# Form 990

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public inspection

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

Department of the Treasury Internal Revenue Service

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

A F	or the	2010 calendar year, or tax year beginning 07/01, 2010, and ending		/30 <b>,20</b> <sub>11</sub>
		C Name of organization	D Employer identific	ation number
Всь	eck il app			
	Addre	Doing Puringer Ac	62-1659522	?
$\vdash$	1 -	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
	tnitial i	elum 1161 MURFREESBORO PIKE, SUITE 215 215	(615) 367-0	592
$\vdash$	Termi	Other stand state as south, and ZID + A		
	Amen		G Gross receipts S	2,770,916.
	Applic pendi	F Name and address of principal officer: MICHELLE MCCAIN	H(a) is this a group return	n for Yes X No
	_ perior	1161 MURFREESBORO PIKE STE 215 NASHVILLE, TN 37217	H(b) Are all affiliates incli	uded? Yes No
ī	Tax-ex	empt status: X   501(c)(3)   501(c) ( )   (insert no.)   4947(a)(1) or   527	If "No," attach a list.	(see instructions)
J	Websi	te: NONE	H(c) Group exemption nu	mber >
			formation: 1996 M State	of legal domicite: TN
Pa	_	Summary		
-	1	Briefly describe the organization's mission or most significant activities:		
	•	PROVIDES PERSON CENTERED AND SPECIALIZED SERVICES TO PER	SONS WITH	
ce		INTELLECTUAL DISABILITIES. SERVICES PROVIDED INCLUDE: SU		
nar		LIVING, NURSING, EMPLOYMENT SUPPORT AND PERSONAL ASSISTA		
Activities & Governance	2	Check this box  if the organization discontinued its operations or disposed of more than		
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3	9.
85	4	And the second s	4	9.
vitie	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	· · · · · · · · · · · · · · · · · · ·	111.
Ę	6		• • • • • • • • • • • • •	
•		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
		Net unrelated business taxable income from Form 990-T, line 34		
		Net difference business taxable filcome from 1 ann 350-1, life 54	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	40,701.	42,586.
J.	9	Program service revenue (Part VIII, line 2g)	2,458,278.	2,727,950.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,111.	380.
×	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,501,090.	2,770,916.
	13	Out to add a large and a large	0.	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,243,132.	2,313,955.
Expenses	l	Defendant fundation for (Dod IV advance) (A) line (44)	0.	0
beu	l .	Total fundraising expenses (Part IX, column (D), line 25)		
Щ		Other supposes (Park IV, selvers (A), East 444, 445, 049	454,228.	633,482.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,697,360.	2,947,437.
	19	Revenue less expenses. Subtract line 18 from line 12	-196,270.	-176,521.
2 8		Total des capations. Constitute to from the 12 ,	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	506,640.	365,396.
Ass	21	Total liabilities (Part X, line 26)	106,723.	142,000.
e de la	22	Net assets or fund balances Subtract line 21 from line 20	399,917.	223,396.
	rt II	Signature Block	3337311.	223,330.
Uni	ler per	nalties of periury. I declare that I have examined this return, including accompanying schedules and statement	s, and to the best of my knowle	edge and belief, it is true.
con	rect, a	nd complete. Declaration of preparer (other than officer) is based on all information of which preparer has any	knowledge.	·
s	ign			
	ere	Signature of officer	Date	
		Type or print name and title		
_		Print/Type preparer's name Preparer's signature Date	Check if	PTIN
Paid		RODNEY C. BROWER	setf- employed	7
	oarer	Firm's name CROSSLIN & ASSOCIATES, P.C.	EIN	<u>-11</u>
Use	Only	Firm's address > 2525 WEST END, SUITE 1100 NASHVILLE, TN 372		-320-5500
May	the II	25 discuss this return with the property shows they 2 (and instantion)		X Yes No
$\overline{}$		Nearly Partition Act Motics, can the concents instructions		Las I INO

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	ement of Program Service According to the serv	complishments ponse to any question in this Part III		
	ibe the organization's mission:			
ATTACH	MENT 1			
the prior For	anization undertake any signif m 990 or 990-EZ?	ficant program services during the	year which were not listed on	Yes X N
Did the organization services?	anization cease conducting, o	r make significant changes in how i	conducts, any program	Yes X
Describe the	(c)(3) and 501(c)(4) organizati	ule O. ts for each of the organization's three ions and section 4947(a)(1) trusts are ind revenue, if any, for each program	e required to report the amount of	nses. grants and
a (Code.	\(Fynenses\$ 2.7	including grants of \$	) (Revenue \$	,727,9 <u>50.</u> )
TO PROVI	DE SERVICES TO PERSON	NS WITH INTELLECTUAL, DEV	ELOPMENTAL,	
AND OTHE	R DISABILITIES IN THE	E AREAS OF SUPPORTED LIVI	NG,	
SPECIALI	ZED EQUIPMENT, SUPPL	IES, AND PERSONAL ASSISTA	NCE.	
		and the second s		
				<i>-</i>
	***		1,200	
b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
		<del></del>	*	
	· · · · · · · · · · · · · · · · · · ·		•	
-				
			-	
c (Code:	) (Expenses\$	including grants of \$	) (Revenue \$	)
<u> </u>			,,,	· · · · · · · · · · · · · · · · · · ·
	According to			
		C. C		
			* * * * * * * * * * * * * * * * * * *	
d Other progr	am services. (Describe in Sche	dule O.)		
(Expenses			ue\$ )	
Total progr	ram service expenses	2 474 020		

