# 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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	ne 2006 calend	dar year, o	r tax year beginning	, 2006, and	d ending		,		
В	Check i	if applicable:	_	С			D Emplo	yer Identificati	on Number	
	Ad	dress change	Please use IRS label	Men of Valor			62-	-1836815	5	
	Na	ime change	or type.	1420 Donelson Pike			E Telep	none number		
	Ini	tial return	See specific	Nashville, TN 3721	7		615	5-399-91	L11	
	  Fir	nal return	instruc- tions				F Accou	inting	Cash X	Accrual
	$\prod_{An}$	nended return					i ,,	Other (specify)		
	Had	plication pending	Section	on 501(c)(3) organizations and	4947(a)(1) nonexempt	H and	l are not applicable to sec		izations .	
	<b>—</b> ·		charit	able trusts must attach a com	pleted Schedule A	H (a)	Is this a group return fo	r affiliates?	Yes	X No
_				990 or 990-EZ).		H (b)	If 'Yes,' enter number of a	affiliates 🕨		_
G	web:	site: - www.	men-or	-valor.org		H (c)	Are all affiliates include		Yes	No
J	Orgai	nization type	_	▼			(If 'No,' attach a list. Se			
		k only one)				'_  H (d)	Is this a separate return organization covered by		, III.,	X No
ĸ				ization is not a 509(a)(3) suppl not more than \$25,000. A retur		-			Yes	V No
				return, be sure to file a comp		M	Group Exemption Check ► if the		not require	ıd.
$\overline{}$	Gross	s receipts: Add	d lines 6h	8b, 9b, and 10b to line 12 ►	751 221	⊣'''	to attach Schedule B (F			
	H			nses, and Changes in N		lances				<del></del>
\$5000000	1			ants, and similar amounts rece			(000 0.10			
	а		-	advised funds	l l	1a				
	b	Direct public	support (r	ot included on line 1a)		1b	553,503.			
				(not included on line 1a)		1c				
				ons (grants) (not included on li		1d				
	е	Total (add lines 1a through 1d) (c	ash \$	444,635. noncash	\$ 108,868.)	)		1e	553	,503.
				ue including government fees				2		
	3	Membership	dues and	assessments				3		
	4			temporary cash investments				4		
	5	Dividends an	d interest	from securities	ere		a arreg arre	5	15	,769.
	6a	Gross rents				6a	·			•
	b	Less: rental e	expenses			6b				
				oss). Subtract line 6b from line				6c		
R	7	Other investr	nent incor	ne (describe			<u> </u>	7		
REVENU	8a	Gross amour	nt from sal	es of assets other	(A) Securities		(B) Other			
Ņ						8a				
Ĕ				is and sales expenses		8b				
				le)		8c				
	_			bine line 8c, columns (A) and				8d		
	9	Gross revenu		ivities (attach schedule). If any	y amount is from <b>gaming,</b> cl of contributions	песк пе	re			
	a	reported on I	•			9a	181,949.			
	b	•	•	other than fundraising expense	<del></del>	9b	101/313.			
			•	om special events. Subtract lir			Statement 1	9c	181	,949.
				y, less returns and allowance:	1	I0a				<u> </u>
	b	Less: cost of	goods so	ld		10b				
			- ·	iles of inventory (attach schedule). Sul	otract line 10b from line 10a			10c		
	11							11		
	12	Total revenu	e. Add line	es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11			12	751	,221.
F	13	Program ser	vices (fror	n line 44, column (B))				13	640	,395.
EXPERSES	14	Management	t and gene	eral (from line 44, column (C))				14		,866.
E	15	Fundraising	(from line	44, column (D))				15	8	<u>,963.</u>
S	16	-						16		
Š	17	Total expens	ses. Add li	nes 16 and 44, column (A)				17		,224.
Α	18	Excess or (d	eficit) for	he year. Subtract line 17 from	line 12			18		,003.
N S E E	19			ances at beginning of year (fro				19	513	,336.
				ssets or fund balances (attach			e e, e, e	20		
	21	Net assets o	r fund bala	ances at end of year. Combine	e lines 18, 19, and 20			21	506	,333.

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.

