

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**SKYLINE AUXILIARY, INC.**

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

3441 DICKERSON PIKE

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

NASHVILLE, TN 37207**D** Employer identification number**62-1574998****E** Telephone number**615 769-2200****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 ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **N/A****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.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **238,282.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	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	73,623.
	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 \$ 2,902. noncash \$ 70,721.)	1e	73,623.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3	Membership dues and assessments	3	405.
	4	Interest on savings and temporary cash investments	4	4,750.
	5	Dividends and interest from securities	5	7,377.
	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 ▶ SEE STATEMENT 1)	7	<7,960.>	
8a	Gross amount from sales of assets other than inventory	8a	1,559.	
b	Less: cost or other basis and sales expenses	8b		
c	Gain or (loss) (attach schedule)	8c	1,559.	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	1,559.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	8,568.	
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	8,568.	
10a	Gross sales of inventory, less returns and allowances	10a	146,195.	
b	Less: cost of goods sold	10b	74,767.	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	71,428.	
11	Other revenue (from Part VII, line 103)	11	3,765.	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	163,515.	
Expenses	13	Program services (from line 44, column (B))	13	57,426.
	14	Management and general (from line 44, column (C))	14	69,302.
	15	Fundraising (from line 44, column (D))	15	54,650.
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses. Add lines 13 and 14, column (A)	17	181,378.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	<17,863.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	402,667.
	20	Other changes in net assets or fund balances (attach explanation)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	384,804.

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

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Part II 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(a)(1) nonexempt charitable trusts but optional for others.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	44,248.	8,850.	22,124.	13,274.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	3,661.	731.	1,831.	1,099.
30 Professional fundraising fees				
31 Accounting fees	4,259.		4,259.	
32 Legal fees				
33 Supplies	764.		764.	
34 Telephone				
35 Postage and shipping	1,152.		1,152.	
36 Occupancy	50,757.	11,166.	11,086.	28,505.
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	497.		497.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	3,204.		3,204.	
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 5	72,836.	36,679.	24,385.	11,772.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	181,378.	57,426.	69,302.	54,650.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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? ► SEE STATEMENT 9

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 STATEMENT 6

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

18,568.

b COMMUNITY SUPPORT-

PROVIDES FOR MONETARY DONATIONS TO COMMUNITY CAUSES.

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

10,740.

c SEE STATEMENT 7

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

26,639.

d SEE STATEMENT 8

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

1,479.

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) ►

57,426.

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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) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	196,811.	46	191,065.	
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use	33,543.	52	13,278.	
	53 Prepaid expenses and deferred charges		53		
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation	55b	55c			
56 Investments - other	SEE STATEMENT 10	142,392.	56	142,096.	
57 a Land, buildings, and equipment basis	57a	102,353.			
b Less accumulated depreciation	STMT 11 57b	58,863.	38,560.	57c	43,490.
58 Other assets, including program-related investments (describe ▶ ROUNDING)		1.	58	<1.>	
59 Total assets (must equal line 74) Add lines 45 through 58		411,307.	59	389,928.	
Liabilities	60 Accounts payable and accrued expenses	6,904.	60	5,124.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ OTHER LIABILITIES)		1,736.	65	0.
66 Total liabilities. Add lines 60 through 65		8,640.	66	5,124.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	395,967.	67	380,597.	
	68 Temporarily restricted	6,700.	68	4,207.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)		402,667.	73	384,804.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		411,307.	74	389,928.	

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	238,282.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>GIFT SHOP PURCHASES</u>	b4	74,767.
	Add lines b1 through b4	b	74,767.
c	Subtract line b from line a	c	163,515.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12) Add lines c and d	e	163,515.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a	Total expenses and losses per audited financial statements		a	256,145.
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) <u>GIFT SHOP PURCHASES</u>	b4	74,767.	
	Add lines b1 through b4		b	74,767.
c	Subtract line b from line a		c	181,378.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17) Add lines c and d		e	181,378.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
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	N/A
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 <i>quid pro quo</i> contributions?	83b	X
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 a	501(c)(4), (5), or (6) 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	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
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) organizations Enter. a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	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 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 <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
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>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	2
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>615 769-2200</u>		
	Located at <u>3441 DICKERSON PIKE, NASHVILLE, TN</u> ZIP + 4 <u>37207</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)? If "Yes," enter the name of the foreign country <u>N/A</u>	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

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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 ☐ Yes ☒ NoIf "Yes," enter the name of the foreign country **N/A**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

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N/A**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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					405.
95 Interest on savings and temporary cash investments			14	4,750.	
96 Dividends and interest from securities			14	7,377.	
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			18	<7,960.>	
100 Gain or (loss) from sales of assets other than inventory			18	1,559.	
101 Net income or (loss) from special events			05	8,568.	
102 Gross profit or (loss) from sales of inventory					71,428.
103 Other revenue					
a OTHER REVENUE					3,765.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		14,294.	75,598.
105 Total (add line 104, columns (B), (D), and (E))					89,892.