JSA

Rart	Checklist of Required Schedules		V T	
			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	l	- 1	
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
-	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	is the organization a section 501(C)(4), 501(C)(4), 01 501(C)(5), 01 501(C)(6) 01(G)(6) 01(G)			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
	Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		Х
	complete Schedule D, Part I	•		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
	complete Schedule D, Part III	8		<u> X</u>
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	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes,"complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	gar.	4	
	VII, VIII, IX, or X as applicable.		Delta .	14
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			İ
	Schedule D, Part VI	11a	Х	
ì	Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
(	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
(	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes, "complete Schedule D, Part X	11f		Х
12 :	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a	X	
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 :	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		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, Parts II and IV	15		Х
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, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?			
	If "Yes,"complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
1	o If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a		Z4u		
20 0		25a		Х
h		25a		_^_
IJ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		٠,,
20	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			١
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a		28a	Х	
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	!		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1		
	IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,"complete Schedule R, Part V, line 2	36		Х
37	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? If "Yes," complete Schedule R.			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a 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?)  5b If "Yes," enter the name of the foreign country:    See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8885-T?  5c If "Yes," to line 5a or 5b, did the organization file Form 8885-T?  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  5d If "Yes," indicate the number of Forms 8282 filed during the year  5d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If "Yes," indicate the number of Forms 8282 filed during the year  6d Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  7d If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  7f Xe Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting o	Form	990 (2010) 62-1659522		1	Page :
a Enter the number reported in Box 3 of Form 1098. Enter-0-if not applicable	Par		-		
tale Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 15 0 0 0 0 0 C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (garnbling) writings to prize witners?  2 Einter the number of emptysees reported on Form W-3. Transmittal of Wage and Tax Statements, fixed for the calendar year ending with or within the year covered by this return 2 111 b 1 at least one is reported on line 2a, did the organization line all required devent employment tax returns? Note. If the sum of lines is and 2a is greater than 250, you may be required to e-file, (see instructions) 3 a Did the organization have interested business gross income of \$1,000 or more during the year?  3 bit 17'es," has it filed a Form 990. To for this year? If Two, Provide an explanation in Schedule 0.  3 bit 17'es," has it filed a Form 990. The this year? If Two, Provide an explanation in Schedule 0.  3 bit 17'es," the sit filed a Form 990. The or this year? If Two, Provide an explanation in Schedule 0.  3 bit 17'es," the sit filed a Form 990. The or this year? If Two, Provide an explanation in Schedule 0.  3 bit 17'es," the sit filed a Form 990. The or this year? If Two, Provide an explanation in Schedule 0.  3 bit 17'es, the during the celerator year, did the organization the very large than 17'es, the second of the foreign country (such as a bank account, securities account, or other financial accounts).  5 bit 17'es, the second of the foreign country (such as a bank account, securities account, or other financial Accounts, securities accounts, securities accounts, securities accounts, or other financial financial Accounts, securities accounts, securities accounts, securities a		Check if Schedule O contains a response to any question in this Part V			$\cdot$
b Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable c 2 bit the organization comply with backing units for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.  2a 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  2b if 1 deat least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts of it if Yes, enter the name of the foreign country. ►  See instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization solidat say contribution as the set of the foreign country (such as a bank account, securities account, or other filing foreign solidation solidation solidation solidation and party notify the organization filing foreign solidation and party for goods and services provided to the organization include with e				Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
reportable gaming (gambling) winnings to prize winners?  2a Eletter 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  2a 111  bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5a If 'Yes,' has filed a Form 895.T for this year? If 'No, 'provide an explanation in Schedule O.  4a 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 accounts over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts as country).  5a Was the organization and the foreign country:  5b If 'Yes,' enter the name of the foreign country:  5c Was the organization star filing requirements for Form TD F90-221, Report of Foreign Bank and Financial Accounts.  5a Was the organization that the organization in the Form 8898-T7.  5b Us any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly' for goods and services provided to the payor?  5c Did the organization that may receive defunds, directly or indirectly, or indirectly, on a personal benefit contract?  6c Did the organization with the year, pay premiums, directly or indirectly, on a personal benefit contract?	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			4
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2a 111 b 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file; (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 980-T for this year? If "No," provide an explanation in Schedule O.  3a 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. See instructions for filing requirements for Form TD F00-221, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations solicit any contributions and services provided to the payor?  8 Did any taxable party notify thore organization and express statement that such contributions or gifts were not tax deductible?  9 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  11 Did the organization motify the donor of the value of the goods or services provided?  12 Did the organization motify the donor of the value of the goods or services provided?  13 Did the organization receive any parment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  14 Did the organization sell, exchange, or otherwise dispose of tangible personal	C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2a 111 b 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file; (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 980-T for this year? If "No," provide an explanation in Schedule O.  3a 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. See instructions for filing requirements for Form TD F00-221, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations solicit any contributions and services provided to the payor?  8 Did any taxable party notify thore organization and express statement that such contributions or gifts were not tax deductible?  9 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization notify the donor of the value of the goods or services provided?  11 Did the organization motify the donor of the value of the goods or services provided?  12 Did the organization motify the donor of the value of the goods or services provided?  13 Did the organization receive any parment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  14 Did the organization sell, exchange, or otherwise dispose of tangible personal		reportable gaming (gambling) winnings to prize winners?	1c	Х	
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b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 The country of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  8 Sponsoring organization and the supporting organization received a contribution of qualified intellectual property, did the organization file a Form 1998-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization the support of the support o	6a				١
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b if "Yes." has it filed a Form 720 to report these payments? If "No " provide an evaluation is Sabadia 2	C 44.c	Enter the amount of reserves on hand		0.00 Mg	
	14 d	If "Yes" has it filed a Form 720 to report these payments? ""No " assuids an authorities in 20 to report these payments? ""No " assuids an authorities in 20 to report these payments? ""No " assuids an authorities in 20 to report these payments?"		<u> </u>	<u> </u>

Form 990 (2010)

62-1659522 Rand Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ......... Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year 1a b Enter the number of voting members included in line 1a, above, who are independent 2 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? Х 3 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during The governing body?..... X 8a Each committee with authority to act on behalf of the governing body? Χ Is there any officer, director, 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 . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a 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? ..... 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Are officers, directors or trustees, and key employees required to disclose annually interests that could give Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х Does the organization have a written whistleblower policy? 13 Х 13 Does the organization have a written document retention and destruction policy? 14 Х 14 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? Х 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►\_TN, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: MICHELLE MCCAIN 1161 MURFREESBORO PIKE, SUITE 215 NASHVILLE, TN 37217

615-367-0592

Form 990 (2010) 62-1659522 Page **7** 

Part VII	Commenced to FOSS	02 1007022	Page
if art vii	Compensation of Officers, Directors, Trustees, Key Employees, H	ighest Companyated Employees	
	and Independent Contractors	ignost compensated Limployees,	
	Chook if Catachite Court		
	Check if Schedule O contains a response to any question in this Part	· VII	
	, and and an		•

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
  of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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) of more than \$100,000 from the
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee. (C) (D) (F) Name and Title Position (check all that apply) Average Reportable Reportable Estimated hours per Individual trustee or director Officer Key employee Highest co employee compensation Institutional compensation amount of week from from related other (describe the organizations compensation hours for t compensated organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization organization in Schedule and related organizations (1) DORIA PANVINI BOARD PRESIDENT Х

(2) PATRICIA BUTLER BOARD VICE-PRESIDENT Х (3) ELIZABETH GERLOCK BOARD SECRETARY Х (4) JOHN LEWIS BOARD TREASURER Х (5) BUD BUTLER BOARD MEMBER Х (6) RON BUTLER BOARD MEMBER X (7) BELINDA BUTLER BOARD MEMBER Х (8) SUSAN MCMILLAN BOARD MEMBER Х (9) TAMMY GOURLEY BOARD MEMBER Х \_(10)MICHELLE MCCAIN EXECUTIVE DIRECTOR X 70,000 \_ (11) (12) (13) \_(14) (15)

