Department of the Treasury Internal Revenue Service

11

12

13

14

Short Form **Return of Organization Exempt From Income Tax**

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)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning 2030, and ending November 1 October 21 C Name of organization B Check if applicable: D Employer identification number Address change eXile international, inc. 26-3098725 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Name chance E Telephone number Initial return B-11 615.424.5440 5123 Virginia Wav Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number ▶ Application pending Brentwood, TN 37027 H Check ► ✓ if the organization is not Other (specify) Website: ▶ www.exileinternational.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - 1501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 0 3 Membership dues and assessments 3 0 4 4 0 Зa Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than b Gross income from fundraising events (not including \$ 58873,460f contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7922.50 Gross sales of inventory, less returns and allowances . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 66795.96 10 10 Grants and similar amounts paid (list in Schedule O) . . . 0

15 Printing, publications, postage, and shipping . . . 16 16 Other expenses (describe in Schedule O) 51441.14 17 Total expenses. Add lines 10 through 16 . . . 17 58944.15 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 7851.81 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20

For Paperwork Reduction Act Notice, see the separate instructions.

Benefits paid to or for members

Occupancy, rent, utilities, and maintenance . . .

Salaries, other compensation, and employee benefits

Professional fees and other payments to independent contractors.

Net assets or fund balances at end of year. Combine lines 18 through 20

Cat. No. 10642I

Form 990-EZ (2010)

12

137

14

21



7851.81

0

4282.00

2356.01

865

, r a	Check if the organization used Schedul		stion in this Part	11		🗖
				eginning of year		(B) End of year
22	Cash, savings, and investments	. .		3235.40	22	11087.00
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		· · · · <u> </u>		24	
25	Total assets		• • • • -	1, 4	25	<u></u>
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of colum	o (D) must sees with line (,,· · ·	* * * * * * * * * * * * * * * * * *	26	11501
27 Par				<u>(インスティ)</u> m v	27	5 () 7 ()
	Check if the organization used Schedul				(Red	Expenses quired for section
Wha	is the organization's primary exempt purpose?	Provide therapy for children i	n central and easter	n Africa	501	(c)(3) and 501(c)(4)
Desc	ribe what was achieved in carrying out the organization	n's exempt purposes. In a cle	ar and concise ma	nner, describe		anizations and section 7(a)(1) trusts; optional
the s	ervices provided, the number of persons benefited, and	other relevant information for	each program title.		fore	others.)
28	Providing trauma therapy to children in central and east				ł	
	children and 300 adults were served in a 12 month peri	cd; advocated for the rights of t	these children throu	gh		
	partnerships with other organizations. (Grants \$) If this amoun	t includes foreign grants, c	hack hara		288	514414
29			HECK HEIE	· · • <u> </u>	200	51441.14
					1	
	(Grants \$) If this amoun	t includes foreign grants, c	heck here	▶ 🗆	29a	1
30	***************************************				İ	

	(Grants \$) If this amoun	t includes foreign grants, c	hook boro		30a	.
31	Other program services (describe in Schedule O)		ileck liele	· · · ·	302	
•		t includes foreign grants, c	heck here	▶ □	318	a
32	Total program service expenses (add lines 28a	through 31a) 🔑		Þ	32	
Par					instr	ctions for Part IV.)
	Check if the organization used Schedul	e O to respond to any que	estion in this Part (c) Compensation			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit defened compe	plans	& account and
Reiha	ny Paige Haley	devotes to position	enter -o)	vereneo cumpe	isawi	1 Unier atowarces
	2th Ave South #811, Nashville, TN, 37203	25		d		ا ا
	aret Cox	3 2007				1
	ellevue Rd. #232, Nashville, TN 37221	25		d		<u>d</u> (
	hy Barnes					1
<u>4741</u>	Central Street, Ste 285, Kansas City, MO, 64112	<u> </u> 2		<u>q</u>		<u>d</u>
				+		

				7		
		"				

				-		+
		•				
		·				
						1
			+	+		-
		-1		1		1

	Cherk if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			~
35	change on Schedule O (see instructions)	34		
а	not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
b	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35a 35b		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 27a 0 Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		~
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40ъ		v
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		ر ا
41	List the states with which a copy of this return is filed. ► Tennessee			<u> </u>
42a		615.42		0
b	Located at ► 5123 Viriginia Way, Ste B11, Brentwood, TN ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	370	27	•••••
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ļ	Yes	No
	account)?	42b		1
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		v
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		~