Note: Line 105 plus line 1e, 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).
▼	SEE STATEMENT 13

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
	%			
N/A	%			
	%			
	%			

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) **N/A**

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.

Yes	No
-----	----

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

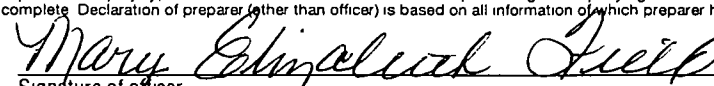
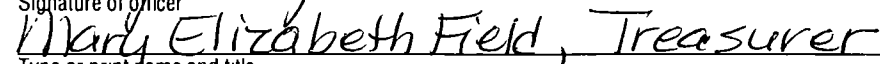
107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

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

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>11/11/08</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature AARON MAYNARD Firm's name (or yours if self-employed), address, and ZIP + 4 DEMPSEY VANTREASE & FOLLIS PLLC 724 WEST MAIN STREET LEBANON, TENNESSEE 37087		Date 11/10/08	Check if self-employed <input type="checkbox"/>
		Preparer's SSN or PTIN (See Gen. Inst. X)		EIN (615) 444-4125

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization

SKYLINE AUXILIARY, INC.

Employer identification number

62 1574998

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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	0			

Part II-A 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		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

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.)		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		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.)	X	
b Did the organization have a section 403(b) annuity plan for its employees?		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		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?*		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		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year	►	N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	N/A
f Enter the total number of separate funds or accounts owned at the end of the 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	►	0.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	0.

SEE STATEMENT 14

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received	230.	265.	190.	636.	1,321.
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	269,902.	218,759.	209,402.	216,586.	914,649.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	19,758.	3,360.	1,980.	1,919.	27,017.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	1,795.	742.	254.	569.	3,360.
23 Total of lines 15 through 22	291,685.	223,126.	211,826.	219,710.	946,347.
24 Line 23 minus line 17	21,783.	4,367.	2,424.	3,124.	31,698.
25 Enter 1% of line 23	2,917.	2,231.	2,118.	2,197.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

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: (2006) 0. (2005) 0. (2004) 0. (2003) 0.		
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: (2006) 0. (2005) 0. (2004) 0. (2003) 0.		
c Add: Amounts from column (e) for lines: 15 _____ 16 1,321. 17 914,649. 20 _____ 21 _____	27c	915,970.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	915,970.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	946,347.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	96.7901%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	2.8549%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(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
	N/A	
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	41
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	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

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)

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

Yes	No	Amount
		0.

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

- b Other transactions:**

- (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

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

	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

N/A

[illegible]

- 52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

- b If "Yes," complete the following schedule:

N/A

[illegible]

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS							
8	REMODEL OF NEW GIFT SHOP							
	063000	SL	40.00	16	36,691.		6,419.	917.
9	REPAIRS TO GIFT SHOP							
	100301	SL	40.00	16	1,472.		213.	37.
	* 990 PAGE 2 TOTAL BUILDINGS							
					38,163.	0.	6,632.	954.
	FURNITURE & FIXTURES							
1	GIFT SHOP DISPLAY EQUIPMENT							
	070100	SL	7.00	16	34,291.		34,291.	0.
2	STORAGE CABINETS IN STOCK							
	100100	SL	7.00	16	256.		249.	7.
3	DISPLAY CABINET UNDER WINDOW							
	101900	SL	7.00	16	1,049.		1,000.	49.
4	DISPLAY TABLE FROM BOMBAY							
	101500	SL	7.00	16	161.		155.	6.
5	CD TABLE							
	112900	SL	7.00	16	86.		79.	7.
6	CURIO DISPLAY CASE							
	061801	SL	7.00	16	775.		666.	109.
7	CABINET							
	021302	SL	7.00	16	499.		385.	71.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					37,117.	0.	36,825.	249.
	MACHINERY & EQUIPMENT							
10	COMPUTER UPGRADE							
	100498	SL	6.00	16	2,240.		2,240.	0.
11	TYPEWRITER							
	123191	SL	5.00	16	180.		180.	0.
12	CAMERA							
	051798	SL	12.00	16	183.		151.	15.
13	CASH REGISTER							
	100199	SL	12.00	16	11,204.		7,472.	934.
14	GIFT SHOP MUSIC SYSTEM							
	070383	SL	5.00	16	236.		47.	0.
15	VACUUM CLEANER							
	083000	SL	5.00	16	87.		87.	0.
16	SAFE							
	092500	SL	5.00	16	351.		351.	0.
17	MUSIC SYSTEM							
	012601	SL	5.00	16	99.		99.	0.
18	COMPUTER/PRINTER							
	031301	SL	7.00	16	1,193.		1,077.	116.
19	DIGITAL CAMERA							
	072204	SL	7.00	16	327.		137.	47.
20	FLAT SCREEN MONITOR							
	091503	SL	7.00	16	339.		182.	48.
21	TREASURE CHEST							
	010107	SL	7.00	16	2,500.		179.	357.
22	CASH REGISTER							
	012508	SL	7.00	16	8,134.			484.