E	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				2	
	funds (attach sch)					
	(cash \$					
	If this amount includes					
	foreign grants, check here	22 a				
<b>22</b> b	Other grants and allocations (att sch)					
	(cash \$ 10,279. non-cash \$ )					
	If this amount includes					
	foreign grants, check here	22 b	10,279.	10,279.		
23	Specific assistance to individuals					
	(attach schedule)	23				
24	Benefits paid to or for members					
<b></b>	(attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc listed in					
	Part V-A (attach sch)	25 a	106,082.	53,041.	53,041.	0.
Ŀ	Compensation of former officers, directors, key employees, etc listed in			·		
	Part V-B (attach sch)	25 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)			,		
	(attach schedule)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	375,663.	361,980.	13,683.	
27	Pension plan contributions not		10 277	10 007	6 E10	
	included on lines 25a, b, and c	27	19,377.	12,867.	6,510.	
28	Employee benefits not included on lines 25a - 27	28	3,485.	2,788.	697.	
29	Payroll taxes	29	35,199.	30,463.	4,736.	
30	Professional fundraising fees	30				
31	Accounting fees	31	9,740.	4,870.	4,870.	
32	Legal fees	32				
33	Supplies	33	7,009.	5,608.	1,401.	
34	Telephone	34	10,139. 1,828.	8,111. 1,280.	2,028. 548.	
35 36	Postage and shipping Occupancy	36	15,281.	13,753.	1,528.	
37	Equipment rental and maintenance	37	10/202.	207.00.		
38	Printing and publications	38	6,354.	6,354.		
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	11 000	11 000		
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize):	42	11,383.	11,383.		
	a See Statement 2	43a	146,405.	117,618.	19,824.	8,963.
ı	b	43b		1		
	c	43 c				
•	d	43d				
	e	43e			·	
.1	f	43f				
9	g	43g				
44	through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	758,224.	640,395.	108,866.	8,963.
	nt Costs. Check ► if you are following					. — —
	any joint costs from a combined education					
If 'Y	es,' enter (i) the aggregate amount of these ; (iii) the amount a				amount allocated to Prog and <b>(iv)</b> tl;	gram services ne amount allocated
	undraising \$ .	Jourd	. to management and ge	T	, and (14)	

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Form **990** (2006)

BAA

Part III Statement of Program Service Accomplishments

ranization. How the public pe	inspection and, for some people, serves as the primary or sole source of information about receives an organization in such cases may be determined by the information presented on it complete and accurate and fully describes, in Part III, the organization's programs and according to the complete and accurate and fully describes, in Part III, the organization's programs and according to the complete and accurate and fully describes, in Part III, the organization's programs and according to the complete and accor	s return. Therefore,
nat is the organization's prima organizations must describe ents served, publications issu ations and 4947(a)(1) nonexer		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a This program off job counseling &	fers evangelism, discipleship, family reconciliation, assistance, housing assistance, a home church llow-up to men and their families.	
(Grants and allocations	\$ 10,279.) If this amount includes foreign grants, check here	640,395.
(Grants and allocations	\$ ) If this amount includes foreign grants, check here	
(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 (Grants and allocations	\$ ) If this amount includes foreign grants, check here Frenches (should equal line 44, column (R), Program services)	640.395.

