

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2006

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning

, 2006, and ending

, 20

B Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use this label or print or type. See Specific Instructions.

C Name of organization

MIRIAM'S PROMISE

Number and street (or P.O. box if mail is not delivered to street address)

522 RUSSELL STREET

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE

TN 37206

D Employer identification number

62-1722505

E Telephone number

(615) 292-3500

F Accounting method

☐ Cash ☒ Accrual☐ Other (specify) ▶

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶

J Organization type (check only one)

☒ 501(c) 3

(insert no.)

☐ 4947(a)(1) or ☐ 527

K Check here

☐ If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 564,461

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:

a Contributions to donor advised funds	1a		
b Direct public support (not included on line 1a)	1b	190,385	
c Indirect public support (not included on line 1a)	1c		
d Government contributions (grants) (not included on line 1a)	1d		
e Total (add lines 1a through 1d) (cash \$ 190,385 noncash \$)	1e	190,385	

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 218,719

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 1,297

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss). Subtract line 6b from line 6a

6c

7 Other investment income (describe ▶)

7

8a Gross amount from sales of assets other than inventory

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss). Combine line 8c, columns (A) and (B)

8d

9 Special events and activities (attach schedule). If any amount is from gaming, check here ☐ STM101

9

a Gross revenue (not including \$ of contributions reported on line 1b)

9a 153,735

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events. Subtract line 9b from line 9a

9c 153,735

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

10c

11 Other revenue (from Part VII, line 103)

11 325

12 Total revenue. Add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

12 564,461

13 Program services (from line 44, column (B))

13 353,417

14 Management and general (from line 44, column (C))

14 98,173

15 Fundraising (from line 44, column (D))

15 104,821

16 Payments to affiliates (attach schedule)

16

17 Total expenses. Add lines 15 and 44, column (A)

17 556,411

18 Excess or (deficit) for the year. Subtract line 17 from line 12

18 8,050

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 171,655

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

21 179,705

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97-16

Form 990 (2006) MIRIAM'S PROMISE

62-1722505 Page 2

Part III Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(e)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ☐	22a			
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ☐	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	60,638	12,128	21,223
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	203,934	177,259	18,819
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28	31,696	22,688	4,799
29	Payroll taxes	29	26,320	18,840	3,985
30	Professional fundraising fees	30			
31	Accounting fees	31	17,817	12,972	4,845
32	Legal fees	32			
33	Supplies	33	8,756	3,950	4,756
34	Telephone	34			50
35	Postage and shipping	35	3,604	2,270	649
36	Occupancy	36	41,052	25,862	7,390
37	Equipment rental and maintenance	37			
38	Printing and publications	38	4,245	2,674	764
39	Travel	39	15,546	9,794	2,798
40	Conferences, conventions, and meetings	40	44,208		44,208
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	10,921		10,921
43	Other expenses not covered above (itemize): STM167				
a	OTHER	43a	12,042		12,042
b	ADVERTISING	43b	17,968	17,968	
c	FAMILY AID	43c	23,702	23,702	
d	CONTRACTED SERVICES	43d	5,172	5,172	
e	INSURANCE	43e	16,473	10,378	2,965
f	TRAINING	43f	6,279	3,956	1,130
g	EQUIPMENT RENTAL	43g	6,038	3,804	1,087
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	556,411	353,417	98,173
				104,821	

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Form 990 (2006) MIRIAM'S PROMISE

62-1722505 Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **▶ ASSIST BIRTH/ADOPTIVE PARENTS**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a See SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

227,276

b See SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

126,141

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **▶**

353,417

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Form 990 (2006)