JSA

(16)

(A)  Name and title	(B)	Posit		{(	C)	hat app		(D) Reportable	(E)		(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from rel organiza (W-2/1099	ation ated itions	amount of other compensation from the organization and related organizations
(17)											
(18)											
(19)						<del></del>					1981 Hot 1982 P.A.
(20)											
(21)											
(22)											
(23)	-			_							
(24)			_					4-			
(25)											
(26)											
(27)											
(28)											
1b Sub-total c Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	tion A .						<b>A A A</b>	70,000.			
Total number of individuals (including but not lin reportable compensation from the organization	nited to thos	e liste	ed al	bovi	e) w	ho re	eiv	70,000. ed more than \$100	,000 in	W-1	
						····				<del></del>	Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo ule J for suc	r or ch ind	tru <i>ividu</i>	stee <i>ial</i>	e, l 	key e	mp	loyee, or highest	compens	ated	3 X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an S	150	.000	)?	If "Y	es "	complete Sched	ensation ule J for	from such	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor	mpen	satio	n f	from	anv	uni	related organizatio	n or indiv	idual	
Section B. Independent Contractors	es, complet	10 OC	icut	11 <del>0</del> 0	7 701	Sucii	per	5011		• • • •	5 X
1 Complete this table for your five highest compensation from the organization.	compensate	ed in	dep	end	ent	cont	ract	ors that received	more th	an \$10	0,000 of
(A) Name and business add	ress							(B) Description of sen	vices	c	(C) Compensation
							$\vdash$				
			_				L				
2 Total number of independent contractors (in more than \$100,000 in compensation from the	cluding bu	t not	lim	ited		thos	e lis	sted above) who	received	\$ 5%.	
	2.32					u .				<u> 14 jan 4 jan</u>	

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
st st	1a	Federated campaigns 1a 38,842.				
fts, grants	l t	Membership dues 1b				
ts, c	c	Fundraising events 1c				
<u>a</u> ā	d	Related organizations 1d				
sing,	e	Government grants (contributions) 1e				
er s	1	All other contributions, gifts, grants,				
를등	1	and similar amounts not included above . 1f 3,744.				
Contributions, gifts, and other similar am	9					· 李的祖母 李显明 · · · · · · · · · · · · · · · · · · ·
	l h		a little and the state of the state of			ndernale (i)
en a		Business Code				
Še	2a		2,727,950.	2,727,950.		
9	þ					
Ξ̈	°					
Š	a					
Program Service Revenue	9	All other recent in				
Pro	g	All other program service revenue				
	3	Investment income (including dividends, interest, and	2,727.950.	10 14 16 18 18 18 18 18 18 18 18 18 18 18 18 18		
		other similar amounts) . ATTACHMENT 2	380,	700		
	4	Income from investment of tax-exempt bond proceeds >	300.	380.		
	5	Royalties · · · · · · · · · · · · · · · · · · ·	0.			
	ŀ	(i) Real (ii) Personal			Alger of Parks of Fr	3833
	6a	Gross Rents				
	b					
	c	_			40 A 10	
	ď	Net rental income or (loss)	0.		The Advisor Charge Charles	
	7a	Gross amount from sales of (ii) Securities (ii) Other	14 - 12 mg 25 - 15			
	ł	assets other than inventory				
	þ	and the same basis				
		and sales expenses				
	C		<b>被門在數分數等</b>	10 16 16 16 16 16 16 16 16 16 16 16 16 16		
_	d	Net gain or (loss)	0.			
Revenue	8a	Gross income from fundraising				
Ver		events (not including \$				
Re	1	of contributions reported on line 1c). See Part IV, line 18				
ē	ь	I none disposit annual				
Other	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.	o.	es en en ancional de la company		o filefieri wa in
		See Part IV, line 19 a				함께 기계 전 전설 보기 회사 교육 기계
	ь	Less: direct expenses b		(A)		
	С	Net income or (loss) from gaming activities	287 A 1 4844 2 1 224 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And The Law Ades		Total Malayer of 1
	10a	Gross sales of inventory, less				gart - Talan agard a river
		returns and allowances a				
	b	Less: cost of goods sold b			三海 二部門	
,	С	Net income or (loss) from sales of inventory ▶	0.	To the secondary massive Total of the		a nastraja ja 1995.
ļ		Miscellaneous Revenue Business Code				
ı	11a					rauni — Pa <b>ari</b> in <sup>†</sup> ija
	b					
	C					
- 1	đ	All other revenue				
1.	e 12	Total Add lines 11a-11d	c.			April 1
	<del>-</del>	Total revenue. See instructions	2,770,916	T		

# 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).

7b, 8b, 9b, and	amounts reported on lines 6b, 10b of Part VIII.	(A) Total expenses	ot required to complete (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ner assistance to governments and				
organizations	in the U.S. See Part IV, line 21	0.			
	ther assistance to individuals in				
the U.S. See P	art IV, line 22	0.			
Grants and o	ther assistance to governments,				
organizations,	and individuals outside the				
U.S. See Part I	V, lines 15 and 16	0.		•	
	o or for members	0.			
	of current officers, directors,				
trustees, and k	ey employees	0.			
	not included above, to disqualified				
persons (as de	fined under section 4958(f)(1)) and				
	ed in section 4958(c)(3)(B)	0.			
	and wages	1,883,256.	1,724,517.	158,739.	
	contributions (include section 401(k)		27.23/01/.	130,733.	
	b) employer contributions)	0.			
	e benefits	286,641.	257,977.	20 661	
	e benefits			28,664.	
		144,058.	129,652.	14,406.	
	es (non-employees):				
		0.			
		0.			
		32,605.	248.	32,357.	
	•••••	0,			
	draising services. See Part IV, line 17	0.			
	nagement fees	0.			
		0.			
	promotion	2,312.		2,312.	
	s	14,526.		14,526.	
	hnology	0.			-
Royalties		0.			
Occupancy .		170,182.	114,331.	55,851.	
Travel		121,632.	112,052.	9,580.	
Payments of t	ravel or entertainment expenses				
for any federa	II, state, or local public officials	0.			
	onventions, and meetings	0.			
		118.		118.	
	filiates	0.		110.	
	epletion, and amortization	5,418.		5 410	
		7,258.		5,418. 7,258.	
Other expenses	i. Ilemize expenses not covered	,		1,230.	
above (List mise	cellaneous expenses in line 24f. If			•	
line 24f amount	exceeds 10% of line 25, column				
	line 24f expenses on Schedule O.)				
a MISCELLANE		103,193.	52 710	40 400	
	REPAIRS & MAINTENA	71,255.	53,712.	49,481.	
COMMUNICAT		26,011.	11 200	71,255.	
UTILITIES		23,206.	11,360. 23,206.	14,651.	
	COLLABORATIVE	18,600.			
	ses	37,166.	18,600.	0.700	· ·
Total functional	expenses. Add lines 1 through 24f	2,947,437.	28,374.	8,792.	
Joint Costs. C	heck here if following	4,341,431.	2,474,029.	473,408.	
SOP 98-2 (AS	C 958-720) Complete this line			İ	
only if the or	ganization reported in column		j		
(D) JUHIE COSES	from a combined educational undraising solicitation	ļ	Į.	1	