Pa	Part IV Balance Sheets (See the instructions.)								
Not	e: W	here required, attached schedules and amounts within the description plumn should be for end-of-year amounts only.	<b>(A)</b> Beginning of year		<b>(B)</b> End of year				
	45	Cash - non-interest-bearing	59,489.	45	112,139.				
	46	Savings and temporary cash investments	305,567.	46	264,054.				
		· [							
	47 a	Accounts receivable 47a							
	b	Less: allowance for doubtful accounts		47 c					
	<b>4</b> 8a	Pledges receivable 48a 100,000.							
	b	Less: allowance for doubtful accounts 48b	125,000.	48c	100,000.				
	49	Grants receivable		49					
	<b>50</b> a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a					
	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					
A S S E T S		Other notes and loans receivable (attach schedule) 51 a							
T S	b	Less: allowance for doubtful accounts 51 b	1,000.	51 c					
-		Inventories for sale or use		52					
		Prepaid expenses and deferred charges	684.	53	776.				
		Investments — publicly-traded securities ▶ ☐ Cost ☐ FMV		54a					
		Investments — other securities (attach sch)		54b					
		Investments — land, buildings, & equipment: basis 55a							
	b	Less: accumulated depreciation (attach schedule) 55b		55 c					
	56	Investments — other (attach schedule)	· · · · · · · · · · · · · · · · · · ·	56					
		Land, buildings, and equipment: basis 57a 50, 692.							
		-							
	D	Less: accumulated depreciation (attach schedule) Statement 4 57b 21,997.	23,136.	57 c	28,695.				
		Other assets, including program-related investments							
		(describe ► See Statement 5	1.	58	1,430.				
	59	Total assets (must equal line 74). Add lines 45 through 58	514,877.	59	507,094.				
	60	Accounts payable and accrued expenses	1,541.	60	436.				
	61	Grants payable		61					
Ļ	62	Deferred revenue		62					
Å	63	Loans from officers, directors, trustees, and key							
Ĩ		employees (attach schedule)		63					
Ī T		Tax-exempt bond liabilities (attach schedule)		64a					
Î E S		Mortgages and other notes payable (attach schedule)		64b					
S		Other liabilities (describe ► See Statement 6 )	1 541	65	325.				
	66	Total liabilities. Add lines 60 through 65	1,541.	66	761.				
N	Orga	anizations that follow SFAS 117, check here ► X and complete lines 67							
N E T		through 69 and lines 73 and 74	200 226		F0C 222				
A S	67	Unrestricted	388,336.		506,333.				
ANOH-0	68	Temporarily restricted	125,000.	_					
	69	Permanently restricted		69	<u> </u>				
O R	Orga	anizations that do not follow SFAS 117, check here ► and complete lines	i i						
		70 through 74.							
F UND	70	Capital stock, trust principal, or current funds		70					
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	-				
Ĺ	72	Retained earnings, endowment, accumulated income, or other funds		72					
BALANCES	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through	E10 006	72	EUE 222				
S	74	72. (Column (A) must equal line 19 and column (B) must equal line 21).  Total liabilities and net assets/fund balances. Add lines 66 and 73.	513,336. 514.877	73	506,333. 507.094				
	. //3		1 314.077	/ 64					

	m 990 (2006) Men of Valor	e per Audited Financia	l Statements wit	62-1		
*******	instructions.)		. • • • • • • • • • • • • • • • • • • •			(000
					Т	
а	Total revenue, gains, and other support	per audited financial statemen	ts.		a	752,221.
b	Amounts included on line a but not on Pa					
	1Net unrealized gains on investments		.   b1			
	2Donated services and use of facilities		b2			
	3Recoveries of prior year grants		b3			
	4Other (specify):					
	COO CTM /		1 6/1	1,000.		
	Add lines <b>b1</b> through <b>b4</b>				b	1,000.
С	Subtract line <b>b</b> from line <b>a</b>				С	751,221.
d	Amounts included on Part I, line 12, but	not on line a:				
	1 Investment expenses not included on Pa	ırt I, line 6b	d1			
	2Other (specify):					
			d2			
	Add lines d1 and d2.	recording the second of the se			d	
е	Total revenue (Part I, line 12). Add lines				е	751,221.
	art IV-B Reconciliation of Expens	ses per Audited Financi	<u>al Statements w</u>	ith Expenses per	Ret	urn
а	Total expenses and losses per audited f				a	759,224.
b	Amounts included on line a but not on P		11			
	2Prior year adjustments reported on Part		b2			
	3Losses reported on Part I, line 20.		<u>b3</u>			
				1 000		
				1,000.		1 000
	Add lines <b>b1</b> through <b>b4</b>			received the contract	b	1,000
С.	Subtract line <b>b</b> from line <b>a</b>			A A CASA CASA CASA CASA CASA CASA CASA	С	758,224
d	Amounts included on Part I, line 17, but		اور ا	·		
	1 Investment expenses not included on Pa	·				
	2Other (specify):		<sub>d2</sub>			
	Add lines d1 and d2					
_	Total expenses (Part I, line 17). Add line				u e	758,224
i i					,	
8-88	Current Officers, Directo or key employee at any time du	ring the year even if they were	.mployees (List 6 e not compensated.)	eacn person wno was a (See the instructions.)	n on	icer, director, trustee,
_		(B) Title and average hours	(C) Compensation		_	(E) Expense
	(A) Name and address	per week devoted	(if not paid,	employee benefi	t	account and other
		to position	enter -0-)	plans and deferre	ns	allowances
_	<u> </u>			-	一	
		· ·			1	
Se	ee Statement 9	-	106,08	3. 10,50	0.1	2,988
~~	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				$\neg$	
		1				
		1				
					一	
		1				

