND JOB TRAINING. WE ALSO PROVIDE BASIC MEDICAL CARE AND TRANSITIONAL HOUSING FOR THOSE IN NEED, ALL OF WHICH IS FUNDED THROUGH PRIVATE DONATIONS BY FRIENDS LIKE YOU. TOGETHER WE SERVED MORE THAN 589,000 MEALS AND PROVIDED MORE THAN 242,000 SAFE NIGHTS OF LODGING IN 2008.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

PUBLIC AWARENESS: PROVIDING INFORMATION TO THE PUBLIC REGARDING NEEDS OF THE COMMUNITY AND THE MISSION'S PROGRAM SERVICES.

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

A DRAFT OF FORM 990 WILL BE MADE AVAILABLE TO ALL BOARD MEMBERS. THE DRAFT WILL BE IN ELECTRONIC FORM FOR EMAILING TO THOSE WHO CAN RECEIVE EMAIL. A HARD COPY WILL BE MADE AVAILABLE AT OUR ADMINISTRATIVE OFFICE AT 639 LAFAYETTE STREET, NASHVILLE, TN, 37203 FOR ANY WHO DO NOT HAVE INTERNET CAPABILITIES AND AMPLE TIME WILL BE GIVEN TO BOTH IN ORDER FOR A COMPLETE REVIEW TO BE MADE OF THIS DOCUMENT. DUE DILIGENCE WILL BE GIVEN TO THE REVIEW OF THIS DOCUMENT BEFORE THE MAY 15TH FILING DEADLINE. IF THE MAY 15TH DEADLINE CANNOT BE REACHED BEFORE A REVIEW, A THREE MONTH EXTENSION FOR FILING WILL BE SUBMITTED TO THE PROPER REPORTING AGENCY.

Name of the organization

Employer identification number

NASHVILLE RESCUE MISSION

62-6018832

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

ON AN ANNUAL BASIS, THE PRESIDENT AND/OR THE EXECUTIVE COMMITTEE WILL REQUEST AND OBTAIN A CONFIDENTIAL QUESTIONNAIRE FROM EACH OF THE PERSONS IDENTIFIED IN SECTION 2 OF THE CONFLICT OF INTEREST POLICY.

DISCLOSURES SHOULD BE MADE TO THE CHAIR OF THE AUDIT COMMITTEE WHO SHALL BRING THESE MATTERS TO THE ATTENTION OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL, AND IN THE PRESENCE OF AN EXISTING, MATERIAL CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE AS TO THE MISSION. IF THE EXECUTIVE COMMITTEE DETERMINES THAT A MATERIAL CONFLICT EXISTS, IT SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD FOR CONSIDERATION AND SUCH ACTION AS THE BOARD MAY DETERMINE APPROPRIATE. THE EXECUTIVE COMMITTEE MAY SUBMIT ITS RECOMMENDATION TO THE BOARD, BUT ALL DECISIONS ON THESE MATTERS ARE ULTIMATELY THE SOLE DISCRETION OF THE BOARD. THE BOARD'S FIRST CONCERN MUST BE THE WELFARE OF THE MISSION AND THE ADVANCEMENT OF ITS PURPOSES.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE**

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, ACTING UPON THE RECOMMENDATION OF ITS HR COMMITTEE, APPROVES THE CEO'S ANNUAL SALARY AND BENEFITS PACKAGE. MARKET COMPENSATION STUDIES ARE PERIODICALLY OUTSOURCED TO LOCAL MARKET SPECIALIST WHO COMPARES OUR PACKAGE TO THAT OF OTHER CEO'S IN COMPARABLE ORGANIZATIONS IN THE NASHVILLE AREA. OUR GOAL IS TO BECOME COMPETITIVE. IF THE ORGANIZATION EMPLOYED A KEY EMPLOYEE, AS DESCRIBED BY THE 990 INSTRUCTIONS, THE SAME PROCESS WOULD BE IMPLEMENTED.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.