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Part X	Balance Sheet	2-1659522		Page 1
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	294,186.	1	124,358
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	207,037.	4	241,038
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
-	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
- 1	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
,,	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets 8	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment: cost or		<del>-  </del>	
	other basis. Complete Part VI of Schedule D 10a 42,038.			
b	Less: accumulated depreciation	5,417.	100	
11	Investments - publicly traded securities	3/11/.	11	
12	Investments - other securities. See Part IV, line 11	<del></del>	12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	506,640.		365 306
17	Accounts payable and accrued expenses		16	365,396
18	Grants payable	106,723.	17	129,025
19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	18	
20	Tax-exempt bond liabilities		19	
	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
21 22 21 22 22 22 22 22 22 22 22 22 22 2	Payables to current and former officers, directors, trustees, key		21	
<u> </u>	employees, highest compensated employees, and disqualified persons.			
ן ב	Complete Part II of Schedule L		أ	
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties		23	<del></del>
25	Other liabilities. Complete Part X of Schedule D		24	
26	Total liabilities. Add lines 17 through 25		25	12,975.
1	Organizations that follow SFAS 117, check here X and complete	106,723.	26	142,000.
ξî	lines 27 through 29, and lines 33 and 34.			
27 27	Unrestricted net assets	200 015		
	Temporarily restricted net assets	399,917.	27	223,396.
29	Permanently restricted net assets		28	
<u> </u>			29	
28 29 30 31 32 33	complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		30	·
32	Retained earnings, endowment, accumulated income, or other funds		31	
	Tatal and an analysis of the same same same same same same same sam		32	
33	Total net assets or fund balances	399,917.	33	223,396.

Form **990** (2010)

62-1659522

3.5	Reconciliation of Net Assets		P.	age 1 Z
	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	2,7	70,	916.
2	Total expenses (must equal Part IX, column (A), line 25)			437.
3	Revenue less expenses. Subtract line 2 from line 1	-1	76,	521.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			917.
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	2	23.	396.
P	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
_			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
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	х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	<u> </u>		<del> </del>
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in		<u> </u>	
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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		"
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja		X
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	, and a substantial substantia	~		

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Name of the organization						Emplo	yer ideni	tification number
MID-TN SUPPORTED LIVING, INC.								-1659522
Partil Reason for Public Charity Stat				<del></del>			uctions	•
The organization is not a private foundation bec	•			•	,			
1 A church, convention of churches, or			lin s	ection	170(b)(	1)(A)(i).		
2 A school described in section 170(b)	, - ,	,						
3 A hospital or a cooperative hospital s								
4 A medical research organization of	perated in conjunction w	ith a h	nospita	l descr	ibed in	sectio	n 170(t	o)(1)(A)(iii). Enter the
hospital's name, city, and state:								
5 An organization operated for the besection 170(b)(1)(A)(iv). (Complete		ersity	owned	ог ор	erated	by a go	vernme	ntal unit described in
6 A federal, state, or local government		bed in	sect	ion 170	)(b)(1)( <i>A</i>	()(v).		
7 An organization that normally recei- described in section 170(b)(1)(A)(vi)	ves a substantial part of it						nit or fro	om the general public
8 A community trust described in sect		iplete F	Part II.)					
9 X An organization that normally receive					contrib	utions.	membe	ership fees, and gross
receipts from activities related to it	ts exempt functions - sub	ject to	certai	n exce	ptions,	and (2)	) no mo	ore than 33 1/3% of its
support from gross investment in	come and unrelated busi	ness t	axable	incom	e (less	sectio	n 511	tax) from businesses
acquired by the organization after Ju	une 30, 1975. See section	509(a)	(2). (	Complet	te Part	III.)		
10 An organization organized and opera	ted exclusively to test for po	ublic sa	fety. S	ee se	ction 5	09(a)(4)	).	
11 An organization organized and op-	erated exclusively for the	bene	fit of,	to perf	form th	e funci	tions of	, or to carry out the
purposes of one or more publicly s	supported organizations de	escribe	d in s	ection	509(a)(	1) or se	ection 5	609(a)(2). See section
509(a)(3). Check the box that descri						lines 1	1e throu	igh 11h.
a Typel b Type							d _	Type III - Other
e By checking this box, I certify that	it the organization is not	contro	olled	directly	or ind	irectly	by one	or more disqualified
persons other than foundation man	agers and other than one	or mo	re pub	licly su	pportec	l organ	izations	described in section
509(a)(1) or section 509(a)(2).  If the organization received a write								
	en determination from th	e IRS	that it	is a T	ype I, <sup>-</sup>	Гуре II,	or Typ	e III supporting
organization, check this box	· · · · · · · · · · · · · · · · · · ·							
g Since August 17, 2006, has the organ following persons?	nization accepted any gift of	contri	bution	trom an	y of the			
	ooth controls sither sta-							·
(i) A person who directly or indir	ectly controls, either afor	ie or t	ogetne	er with	person	s desc	ribed in	Yes No
and (iii) below, the governing bo	ouy of the supported organ	ization	· · ·					
(iii) A 35% controlled entity of a pers				• • • •				11g(ii)
h Provide the following information about			• • •				• • • •	[11g(iii)]
(i) Name of supported (ii) EIN	(iii) Type of organization		1	(a) Did				
organization	(described on lines 1-9	organiz	Is the ation in		ou notify		Is the zation in	(vii) Amount of support
	above or IRC section (see instructions))	your go	listed in verning		l. (i) of upport?		rganized	
	(300	Yes	No	Yes	No	Yes	U.S.?	
(4)						163	110	
(A)								
(B)		1	<u> </u>	_			<u> </u>	
(B)								
(C)					ļ			***************************************
(0)					-			
(D)				7				
(E)								
V-1								
Total								
For Paperwork Reduction Act Notice, see the Instruction 990 or 990-EZ.	ctions for	·				Sch	nedule A (	Form 990 or 990-EZ) 2010