Form <b>990</b> (2006) Men of Valor			62-1836	815	Pa	ge <b>6</b>
Part V-A Current Officers, Directors, Tru	stees, and Key En	nployees (continue	ed)		Yes	No
75a Enter the total number of officers, directors, and trustees pe	rmitted to vote on organizatio	n business as board meetings	▶ 13			
b Are any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen. A, Part II-A or II-B, related to each other through identifies the individuals and explains the relation.	sated professional and <sub>I</sub> h family or business re	other independent cont	ractors listed in Schedu	ees ile 75b		X
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	sated professional and any other organization e definition of 'related o	other independent cont s, whether tax exempt o rganization'	ractors listed in Schedu	ile p‱‱		x.]
If 'Yes,' attach a statement that includes the int				<b>7</b> 5d		χl
d Does the organization have a written conflict of Part V.B. Former Officers, Directors, Tru						
Benefits (If any former officer, directors, during the year, list that person below a the instructions.)	r. trustee, or key emplo	ovee received compens	ation or other benefits ( benefits in the appropri	described b	elow)	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	opense and other ances	er
None						
				E		
Part VI Other Information (See the inst	tructions.)	<u> </u>	L	<u></u>	Yes	No
76 Did the organization make a change in its active if 'Yes,' attach a detailed statement of each ch	rities or methods of cor	nducting activities?		76		Х
77 Were any changes made in the organizing or of the changes of the changes attach a conformed copy of the changes.	es.					X
<b>78a</b> Did the organization have unrelated business of <b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b>			r covered by this return			X A
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	experience of the second		79		Χ
80a Is the organization related (other than by asso membership, governing bodies, trustees, office b If 'Yes,' enter the name of the organization ►	ers, etc, to any other e	e or nationwide organiza xempt or nonexempt or	ation) through common ganization?	80 a	1	X
81 a Enter direct and indirect political expenditures	and c	heck whether it is	exempt or nonexe	 empt. 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for th				81 1	<b>b</b>	X
BAA				<del></del>	m <b>990</b> (	

organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 a		X
90a List the states with which a copy of this return is filed  TN			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90 ь		1:
91a The books are in care of ► David Pitzer, CPA Telephone number ► 615-851-27	27		
Located at ► 118 Two Mile Pkwy, Goodlettsville TN ZIP + 4 ► 3707	2		
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 ►	91 b	Yes	No X
Financial Accounts.			
BAA	Form	990 (	(2006