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Form 99	0 E7 M	1010)						p	age 4
							-	Yes	
45	lo		ha organization within the	maani	na of caction	512/b)/13)2	45	103	<u> </u>
45 a	The state of the s						10		
		990-EZ (see instructions)					45a	'	~
46		he organization engage, directly or indirectly andidates for public office? If "Yes," comple					46		~
Part \	VI	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494	section 4947(a)(1) none:	xemp table	ot charitabl	e trusts only. A	II sec	tion 7-49	
		and 52, and complete the tables for line	es 50 and 51.						_
		Check if the organization used Schedule	O to respond to any ques	suon i	n this Part V	1	• •	· ·	
4	5 :		01/10/ 11 11 01					Yes	
47		he organization engage in lobbying activities					47	1	~
48		e organization a school as described in section		_		E	48	 -	~
49a		he organization make any transfers to an ex	•	d orga	anization? .		49a	_	<u></u>
ь		es," was the related organization a section 5					49b		Ľ
50		plete this table for the organization's five hi							
	empl	oyees) who each received more than \$100,0	<u>`</u>		=		iter "N	lone."	<u> </u>
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Tille and average hours per week devoled to position	(c) (Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac) Exper count a r allowa	ınd
			fs.				 		
		***************************************	5 4			ı	1		
			₹ -1-112						
	Total	lavabaratatharanalavaaidavaa 6400	000	<u> </u>	<u> </u>		ــــــــــــــــــــــــــــــــــــــ		
51		I number of other employees paid over \$100 plete this table for the organization's five I			~	bb			
31		0,000 of compensation from the organization			en comacu	ois who each lec	EIVEC	HIOI	: uiaii
	• • • • • • • • • • • • • • • • • • • 	(a) Name and address of each independent contractor		0110.	(h) Tvr	e of service	(c) Co	moens	ation
		(a) Name and address of each independent contractor	paid more man stoo,coo		(6) 131	e or service	(0) (0)	трепа	
	*******		* · · · · · · · · · · · · · · · · · · ·						
	,								
		=======================================		•••••	1				
			 						
		***************************************				i			
						ŀ			
					 				
d	Total	number of other independent contractors e	each receiving over \$100,00	00.	.▶	0		,,	
52	Did t	he organization complete Schedule A? Note	e: All section 501(c)(3) orga	nizati	ons and 494	7(a)(1)			
	попе	xempt charitable trusts must attach a comp	oleted Schedule A			<u>.</u> . > <u>[</u>	☑ Ye	s 🗆	No
Under po	enalties rect, an	of perjury, I declare that I have examined this return, indicate the complete of the complete	cluding accompanying schedules a is based on all information of which	and state	tements, and to trer has any kno	the best of my knowle wledge.	dge ar	ıd belie	f, it is
.	T				-	2 1- 11			
Sign 5-15-11					3-15.11				
I 7 \Signature of officer \ 1 = \ \ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
		Bothany PHalan	I, PND IBW						
		Type or print name and title							
Paid		Print/Type preparer's name Prepa	rer's signature		Date	Check if	PTIN		
					İ	self-employed			
Prepa		Firm's name	 		·	im's EIN ▶			
Use (אוחכ	THIS INCHES							

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

Phone no.

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.

▶ 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 **Employer identification number** Name of the organization 3098725 exile international inc Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III-Other c Type III-Functionally integrated a 🗌 Type I **b** ☐ Type II e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the a following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vii) Amount of (v) Did you notify (vi) is the (iii) Type of organization (iv) Is the organization (ii) EIN (i) Name of supported organization in col. support the organization in (described on lines 1-9 in col. (i) listed in your organization (i) organized in the col. (i) of your above or IRC section governing document? support? U.S.? (see instructions)) No Yes No Yes No Yes

Total

Schedule	А	íFarm	990	O٢	990	۰F7۱	2009

Page 2

	Support Schedule for Org (Complete only if you chec	janizations C	Described in	Sections 17	0(b)(1)(A)(iv)	and 170(b)(1)	Page 2 (A)(vi)
Sec	tion A. Public Support	ked the box (on line 5, 7, i	or 8 of Part I.	<u>}</u>		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(3, 3000	(4) 2000	(0) 2007	(4) 2000	(e) 2009	(i) iotai
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	58873	58873
. 2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		;				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	0	0	0	0	58873	58873
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5077
6	Public support. Subtract line 5 from line 4.						53796
	tion B. Total Support				The state of the s		
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	0	58873	58873
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						58873
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line		=	1, column (f))		14	%
15	Public support percentage from 2008 Sc					15	<u>%</u>
	a 33%% support test—2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	box and stop here. The organization qua	alifies as a publi	icly supported	organization			▶ 🗆
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box	and stop here.	. Explain in Part I	V how the
ь 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "torganization meets the "facts-and-circumstance" Private foundation. If the organization did	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. Bly supported or	Explain in Part I ganization	V how the ▶ □

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total grants. contributions. membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit 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 7a 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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 ston here

	organization, check this box and stop here		▶ Ն
Sec	ction C. Computation of Public Support Percentage		
15	asking the manage were and a feature (i) and and a fill and a feature (ii)	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%
Sec	tion D. Computation of Investment Income Percentage		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a	331/2 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is	more th	nan 33½ %, and line

19a 33½ % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □

b 33½% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🔲

Page	4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.