(f) Total

organization without charge . . . . . . Total. Add lines 1 through 3 . . . . . . . The portion of total contributions by each person (other than a governmental unit or

62-1659522 Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 Calendar year (or fiscal year beginning in) Gifts, Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the

Sec	tion B. Total Support				
6	Public support. Subtract line 5 from line 4.				
	shown on line 11, column (f)		5 (2.55W)	least ratificati	
	on line 1 that exceeds 2% of the amount	11 416 T	ites of the second		
	publicly supported organization) included				
				and the second of the second of the	

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1					
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1 Total support. Add lines 7 through 10		# <b>1</b> 2				
2 Gross receipts from related activities, etc. (s					12	
3 First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secor	nd, third, fourth,	or fifth tax ve	ar as a section :	501(c)(3)

organization, check this box and stop here Section C. Computation of Public Supply	 	• • •	• • •	<u>···</u>	• •	• • •	• • •	• • • •	<u>::</u>	• •	<u>··</u>	• •	<u>· · · </u>	<u></u>	• •	• •	<u>.                                    </u>	<u>&gt;  </u>

14	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	%
15	Public support percentage from 2009 Schedule A, Part II, line 14	%
16a	33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check	_
	this box and stop here. The organization qualifies as a publicly supported organization	
þ	33 1/3 % support test - 2009. 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 - 2010. 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 - 2009. 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	