Form <b>990</b> (2006) Men of Valor				62-1836	815 Page <b>8</b>
Part VI Other Information (continue	ed)				Yes No
c At any time during the calendar year, did	the organization	n maintain an office	outside of the Un	ited States?	91 c X
If 'Yes,' enter the name of the foreign cor	<del>-</del>				
92 Section 4947(a)(1) nonexempt charitable		m 990 in lieu of <b>For</b>	m 1041 - Check h	nere	N/A ►
and enter the amount of tax-exempt inter					N/A
Part VII Analysis of Income-Producing	Activities (S	See the instruction	15.)		
Analysis of income 1 routein		business income		ection 512, 513, or 514	
Notes Fates are a supplied unlarge	Unrelated	DUSINESS INCOME			(E)
<b>Note:</b> Enter gross amounts unless otherwise indicated.	(A) Business code	<b>(B)</b> Amount	(C) Exclusion code	<b>(D)</b> Amount	Related or exempt function income
93 Program service revenue:  a					
•					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.					
96 Dividends & interest from securities					15,769.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
<b>b</b> not debt-financed property.					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
55 Other investment income	<u> </u>				
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					181,949.
102 Gross profit or (loss) from sales of inventory	* -				
103 Other revenue: a					
b					
c					
d					
Α					
104 Subtotal (add columns (B), (D), and (E))					197,718.
				·	197,718.
105 Total (add line 104, columns (B), (D), a					101,110.
Note: Line 105 plus line 1d, Part I, should equ			Evolunt Burno	cas (Saa tha instru	intions )
Part VIII Relationship of Activities					
Line No.	h income is rep oses (other tha	orted in column (E) n by providing funds	of Part VII contrib for such purpose	outed importantly to the s).	accomplishment
95 Interest/Dividend rev	enues are	used for exp	oenses dire	ctly related to	the the
organization's exempt			**		
101 Special events renenu		v received fi	rom fund-ra	isers. These r	orofits are
used to support the o				<u> </u>	
Part X Information Regarding Tax				ies (See the instru	ictions.)
(A)	(B)		(C)	(D)	(E)
			(0)		
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership int		of activities	Total income	End-of-year assets
	Ownership in			moone	433013
N/A		8		:	
		8			
		8	· · · · · ·		<u> </u>
		क्ष	·		<u> </u>
Part X Information Regarding Tra		4			
a Did the organization, during the year, receive any fu	ınds, directly or ind	irectly, to pay premiums o	on a personal benefit o	ontract?	Yes X No
<b>b</b> Did the organization, during the year, pa	y premiums, d	irectly or indirectly, o	on a personal ben	efit contract?	Yes X No
Note: If 'Yes' to (b), file Form 8870 and Fo					
ВАА				TEEA0108L 01/19	7/07 Form <b>990</b> (2006

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Par	t XI	Information Regarding Transfers To are organization is a controlling organization	nd From Controlled I	Entities. Comp Con 512(b)(13)	olete only if th	ne		
		organization is a controlling organization	ii as acimou iii sooti	5.7. 5 12(b)(10)		:	Yes	No
106	Did t	the reporting organization make any transfers to a	controlled entity as define	d in section 512(b	)(13) of the Code	? If		
	'Yes	,' complete the schedule below for each controlled	entity	T				<u>X</u>
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) ption of isfer	(I Amount o	O) of trans	sfer
а								
b								
С								
	*	Totals						
						1	Yes	No
107	Did :	the reporting organization receive any transfers fro	m a controlled entity as d	efined in section :	512(b)(13) of the	Code? If		
107		, complete the schedule below for each controlled						X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) ption of nsfer	Amount	D) of tran	sfer
а								
b								
с								
		Totals						
						81	Yes	No
108	Did	the organization have a binding written contract in	effect on August 17, 2006	5. covering the int	erest. rents. rova	Ities, and		
	ann	uities described in question 107 above?					<u> </u>	X
		Under penalties of perjury, I declare that I have examined this ret true, correct, and complete. Declaration of preparer (other than o	urn, including accompanying sche fficer) is based on all information	edules and statements, of which preparer has	and to the best of my any knowledge.	knowledge and	l belief, i	t is
Plea		<b>&gt;</b>						
Sig:	n e	Signature of officer			Date			
1101	•	Type or print name and title					-	
Paid Pre-		Preparer's signature ► Karen R. Stephens, CP		<sup>ate</sup> 4/123/07		Preparer's SSN General Instruc P002933		(See
pare	er's	Firm's name (or yours if self-			- 62 1	240215		
Use Onl		Toda   Series   Ser			EIN ► 62-1 Phone no. ► (6:	.240315 15) 859-	-880	0
BAA		junior desde de la constantion della constantion de la constantion	<u> </u>		,			(2006)

#### **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.

2006

OMB No. 1545-0047

Employer identification number Name of the organization 62-1836815 Men of Valor Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Partil (See instructions, List each one. If there are none, enter 'None.') (d) Contributions (e) Expense (a) Name and address of each (b) Title and average (c) Compensation to employee benefit plans and deferred compensation employee paid more than \$50,000 hours per week devoted to position account and other allowances See Statement 10 0 11,840. 79,548 Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service Total number of others receiving over \$50,000 for professional services 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 instructions.) (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 None Total number of other contractors receiving over \$50,000 for other services....