Form 990 (2006) MIRIAM'S PROMISE

62-1722505 Page 4

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
45	Cash - non-interest-bearing	150,400	45	97,122
46	Savings and temporary cash investments		46	
47 a	Accounts receivable	33,033		
47 b	Less: allowance for doubtful accounts	1,785	47 c	31,248
48 a	Pledges receivable	6,860		
48 b	Less: allowance for doubtful accounts		48 c	6,860
49	Grants receivable		49	
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
50 b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
51 a	Other notes and loans receivable (attach schedule)			
51 b	Less: allowance for doubtful accounts		51 c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	4,335
54 a	Investments - publicly-traded securities		54 a	
54 b	Investments - other securities (attach schedule)		54 b	
55 a	Investments - land, buildings, and equipment: basis			
55 b	Less: accumulated depreciation (attach schedule)		55 c	
56	Investments - other (attach schedule)		56	
57 a	Land, buildings, and equipment: basis	88,235		
57 b	Less: accumulated depreciation (attach schedule)	20,788	57 c	67,447
58	Other assets, including program-related investments (describe: STM117)	3,500	58	
59	Total assets (must equal line 74). Add lines 45 through 58	193,367	59	207,012
60	Accounts payable and accrued expenses	21,712	60	27,307
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a	Tax-exempt bond liabilities (attach schedule)		64 a	
64 b	Mortgages and other notes payable (attach schedule)		64 b	
65	Other liabilities (describe:)		65	
66	Total liabilities. Add lines 60 through 65	21,712	66	27,307
Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	171,655	67	179,705
68	Temporarily restricted	0	68	0
69	Permanently restricted	0	69	0
Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	171,655	73	179,705
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	193,367	74	207,012

EEA

Form 990 (2006)

Form 990 (2006) MIRIAM'S PROMISE

62-1722505 Page 7

Part VII Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a List the states with which a copy of this return is filed ▶ <u>TENNESSEE</u>		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	7
91 a The books are in care of ▶ <u>DEBBIE ROBINSON</u> Telephone no. ▶ <u>615-292-3500</u>		
Located at ▶ <u>522 RUSSELL STREET NASHVILLE TN</u> ZIP + 4 ▶ <u>37206</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Form 990 (2006) **MIRIAM'S PROMISE**

62-1722505

Page 8

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ ☒

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ADOPTION SERVICES					218,719
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14		1,297
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01		153,735
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a BOOK AND SUP			03		325
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					374,076
105 Total (add line 104, columns (B), (D), and (E))					374,076

Note: Line 105 plus line 1a, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	ASSISTANCE FOR INDIVIDUALS AS THEY CONSIDER AND PLAN FOR ADOPTION AND CARE FOR CHILDREN BEFORE, DURING AND AFTER BIRTH.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership/interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes	No
☐	☒

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes	No
☐	☒

108 Did the organization have a binding written contract in effect on August 17, 2008, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
☐	☒

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Deborah H. Robinson Date: 6/28/07

Type or print name and title: Deborah H. Robinson - Executive Director

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 06-26-2007 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): P00595827

Firm's name (or yours if self-employed) address, and ZIP + 4: H A BEASLEY AND COMPANY CPAS PC EIN: 20-4016519

237 W NORTHFIELD, SUITE 102 Phone no.: 615-895-5675

MURFREESBORO, TN 37129

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information -- (See separate instructions.)**

OMB No. 1545-0047

2006Department of the Treasury
Internal Revenue Service
Name of the organization▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

MIRIAM'S PROMISE**62-1722505****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
NONE NASHVILLE TN 37206	NONE	

Total number of others receiving over \$50,000 for professional services ▶

Part III Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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

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Schedule A (Form 990 or 990-EZ) 2006

MIRIAM'S PROMISE

62-1722505

Schedule A (Form 990 or 990-EZ) 2008

Page 2

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property

2a X

- b Lending of money or other extension of credit

2b X

- c Furnishing of goods, services, or facilities

2c X

- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

- e Transfer of any part of its income or assets?

2e X

- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

- b Did the organization have a section 403(b) annuity plan for its employees?

3b X

- c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

- d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

- b Did the organization make any taxable distributions under section 4968?

4b X

- c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

- d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

- f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____

- g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____

62-1722505

Page 3

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- Provide the following information about the supported organizations. (See page 7 of the instructions.)**

14 ☐ An organization organized and operated to test for public safety. Section 508(a)(4). (See page 7 of the instructions.)