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

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

1 GRs, grants, contributions, and membership free received (fice or licebuse eny runnius) grants? 2 Gross receipts from admissions, membradius soit or services performed, or facilities similaritied in any activity that is resident to the organization's tax-eventral purpose.  3 Gross receipts from admissions, ameritandius soit or services performed, or facilities similaritied in any activity that is resident to the organization's tax-eventral purpose.  3 2,265,133, 2,301,851, 1,346,252, 7,472,1360, 12,185,175, 7,472,1360, 12,185		tion A. Public Support			[			
received. (Do not include any Tursusual grants. 7  25.16. 87.144 (30,495) (30,275) (31,275) (31,386) (32,275) (31,386) (32,275) (31,386) (32,275) (31,386) (32,386)	Ca	llendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2 Gross receipts from admissions, mechanishes and of services performed, or facilities furnished in any activity that is related to the organization's tow-evenupl perpices.  2,249,143, 5,391,959, 5,444,250, 5,454,271, 7,277,350, 12,165,45  Tax revenues leveled for the organization's benefit and either point to or expended on its behalf	1	Gifts, grants, contributions, and membership fees						
total or services performed, or facilities furnished is any activity but is related to the organization's two-enempt purpose or organization's two-enempt purpose or a consistent of the property of the property of the organization's two-enempt purpose or interest of the property of the organization's benefit and either paid to or expended on its behalf.  1 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.  5 Total Add ines is through 5.  7 A Amounts included on lines 2, 2, and 3 received from other than disqualified residual or other than disqualified r		received. (Do not include any "unusual grants.")	74,116.	87,144.	40,685.	40,701.	42,586.	285,234
Sumished is any activity that is related to the organization's tax exempt purpose 2,246,141, 2,351,352, 2,444,253, 1,435,272, 2,327,950, 12,187,143  Gross receipts from activities that are not an unrelated trade or business under section 513.  Tax revenues bevide for the organization's benefit and either paid to or expended on its behalf and expended on its behalf and expended on its behalf and expended on its behalf and expended on its	2	Gross receipts from admissions, merchandise						
organization's tis-exempt purpose		sold or services performed, or facilities						
3 Gross receipts from activities that we not an unrelated trade or business used section 51 at 2 and 3 received from the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization's benefit and either paid to organization e		· •						
unrelated trade or business under section 513  Tax revenues levided for the organization's bonefit and either paid to or expended on its behalf .  The value of services or facilities furnished by a governmental unit to the organization without charge .  Total Add lines 1 through 5 . 2,322,261 . 2,368,637 . 2,481,910 . 2,492,979 . 2,770,936 . 12,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Tax Announts included on lines 1, 2, and 3 . 1,461,97  Total Support (Subtract line 7c from line 6) . 1,461,97  Total Support (Subtract line 7c from line 6) . 1,462,97  Tax Announts included on lines 1,461,97  Total support (Subtract line 10), whether or not tho business is regularly carried on on on the sale of capital isosets (Explain in Part IV.) . 1,461,97  Total support (Add lines 9, 10c, 11, 2,332,85) . 2,502,714 . 2,665,365 . 2,501,715 . 1,243,77  Total support (Add lines 9, 10c, 11, 2,332,85) . 2,502,714 . 2,665,365 . 2,501,715 . 1,243,77  Total support (Add lines 9, 10c, 11, 2,332,85) . 2,502,714 . 2,665,365 . 2,501,715 . 1,243,77  Total support (Add lines 1,061,07) . 16 . 99,719  Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f) . 16 . 99,719  Public support percentage for 2010 (line 10, column (f) divided by line 13, column (f) . 17		organization's tax-exempt purpose	2,248,143.	2,301,553.	2,444,225.	2,458.275.	2,727.950.	12,180,149
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 in the paid to or expended on its behalf.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  7a Amounts included on lines 1, 2, and 3 received from disqualified persons.  7a Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the samulation line 13 solution.  7a Add lines 7a and 7b.  7b Public support (Subtact line 7c from line 6).  7c Add lines 7a and 7b.  8c Add lines 7a and 7b.  8c Add lines 7a and 7b.  8c Add lines 10a and 10b.  9c Amounts from line 6.  9c Add lines 10a and 10b.  10c Amounts from line 6.  10c Amou	3	Gross receipts from activities that are not an					2 112.1	ſ
bonefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5.  3 Amounts included on lines 1, 2, and 3 received from disqualified persons 1, 2, and 3 received from disqualified persons 1, 2, and 3 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received from disqualified persons 1, 2 received 2 received 1, 2 recei		unrelated trade or business under section 513						1
its behalf   The value of services or facilities   Christopher   The value of services   ļ	Tax revenues levied for the organization's							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		benefit and either paid to or expended on						}
5 The value of services or facilities furnished by a governmental unit to the organization without charge		its behalf						
turnished by a governmental unit to the organization without charge.  Total Add inse 1 through 5								
organization without charge . 2,322,261. 2,386,677. 2,454,910. 2,496,979. 2,770,536. 12,466,38  a Announts included on lines 1, 2, and 3 received from disqualified persons								
Total Add lines 1 through 5								
a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year and disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year and the control of the control			2 222 261	2 200 657	5 454 515			
received from disqualified persons	9		2,3.2,261.	2,388,637.	2,484,910.	2,498,979.	2,770.536.	12,465,383
b Amounts included on lines 2 and 3 received from other than disqualified gesons that exceed the greater of stort the year, of the amount on line 13 can define the property of the product of the produc	2							
received from other than disqualified persons that exceed the greater of 50 of the year.  Add lines 7 a and 7 b	)	Amounts included on lines 2 and 3			-		<u> </u>	<del> </del>
for the year		received from other than disqualified						
for the year		\$5,000 or 1% of the amount on line 13						
Public support (Subtract line 7c from line 6.)		for the year						
Cition B. Total Support  Calendar year (or fliscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Amounts from line 6								
Calendar year (or fiscal year beginning in)    (a) 2006   (b) 2007   (c) 2008   (d) 2009   (e) 2010   (f) Total Amounts from line 6		** *						
Calendar year (or fiscal year beginning in)  Amounts from line 6							<u> </u>	12,465,383
Amounts from line 6	C	tion B. Total Support						
la 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  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  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.  Total support percentage from 2009 Schedule A, Part III, line 15  16 99.79 %  Public support percentage from 2009 Schedule A, Part III, line 15  17 Investment income percentage from 2009 Schedule A, Part III, line 17  a 331/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation.	Ca		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
payments received on securities loans, rents, royalties and income from similar sources.  10,584, 12,017, 1,652, 2,111, 380, 26,77  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b			2,322,261.	2,386.697.	2,484,910.	2,498,979.	2,770,536.	12,465,383
rents, royalties and income from similar sources	1							
Sources.    10,584,   12,017,   1,652,   2,111,   390,   26,74								
Durrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  10,564.  12,017.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  Total support. (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support (Add lines 9, 10c, 11, and 12.)  Total support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  Total support percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  Total support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Private foundation. If the organization did not check a box on line 14, 19a, or 19b, chec			10,584.	12,017.	1,652.	. 2,111.	380.	26,744
acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support, (Add lines 9, 10c, 11, and 12.)  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.  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.  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.  Fition C. Computation of Public Support Percentage  Public support percentage from 2009 Schedule A, Part III, line 15  Total support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line 17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	)							
acquired after June 30, 1975  c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  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.  Ction C. Computation of Public Support Percentage  Public support percentage from 2009 Schedule A, Part III, line 15  133 1/3 % support tests - 2010. 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 stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		section 511 taxes) from businesses						
Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  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.  Tion C. Computation of Public Support Percentage  Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  Investment income percentage for 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		acquired after June 30, 1975						
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activities not included in line 10b, whether or not the business is regularly carried on			.0,004.	12/01/.	1,002.	£,111.	390.	26,744
carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  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.  ction C. Computation of Public Support Percentage  Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  public support percentage from 2009 Schedule A, Part III, line 15  the support percentage from 2009 Schedule A, Part III, line 17  a 33 1/3 % support tests - 2010. 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 stop here. The organization qualifies as a publicly supported organization private foundation. If the organization did not check a box on line 14, or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions private foundation.		activities not included in line 10b.						1
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  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.  Ction C. Computation of Public Support Percentage  Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  15 99.79 %  Public support percentage from 2009 Schedule A, Part III, line 15  Ction D. Computation of Investment Income Percentage  Investment income percentage from 2009 Schedule A, Part III, line 17  18 99.79 %  19 17 21 %  19 33 1/3 % support tests - 2010. 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 stop here. The organization qualifies as a publicly supported organization private foundation. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		whether or not the business is regularly						1
loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  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.  Ction C. Computation of Public Support Percentage  Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2009 Schedule A, Part III, line 15  16  99.79 %  Public support percentage from 2009 Schedule A, Part III, line 15  16  99.71 %  Ction D. Computation of Investment Income Percentage  Investment income percentage from 2009 Schedule A, Part III, line 17  133 1/3 % support tests - 2010. 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 stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, or 19a, or 19b, check this box and see instructions								<del> </del>
(Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  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.  Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2009 Schedule A, Part III, line 15  Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2009 Schedule A, Part III, line 17  a 33 1/3 % support tests - 2010. 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 stop here. The organization qualifies as a publicly supported organization by Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
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and 12.)		Total gupped (add lines 0 40						
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.  Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2009 Schedule A, Part III, line 15  Cotion D. Computation of Investment Income Percentage  Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2009 Schedule A, Part III, line 17  a 33 1/3 % support tests - 2010. 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 stop here. The organization qualifies as a publicly supported organization private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	•							
Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2009 Schedule A, Part III, line 15  Cotion D. Computation of Investment Income Percentage  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2009 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2009 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2009 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2009 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2009 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2009 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2009 Schedule A, Part III, line 13, co		and 12.)			2,466,562.	2,501,090.	2,770,916.	12,492,127
Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2009 Schedule A, Part III, line 15  Cotion D. Computation of Investment Income Percentage  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2019 Schedule A, Part III, line 17  Investment incom		First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year as	s a section 501	(c)(3)
Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))  Public support percentage from 2009 Schedule A, Part III, line 15  Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 17  Investment income percentage from 2009 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2010 (line 10c, column (f))  Investment income percentage from 2010 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage from 2010 (line 10c, column (f))  Investment income percentage from 2010 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage from 2010 (line 10c, column (f) divided by line 13, column (f)  Investment income percentage from 2010 (line 10c, c		organization, check this box and stop here.	<u></u>			<u> </u>	<u> </u>	▶
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a 33 1/3 % support tests - 2010. 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 stop here. The organization qualifies as a publicly supported organization  b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		Investment income percentage from 2009 §	Schedule A. Part I	II. line 17		• • • • • • • •		
b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	а	33 1/3 % support tests - 2010. If the ord	panization did no	t check the box	on line 14 and	line 15 is mar-	than 23 4/2 ft	. 25%
tine 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		17 is not more than 331/3 %, check this	s box and ston	here The oran	nization qualifica	as a publish a	: uian 331/3%,	and line
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b	33 1/3 % support tests - 2009. If the orga	nization did not	check a hov on "	ne 14 or lies 40:	as a publicly s	supported organi	zation X
. Thate roundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		fine 18 is not more than 331/3 % check	this box and et	on here The are	ne ia orille 185	a, and line 16 is	more than 331/3	3 %, and
	1	Private foundation. If the organization of	did not check a	box on line 4	anization qualifies 4 192 or 104	s as a publicly s	supported organi	zation P
	1.000				-, 198, UI 180,			