990

718261
04-27-07

18

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	<7,960.>
TOTAL TO FORM 990, PART I, LINE 7	<7,960.>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
EQUIPMENT		VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,559.	0.	0.	0.	1,559.
TO FM 990, PART I, LN 8	1,559.	0.	0.	0.	1,559.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
FUND RAISING EVENTS	8,568.		8,568.		8,568.
TO FM 990, PART I, LINE 9	8,568.		8,568.		8,568.

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 4
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INCOME

1. GROSS RECEIPTS	146,195	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		146,195
4. COST OF GOODS SOLD (LINE 13)	74,767	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		71,428

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	74,767	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		74,767
12. INVENTORY AT END OF YEAR		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		74,767

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM EXPENSES	29,470.	29,470.		
FRIENDS FUND	4,558.	4,558.		
LICENSES	349.		349.	
DUES & SUBSCRIPTIONS	396.		396.	
DONATIONS	2,651.	2,651.		
BAD DEBT	21.		21.	
BANK CHARGES	4,583.		4,583.	
TRAINING	840.		840.	
UNIFORMS	428.		428.	
OFFICE EXPENSES	9,213.		9,213.	
VOLUNTEER				
RECOGNITION	4,103.		4,103.	
OTHER EXPENSES	1,052.		1,052.	
INSURANCE	3,400.		3,400.	
SPECIAL FUND RASING EVENTS	11,772.			11,772.
TOTAL TO FM 990, LN 43	72,836.	36,679.	24,385.	11,772.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

PATIENT SUPPORT-

VOLUNTEER VISITOR PROGRAM: VISITS EACH NEWLY ADMITTED PATIENT AND PROVIDES TOILETRIES THEY MAY HAVE FORGOTTEN AND WOULD NOT OTHERWISE BE PROVIDED

MOTHERS & BABIES PROGRAM: GIFT PACK DELIVERED BY A VOLUNTEER TO EACH NEW MOTHER AND BABY LEAVING THE HOSPITAL

BELONGING BAGS PROGRAM: PROVIDES A DRAWSTRING VINYL BAG TO EACH PATIENT IN WHICH TO PLACE CLOTHING AND VALUABLES

HOLIDAY DECORATIONS: HOLIDAY DECORATIONS ARE PLACED IN THE WAITING ROOMS BY VOLUNTEERS FOR THE BENEFIT OF PATIENTS AND THEIR FAMILIES WHO MUST SPEND TIME IN A HOSPITAL DURING THE CHRISTMAS SEASON.

ACCOMODATIONS PROGRAM: PROVIDES UP TO TWO NIGHTS STAY IN A CONTRACTED HOTEL AND IF NECESSARY TRANSPORTATION

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

18,568.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE THREE

SCHOLARSHIPS-

PROVIDES RE-NEWABLE SCHOLARSHIP TO HIGH SCHOOL STUDENTS WISHING TO PURSUE STUDIES IN A MEDICAL FIELD. ALSO, PROVIDES FOR AN ENDOWED FUND AT A LOCAL COMMUNITY COLLEGE TO ASSIST A "RETURNING" STUDENT IN THE FIELD OF ALLIED MEDICINE. DURING THE YEAR PROVIDED MORE THAN \$20,000 IN SCHOLARSHIPS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		26,639.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE FOUR

TREES OF LIGHT AND LIFE-

A PROGRAM WHICH ALLOWS THE VOLUNTEERS AND THE COMMUNITY AT LARGE TO HONOR THE MEMORY OF INDIVIDUALS WHO HAVE PASSED AWAY OR TO HONOR INDIVIDUALS WHO HAVE TOUCHED THEIR LIVES WITH THE PURCHASE OF A LIGHT.

TOTAL ALL PROGRAM SERVICE ACCOMPLISHMENTS

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		1,479.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 9
PART III

EXPLANATION

SKYLINE AUXILIARY, INC IS A NONPROFIT CORPORATION LOCATED IN NASHVILLE, TENNESSEE. THE AUXILIARY IS INCORPORATED TO RENDER ASSISTANCE TO SKYLINE MEDICAL CENTER, ITS PATIENTS AND FAMILIES, AND THE COMMUNITY AT LARGE THROUGH SERVICES, PUBLIC RELATIONS, AND FUNDRAISING AS APPROVED BY THE HOSPITAL ADMINISTRATOR. THE AUXILIARY'S SUPPORT COMES PRIMARILY FROM GIFT SHOP SALES, FUNDRAISING EVENTS, AND CONTRIBUTIONS.