MIRIAM'S PROMISE

62-1722505

Schedule A (Form 990 or 990-EZ) 2006

Page 4

Part IV Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	203,829	194,033	331,693		729,555
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	339,461	307,633	296,712		943,806
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,342	782	285		2,409
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	544,632	502,448	628,690		1,675,770
24 Line 23 minus line 17	205,171	194,815	331,978		731,964
25 Enter 1% of line 23	5,446	5,024	6,287		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶				25a	14,639
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . ▶				25b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶				25c	731,964
d Add: Amounts from column (e) for lines: 18 <u>2,409</u> 19 <u>0</u> ▶				25d	2,409
22 <u>0</u> 26b <u> </u> ▶				25e	729,555
e Public support (line 25c minus line 25d total) ▶				25f	99.67%
f Public support percentage (line 25e (numerator) divided by line 25c (denominator)) ▶					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 18 _____ ▶				27c	
17 _____ 20 _____ 21 _____ ▶				27d	
d Add: Line 27a total _____ and line 27b total _____ ▶				27e	
e Public support (line 27c total minus line 27d total) ▶				27f	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶				27g	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶				27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

MIRIAM'S PROMISE

62-1722505

Schedule A (Form 990 or 990-EZ) 2006

Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

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

Check ☐ a ☐ If the organization belongs to an affiliated group. Check ☐ b ☐ If you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table: If the amount on line 40 is- The lobbying nontaxable amount is- Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 38. Enter -0- if line 42 is more than line 38	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

EEA

Schedule A (Form 990 or 990-EZ) 2006

62-1722505 Page 7

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) Cash
- (ii) Other assets

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

☒ Yes ☐ No

[illegible]

Statement of Program Service Accomplishments

2006 01

Name(s) as shown on return

Your Social Security Number

MIRIAM'S PROMISE

62-1722505

FORM 990, PART III (a)

Grants and Allocations \$0
Program Service Expenses \$227276
Includes Foreign Grants NO

Explanation

ADOPTION COUNSELING AND SERVICES

Statement of Program Service Accomplishments

2006 01

Name(s) as shown on return

MIRIAM'S PROMISE

Your Social Security Number

62-1722505

FORM 990, PART III (b)

Grants and Allocations \$0
Program Service Expenses \$126141
Includes Foreign Grants NO

Explanation

PREGNANCY COUNSELING

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006Attachment
Sequence No. **67**

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

▶ See separate instructions.

▶ Attach to your tax return.

Business or activity to which this form relates

Identifying number

MIRIAM'S PROMISE**MANAGEMENT/GENERAL - 1****62-1722505****Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,126

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (Business/Investment Use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property STATEMENT						6,669
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, (lines 19 and 20 in column (g)), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	10,795
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2006)

Form 4562 (2006) MIRIAM'S PROMISE

62-1722505

Page 2

Part IV Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (e) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles 5/17)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special allowance for qualified New York Liberty or Out Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								26		
25 Property used more than 50% in a qualified business use:										
		%								
		%								
		%								
27 Property used 50% or less in a qualified business use:										
		%				S/L				
		%				S/L				
		%				S/L				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28		
29 Add amounts in column (i), line 28. Enter here and on line 7, page 1								29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part V Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2006 tax year (see instructions):						
43 Amortization of costs that began before your 2006 tax year					43	126
44 Total. Add amounts in column (f). See the instructions for where to report					44	126

Federal Supporting Statements

2006 PG01

Name(s) as shown on return

Your Social Security Number

MIRIAM'S PROMISE

62-1722505

FORM 4562 - LINE 19B

STATEMENT # 50

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
1,570	5	HY	S/L	157
439	5	HY	S/L	44
464	5	HY	S/L	46
5,523	5	HY	S/L	552
550	5	HY	S/L	55
146	5	HY	S/L	15
345	5	HY	S/L	35
1,318	5	HY	S/L	132
250	5	HY	S/L	25
1,305	5	HY	S/L	131
2,892	5	HY	S/L	289
44,934	5	HY	S/L	4,493
245	5	HY	S/L	25
260	5	HY	S/L	26
300	5	HY	S/L	30
2,076	5	HY	S/L	208
1,000	5	HY	S/L	100
2,659	5	HY	S/L	266
180	5	HY	S/L	18
215	5	HY	S/L	22
TOTALS				<u><u>6,669</u></u>

Federal Supporting Statements

2006 PG. 01

Your Social Security Number

62-1722505

Name(s) as shown on claim

MIRIAM'S PROMISE

Statement #101

FORM 990, PART 1, LINE 9 SPECIAL EVENTS SCHEDULE

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
FUNDRAISING	153,735		153,735		153,735
TOTAL	153,735		153,735		153,735