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See

#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

**Schedule of Contributors** 

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization	TNG TVO	Employer identification number
MID-TN SUPPORTED LIV	ing, inc.	62-1659522
Organization type (check one	):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on
	501(c)(3) taxable private foundation	
	overed by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more contributor. Complete Parts I and II.	nore (in money ar
Special Rules	·	
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support tend 170(b)(1)(A)(vi), and received from any one contributor, during the year, a 0 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-to 12 (iii) Form 990-to 13 (iiii) Form 990-to 14 (iiiiii) Form 990-to 15 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	contribution of the
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any contributions of more than \$1,000 for use exclusively for religious, charitables, or the prevention of cruelty to children or animals. Complete Parts I, II, and	le, scientific, literary, or
the year, contributio aggregate to more ti year for an <i>exclusiv</i> applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ns for use exclusively for religious, charitable, etc., purposes, but these contributions that were saly religious, charitable, etc., purpose. Do not complete any of the parts unless ization because it received nonexclusively religious, charitable, etc., contributions.	ibutions did not received during the the General Rule ons of \$5,000 or more
Caution. An organization that in 990-EZ, or 990-PF), but it in must	is not covered by the General Rule and/or the Special Rules does not file Schest answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of criffy that it does not meet the filing requirements of Schedule B (Form 990, 99	edule B (Form 990, fits Form 990-FZ or on

Name of organization	MID-TN	SUPPORTED	LIVING,	INC.

Employer identification number 62-1659522

			02 1003022
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1-		\$38,842.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

#### SCHEDULE D (Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2010

Open to Publication 13

Schedule D (Form 990) 2010

Internal Revenue Service Employer identification number Name of the organization 62-1659522 MID-TN SUPPORTED LIVING, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the Part organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) Aggregate grants from (during year) ..... Aggregate value at end of year ..... 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Total acreage restricted by conservation easements ......... 2c Number of conservation easements on a certified historic structure included in (a) ..... c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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. If the organization elected, as permitted under SFAS 116 (ASC 958), 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: 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 (ASC 958) relating to these items; 

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

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Schedule D (Form 990) 2010 62-1659522 Page 2

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Page 9

Page 1

Par	Organizations Maintaining	Collections of	of Art, Histo	orical li	reasure	s, or	Other Similar	Assets(	continuea)	
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and	other recor	rds, ched	k any o	f the	following that	are a sigr	ificant use	of its
а	Public exhibition		d [	Lo	an or exc	chang	e programs			
b	Scholarly research		e	T Oil	her					
С	Preservation for future general	tions	lique.							
4	Provide a description of the organizat		ns and expla	ain how	they fur	ther	the organization	's exemp	t purpose in	Part
	XIV.						<b>3</b>	* ++F		
5	During the year, did the organization so	olicit or receive	donations o	of art his	torical tr	DOC! IT	es or other simi	lar		
-	assets to be sold to raise funds rather t								Yes	No
Par	Escrow and Custodial Arra line 9, or reported an amoun	ngements.Co	omplete if the	he orgai						140
1a	Is the organization an agent, trustee, cu	sto dian or othe	er intermedia	ary for co	ntribution	ns or o	other assets not	•		
	included on Form 990, Part X?							[	Yes	No
b	If "Yes," explain the arrangement in Part							L		
		•	•	•		ГТ		Amount		
С	Beginning balance	• • • • • • • •				10	-			
	Additions during the year									
	Distributions during the year									
	Ending balance							-		
2a	Did the organization include an amount	on Form 990.	Part X. line :	212	!				Yes	No
b	If "Yes," explain the arrangement in Pari	t XI V.			• • • •	• • •	• • • • • • • • •	[		
Par			tion answe	red "Yes	s" to For	rm 90	90 Part IV line	10	· -	
		a) Current year	(b) Prior ye		(c) Two ye				(e) Four years	hack
1a	Beginning of year balance		,		(-, , -		(0)		(e) . ou. juur.	
·b	Contributions								-	
	Net investment earnings, gains,			<del>-  </del>						
	and losses	i		ŀ						
d	Grants or scholarships									
	Other expenditures for facilities .									
	and programs			ŀ			İ			
f	Administrative expenses									
	End of year balance		-				<del>-  </del>	•		
2	Provide the estimated percentage of the	u age and hale	anna hald as						L	
a			ance nelo as:	•						
b	Permanent endowment		%							
c	Term endowment > %	%								
	Are there endowment funds not in the programization by:	os session of	tne organizat	tion that a	are neld	and a	dministered for the	ne		
	-								Yes	No
	(i) unrelated organizations	• • • • • • • •	• • • • • •	• • • • •	• • • • •		· · · · · · · · · ·	• • • • •	3a(i)	
b	(ii) related organizations						• • • • • • • •	• • • • •	3a(ii)	<u></u>
	If "Yes" to 3a(ii), are the related organiza	ati ons listed as	required on	Schedul	e R?		· · · · · · · · · ·		3b	<u> </u>
4	Describe in Part XIV the intended uses of	of the organiza	tion's endow	ment fur	ds.			<u> </u>		
Par		mentSee For	m 990, Par	rt X, line	10					
4	Description of investment	(inve	or other basis estment)		or other ba	sis	(c) Accumulated depreciation	(0	l) Book value	
1a	Land					$\perp I$				
b	Buildings									
_	Leasehold improvements									
ď	Equipment				42,03	38.	42,038			
<u>e</u>	Other									
ıotal	. Add lines 1a through 1e. (Column (d) I	must equal Fori	m 990, Part )	X columi	(R) line	10/0				

Schedule D (Form 990) 2010

Part VII	Investments - Other Securities. See I	form 990, Part X, line	12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other_			
( <u>A)</u>			
(B)			
<u>(c)</u>			WESTER SEC. 12
(E)			
(F)			
(G)			
(H)			The state of the s
(I)		<del> </del>	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>,</b>	
Part VIII'			13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)	44		
(3)			
(4)			
(5)			
(6) (7)			
(8)		<del>                                     </del>	
(9)			
(10)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X, I		
		) Description	(b) Book value
(1)			(a) Dook Yalioo
(2)	•		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	The section of Females Co. Co.		
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. See Form 990, Part )	/ line 05	<u></u>
1.	(a) Description of liability	(b) Amount	
(1) Feder	ral income taxes	(b) Amount	
	LVING LINE-OF-CREDIT	12,97	
(3)		12/0/	
(4)			
(5)			
_(6)			
(7)			
(8)			
(9)			
(10)			
(11)	ng (h) must sound 5- w occ 5- in its		
2 FIN 49 //	nn (b) must equal Form 990, Part X, col. (B) line 25.	12,97	
· · · · · · · · · · · · · · · · · ·	¬ΟΟ τηση Footiliote. In Part XIV, provide the ter	xt of the footnote to the or	ganization's financial statements that reports the

62-1659522 Schedule D (Form 990) 2010 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 2,770,916. 1 1 Total expenses (Form 990, Part IX, column (A), line 25) 2,947,437. 2 2 3 -176,521. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments 4 4 Donated services and use of facilities ..... 5 5 6 6 7 7

Other (Describe in Part XIV.)

Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Total adjustments (net). Add lines 4 through 8

Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9

1	rotal revenue, gains, and other support per audited financial statements	1 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments 2b	
C	Other losses 2c	]
d	Other (Describe in Part XIV.)	1
е	Add lines 2a through 2d	2e
3	Subtractime 2e nontime 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
þ	Other (Describe in Part XIV.)	1
C		
-	Add lines 4a and 4b	1 4c

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide

8

-176,521.

8

9

10

Part XIV Supplemental Information

any additional information.

Schedule D (Form 990) 2010

Part X V Supplemental Information (continued)

#### SCHEDULE L (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

P Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ) 2010

Name of the organization					Employe	r identi	fication	numbe	ŧΓ		
MID-TN SUPPORTED LIVING, INC.					62	-165	9522	2			
Excess Benefit Transactions(see Complete if the organization answered						Part \	/, line	40b.			
1 (a) Name of disqualified person	1 (a) Name of disqualified person			(b) Description of transaction (c) Server							
ta) warne or disquarate person				(b) Description of transaction					Υ¢	es No	
(1)											
(2)											
(3)	***									_ _	
(4)											
(5)			·							_	
(6)										Ш_	
2 Enter the amount of tax imposed on the or											
under section 4958	• • • • • • • • • • • • • • • • • • •	• • •		• • • • • • • • •			<b>`</b> \$_				
3 Enter the amount of tax, if any, on line 2, a	bove, reimb	ursea t	by the organization	• • • • • • •		D	• \$_				
Part II Loans to and/or From Intereste	d Persons										
Complete if the organization answere	ed "Yes" on	Form 9	90, Part IV, line 26,	or Form 990-EZ	Part V,	line 3	8a.				
(a) Name of interested person and purpose		Anto er from	(c) Original	(d) Balance du		(e) In default?		(f) Approved by board or		(g) Written	
		ganization?	principal amount	(u) balance out	e (e) iii					ment?	
					İ		comr	nittee?			
	To	From			Yes	No	Yes	No	Yes	No	
(1)								<b>†</b>			
(2)								1			
(3)											
(4)							<u> </u>				
(5)											
(6)			······································				ļ			<u> </u>	
(7)				· · · · · · · · · · · · · · · · · · ·	_		ļ	ļ			
(8)		<del> </del>				-	ļ	<u> </u>			
(10)							_	<u> </u>			
<del></del>						<u> </u>	ļ				
Partill: Grants or Assistance Benefitin	a Intoroat	od Dov	<u> </u>				ļ				
Complete if the organization answere	y mieresii ad "Yes" on	eu Per Form 9	SONS. 90 Part IV line 27								
(a) Name of interested person			etween interested person	a and the	(=\ A====		<b></b>				
, , , , , , , , , , , , , , , , , , , ,	(10) 11010	nonamp k	organization	and the	(c) Amou	int and	type o	i assis	iance		
(1)											
(2)											
(3)						-					
(4)											
(5)											
(6)											
(7)											
(8)										-	
(9)	ļ <u>.</u>									-	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Page 2

# Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RON BUTLER	BOARD MEMBER	8,413.	CHILD IS A CLIENT		
(2) DORIA PANVINI	BOARD MEMBER	5,400.	CHILD IS A CLIENT		
(3)					
(4)				ĺ	
(5)					i
(6)				$\top$	
(7)					
(8)				<b>—</b>	
(9)				1	
10)				1	
CareV. Supplemental Information		<del>-1</del>	<u> </u>		1

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

Employer Identification number

62-1659522

Name of the organization

MID-TN SUPPORTED LIVING, INC.

REVIEW OF 990

PART VI, SECTION B, LINE 11A

THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING. THE FINANCE

COMMITTEE REVIEWS AND APPROVES THE FORM.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE BOARD REVIEWS CONFLICT OF INTEREST STATEMENTS ANNUALLY. PERIODIC

REVIEWS ARE UNDERTAKEN TO ENSURE THERE ARE NO PROHIBITED TRANSACTIONS.

COMPENSATION

FORM 990, PART VI, SECTION B

THE FINANCE COMMITTEE REVIEWS KEY EMPLOYEE PERFORMANCE AND BASED ON

COMPARABLE DATA APPROVES COMPENSATION.

DOCUMENT AVAILABILITY

FORM 990, PART VI, SECTION C, LINE 19

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND THROUGH THE WEB SITE

GIVINGMATTERS.COM.

BOARD MEMBER FAMILY RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

BOARD MEMBERS RON AND BELINDA BUTLER ARE MARRIED TO EACH OTHER. BOARD

MEMBERS PAT AND BUD BUTLER ARE ALSO MARRIED TO EACH OTHER.

Name of the organization

MID-TN SUPPORTED LIVING, INC.

Employer identification number 62-1659522

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

FORM 990, SCHEDULE L, PART IV

TWO BOARD MEMBERS, RON BUTLER AND DORIA PANVINI HAVE CHILDREN WHO ARE CLIENTS OF MID-TN SUPPORTED LIVING. THESE TWO BOARD MEMBERS SERVE AS THEIR CHILDREN'S REPRESENTATIVE PAYEE AND LEGAL REPRESENTATIVE. FUNDS ARE DISPENSED TO THEM IN THEIR REPRESENTATIVE ROLE AS PART OF MID-TN'S SERVICE DELIVERY. THESE RELATIONSHIPS ARE DISCLOSED ON A CONFLICT OF INTEREST STATEMENT COMPLETED BY THE BOARD MEMBERS.

#### ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO ASSIST PERSONS WITH MENTAL RETARDATION AND OTHER DISABILITIES LIVE
IN THE COMMUNITY IN SUCH A WAY THAT THERE IS AN ACCEPTABLE BALANCE
BETWEEN THEIR OPPORTUNITIES TO EXPERIENCE A LIFESTYLE MEANINGFUL TO
THEMSELVES AND THE RISKS THAT OCCUR WITH ORDINARY LIVING. THIS IS
DONE BY PROVIDING SERVICES TO THESE PERSONS IN THE AREAS OF SUPPORTED
LIVING, SPECIALIZED EQUIPMENT AND SUPPLIES, PERSONAL ASSISTANCE, AND .
TRANSPORTATION.

FORM 990, PART VIII - INVESTMEN	T INCOME		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	38	0. 380.		
TOTALS	38	0. 380.		