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS	COST	142,096.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		142,096.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
GIFT SHOP DISPLAY EQUIPMENT	34,291.	34,291.	0.
STORAGE CABINETS IN STOCK	256.	256.	0.
DISPLAY CABINET UNDER WINDOW	1,049.	1,049.	0.
DISPLAY TABLE FROM BOMBAY	161.	161.	0.
CD TABLE	86.	86.	0.
CURIO DISPLAY CASE	775.	775.	0.
CABINET	499.	456.	43.
REMODEL OF NEW GIFT SHOP	36,691.	7,336.	29,355.
REPAIRS TO GIFT SHOP	1,472.	250.	1,222.
COMPUTER UPGRADE	2,240.	2,240.	0.
TYPEWRITER	180.	180.	0.
CAMERA	183.	166.	17.
CASH REGISTER	11,204.	8,406.	2,798.
GIFT SHOP MUSIC SYSTEM	236.	47.	189.
VACCUM CLEANER	87.	87.	0.
SAFE	351.	351.	0.
MUSIC SYSTEM	99.	99.	0.
COMPUTER/PRINTER	1,193.	1,193.	0.
DIGITAL CAMERA	327.	184.	143.
FLAT SCREEN MONITOR	339.	230.	109.
TEASURE CHEST	2,500.	536.	1,964.
CASH REGISTER	8,134.	484.	7,650.
TOTAL TO FORM 990, PART IV, LN 57	102,353.	58,863.	43,490.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
SHERRY STOREY 105 VALERIE CT GOODLETTSVILLE, TN 37072	PRESIDENT 0.00	0.	0. 0.
JUANITA NICHOLSON 8643 SAWYER BROWN ROAD NASHVILLE, TN 37221	PRESIDENT-ELECT 0.00	0.	0. 0.
CARRIE HARGROVE 213 DIANE DR MADISON, TN 37115	VP, MEMBERSHIP 0.00	0.	0. 0.
MARY ELIZABETH FIELD 2014 WOODWIND CR GREENBRIER, TN 37073	TREASURER 0.00	0.	0. 0.
PATSY HIRE 1146 LONGVIEW DR HENDERSONVILLE, TN 37075	ASSISTANT TREASURER 0.00	0.	0. 0.
MARIE WALKER 4314 SAUNDERS AVENUE NASHVILLE, TN 37216	RECORDING SECRETARY 0.00	0.	0. 0.
JO SANDERS 1167 MADISON CREEK ROAD GOODLETTSVILLE, TN 37072	CORRESPONDING SECRETARY 0.00	0.	0. 0.
SANDRA HASTINGS PO BOX 1642 MADISON, TN 37116-1642	PARLIAMENTARIAN 0.00	0.	0. 0.
MARY NOLEN 606 PARK DRIVE GOODLETTSVILLE, TN 37072	HISTORIAN 0.00	0.	0. 0.
JULIE DAVIS 1109 LIVINGFIELD COURT GALLATIN, TN 37066	DIRECTOR 0.00	0.	0. 0.
SARA GENTRY 3600 LEGACY DRIVE SPRINGFIELD, TN 37172	GIFT SHOP MANAGER 20.00	0.	0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

0. 0. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 13
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
94	MEMBERSHIP ASSESSMENTS ARE FOR MISCELLANEOUS MEMBERSHIP FUNCTIONS
102	THE ORGANIZATION OPERATES A GIFT SHOP IN THE HOSPITAL AS A MEANS OF PROVIDING SUPPORT TO THE PATIENTS BY ENABLING VISITORS AND FAMILY MEMBERS TO PURCHASE FIFT ITEMS FO THE PATIENTS WHILE IN THE HOSPITAL
103A	OTHER REVENUES GENERATED BY THE ORGANIZATION ENABLES IT TO PERFORM ITS EXEMPT PURPOSE

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 14
PART III, LINE 3A

THE FOLLOWING DETERMINE RECIPIENTS QUALIFY TO RECEIVE SCHOLARSHIP PMTS:
FINANCIAL NEED, MUST BE FROM HOSPITAL'S SURROUNDING COUNTY,
ACADEMIC PERFORMANCE INCLUDING GRADE POINT AVERAGE AND TEST SCORES,
MUST BE STUDYING FOR SOME MEDICAL FIELD.

SCHEDULE A	OTHER INCOME				STATEMENT 15
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
OTHER INCOME	1,795.	742.	254.	569.	
TOTAL TO SCHEDULE A, LINE 22	1,795.	742.	254.	569.	