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

Your Social Security Number

MIRIAM'S PROMISE

62-1722505

FORM 990, SCH FOR PART II, LINE 42
DEPRECIATION AND DEPLETION SCHEDULE

Statement #108

<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
DEPRECIATION	<u>10,921</u>	<u> </u>	<u>10,921</u>	<u> </u>
TOTAL	<u>10,921</u>	<u> </u>	<u>10,921</u>	<u> </u>

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

Year Social Security Number

MIRIAM'S PROMISE

62-1722505

FORM 990, SCH FOR PART IV, LINE 57
LAND ETC. SCHEDULE

Statement #116

<u>Category or Item</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>
LAND, BUILDING, EQUIP.	88,235	20,788	67,447
TOTAL	88,235	20,788	67,447

Federal Supporting Statements

2006 PG 01

Name(s) as shown on record

Your Social Security Number

MIRIAM'S PROMISE

62-1722505

FORM 990, SCH FOR PART IV, LINE 58

Statement #117

OTHER ASSETS SCHEDULE 2

<u>Description</u>	<u>Beginning of year</u>	<u>End of year</u>
RENT DEPOSIT	3,500	
TOTAL	3,500	

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans deferred compensation	(e) Expense account, other allowances
ANETHA GRANT	V. PRESIDENT			
5909 CROSS POINTE LA BRENTWOOD	TN 37027	0	0	0
FRANK WATERS, JR	TREASURER			
162 STURBRIDGE DR FRANKLIN	TN 37064	0	0	0
JANICE R. BOYKO	BOARD MEMBER			
9444 HIGHWOOD HILLS BRENTWOOD	TN 37027	0	0	0
ROBERT TUKE	LEGAL COUNSEL			
222 4TH AVE. N. NASHVILLE	TN 37219	0	0	0
BETTY ALEXANDER	BOARD MEMBER			
147 ALLEN DR HENDERSONVILLE	TN 37075	0	0	0
MARY COOPER	BOARD MEMBER			
626 GEN. GEORGE PATT NASHVILLE	TN 37221	0	0	0
DAN ELKINS	CHAIR ELECT			
211 BURNT LEAF LN BRENTWOOD	TN 37027	0	0	0
MIKE HENDREN	BOARD MEMBER			
1635 OAKHALL DR BRENTWOOD	TN 37027	0	0	0
DAVID HIGH	BOARD MEMBER			
6325 CANTSBURY CLOSE BRENTWOOD	TN 37027	0	0	0
BILLY JOE BRACK, JR	BOARD MEMBER			
5882 CLARKSVILLE HWY JOELTON	TN 37080	0	0	0
DEBBIE ROBINSON	EXEC DIRECTOR			
522 RUSSELL ST NASHVILLE	TN 37206	60,638	0	0
GARRY SPEICH	BOARD MEMBER			
304 PERIMETER PLACE NASHVILLE	TN 37211	0	0	0
SCOTT DICKSON	BOARD MEMBER			
727 BELL RD APT 1506 ANTIOCH	TN 37013	0	0	0
JAN VAN EYS	BOARD MEMBER			
3504 RULAND PL NASHVILLE	TN 37215	0	0	0
SUSAN VINCLER	CHAIR			
1512 KEMAR CT BRENTWOOD	TN 37027	0	0	0
MICHAEL WILLIAMS	2005 CHAIR			
4702 WYOMING AVE NASHVILLE	TN 37209	0	0	0
PAUL GILLILAND	BOARD MEMBER			
ONE VANTAGE WAY, SUI NASHVILLE	TN 37228	0	0	0
CHUCK COLLINS	SECRETARY			
300 BROADWAY NASHVILLE	TN 37201	0	0	0
ROBERT DODD	BOARD MEMBER			
261 SONTAG DR FRANKLIN	TN 37064	0	0	0
BETH HARMON	BOARD MEMBER			
3005 MELBOURNE COURT MT JULIET	TN 37122	0	0	0
GINNY HOLLEY	BOARD MEMBER			
206 COTTON LANE FRANKLIN	TN 37069	0	0	0
CONNIE KINNARD	BOARD MEMBER			
2012 HAMILTON GLEN D ANTIOCH	TN 37013	0	0	0
DONNA MATTICK	BOARD MEMBER			
1406 CALVIN AVE NASHVILLE	TN 37206	0	0	0
KATHRYN STEPHENSON	BOARD MEMBER			
222 4TH AVE N NASHVILLE	TN 37219	0	0	0