Sched	ule <b>A</b> (Form 990 or 990-EZ) 2006 Men of Valor	62-1836815	F	age 2
Part	Statements About Activities (See instructions.)		Yes	No
	During the year, has the organization attempted to influence national, state, or local legislation, including an 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    \begin{align*} align*	y attempt		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Otheorganizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description lobbying activities.	er of the		
:	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with a substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.	or with any or principal		
а	Sale, exchange, or leasing of property?	22		X
b	Lending of money or other extension of credit?	2i	)	Х
С	Furnishing of goods, services, or facilities?	20	=	Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	20	d	X
е	Transfer of any part of its income or assets?		е	X
3a	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	a	х
b	Did the organization have a section 403(b) annuity plan for its employees?	3	ь	X
	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	30	С	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services	s? <b>3</b>	d	X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete and 4g.	plete lines	a	x
b	Did the organization make any taxable distributions under section 4966?	4	b	X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4	С	Х
d	Enter the total number of donor advised funds owned at the end of the tax year	<b>&gt;</b>		

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

Part IV Reason for Non-Private	Foundation Status (	See instructions.)			
certify that the organization is not a private	foundation because it is: (F	Please check only ONE appl	icable 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 hospita	service organization. Sect	ion 170(b)(1)(A)(iii).			
8 A federal, state, or local governme	nt or governmental unit. Se	ection 170(b)(1)(A)(v)			
9 A medical research organization op and state	-		)(A)(iii). <b>Ent</b>	er the hospita	.l's name, city, 
An organization operated for the be (Also complete the Support Schede	enefit of a college or universule in Part IV-A.)	sity owned or operated by a	ı governmer	ntal unit. Secti	on 170(b)(1)(A)(iv).
11 a An organization that normally receisection 170(b)(1)(A)(vi). (Also com	ves a substantial part of its plete the <b>Support Scheduk</b>	support from a governmen in Part IV-A.)	tal unit or fr	om the genera	al public.
11 b A community trust. Section 170(b)(	1)(A)(vi). (Also complete th	e <b>Support Schedule</b> in Part	IV-A.)		
12 X An organization that normally receifrom activities related to its charital from gross investment income and organization after June 30, 1975. S	ale etc functions — subjec	t to certain exceptions, and	(2) no more	a than 33-1/3%	and its support
An organization that is not controlle requirements of section 509(a)(3).	ed by any disqualified perso	ons (other than foundation r	nanagers) a	nd otherwise	meets the
Type I Type II	Type III-Function	nally Integrated	Type III	-Other	
	1	out the supported organiza	r		
(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)	Is the su organization the sup organization	d) upported on listed in uporting zation's rning nents?	(e) Amount of support
			Yes	No	
				0 0	
		-			
Total				<b> </b>	0
				<u> </u>	
14 An organization organized and ope	rated to test for public safe	ety. Section 509(a)(4). (See	····		n 990 or 990-F7) 200

Schedule A (Form 990 or 990-EZ) 2006 Men of Valor 62-1836815 Page 4 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 (e) Total beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 548,891. 347,855 896,746 16 Membership fees received. 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 . . 0. 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. 6,635 1,611 8,246. 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. 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. Other income, Attach a schedule. Do not include gain or (loss) from sale of capital assets...... 555,526 349,466. Total of lines 15 through 22 . . . . 904. 992 24 Line 23 minus line 17...... 555,526 349,466 904.992 Enter 1% of line 23..... 5.555 3.495 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 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 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 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) **26**c d Add: Amounts from column (e) for lines: 18 19 26 b 26 d e Public support (line 26c minus line 26d total) 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 26 f ջ 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: 0. (2004) \_\_\_\_\_0. (2003) \_\_\_\_\_0. (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) \_\_\_\_\_ 0. (2004) \_\_\_\_\_ 15 c Add: Amounts from column (e) for lines: 16 896,746. d Add: Line 27a total and line 27b total 0. 0. 27 d e Public support (line 27c total minus line 27d total) 27 e 896.746. f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 904,992

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.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . .

27 g

27 h

99.09

0.91

Pa	Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		age a
		14/11	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?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		
		-		
	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?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
		-		
33	Does the organization discriminate by race in any way with respect to:			
i	a Students' rights or privileges?	33a		
ļ	<b>b</b> Admissions policies?	33b		
•	c Employment of faculty or administrative staff?	33 c		
•	d Scholarships or other financial assistance?	33d		
•	e Educational policies?	33e		
.1	f Use of facilities?	33f		
,	g Athletic programs?	33 g		
ı	h Other extracurricular activities?	33 h	**********	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
34 :	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ı	b Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
J.J	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		

Par	VI-A Lobbying Ex (To be complete	xpenditures by Ele ed ONLY by an eligible	ecting Public Chari organization that filed F	<b>ities</b> (See instr orm 5768)	uctions.)	,			N/A
Chec	ck ► a if the organiz	zation belongs to an affi	liated group. Check	<b>▶ b</b> if you	ı checke	d ' <b>a</b> ' and '	limited	contr	ol' provisions apply.
		imits on Lobbying	•	d)		Affiliate	<b>(a)</b> ed grou tals	р	<b>(b)</b> To be completed for <b>all</b> electing
36			·	<u> </u>	1 20				organizations
37	Total lobbying expenditu Total lobbying expenditu				36				
38	Total lobbying expenditu				38				
39	Other exempt purpose 6				39				
40	Total exempt purpose e				40				
41	Lobbying nontaxable an	•	,						
	If the amount on line 40		lobbying nontaxable an						
	Not over \$500,000.	20%							
	Over \$500,000 but not over \$1,	000,000 \$100,	000 plus 15% of the excess ov	ver \$500,000					
	Over \$1,000,000 but not over \$				41				
	Over \$1,500,000 but not over \$								
	Over \$17,000,000								
42	Grassroots nontaxable a				42				
43	Subtract line 42 from lin				43				·
44	Subtract line 41 from line Caution: If there is an a				44				
	Cauton. Il there is all a								
	(Some organ	nizations that made a se	Averaging Period I ection 501(h) election do se the instructions for lin	o not have to co	mplete a	( <b>h)</b> all of the fi	ve colu	mns l	below.
			Lobbying Expend	ditures During 4	-Year A	veraging l	Period		
	Calendar year (or fiscal year beginning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2005	<b>(c)</b> 2004			( <b>d)</b> 003		<b>(e)</b> Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount								
49 	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures	adicides has Namada at	in Debit Obstit						
	Lobbying A (For reporting o	nly by organizations that	at did not complete Part	<b>es</b> VI-A) (See inst	ructions	.)			N/A
Durir atter	ng the year, did the orgar npt to influence public op	nization attempt to influe inion on a legislative ma	ence national, state or loatter or referendum, thr	ocal legislation, ough the use of	including	g any	Yes	No	Amount
t	i Volunteers Paid staff or manageme : Media advertisements	nt (Include compensation		d on lines <b>c</b> thro	ugh <b>h.</b> )				
	l Mailings to members, le	gislators, or the public	we have the terms of the second second						
•	Publications, or published	ed or broadcast stateme	ents						
	Grants to other organiza								
	Direct contact with legis								
	Rallies, demonstrations,								
. 1	Total lobbying expenditu								
BAA	If 'Yes' to any of the abo	ove, also attach a stater	nent giving a detailed d	escription of the	e lobbyin			Λ (F.^	rm 990 or 990-E7) 2006

BAA

Part VII	Information Regar Exempt Organizat	ding Tran ions (See	sfers To and Transactions are instructions)	nd Relationships With Noncha	aritable		age /
. Of the	code (other than Section	11 301(0)(3) 0	organizations) or in section 527, relati	g with any other organization describe ng to political organizations?	d in section	501(	c)
			o a noncharitable exempt organizatio			Yes	No
٠,					51 a (i)		Х
(ii) O	Other assets				a (ii)		Х
	transactions:				,		
<b>(i)</b> S	ales or exchanges of ass	ets with a n	oncharitable exempt organization		b (i)		Х
(ii)P	urchases of assets from	a noncharita	ble exempt organization		b (ii)		X
(iii)R	Rental of facilities, equipm	ent or othe	rassets		b (iii)		X
(iv)R	Reimbursement arrangem	ents			D (III)		
(4)	oans or loan quarantees	Citta			b (iv)		X
(J) D	Performance of convices o	r mambarah	in or frankriker of the state of				X
Chari	enormance of services o	rmembersn	ip or fundraising solicitations	$\Phi_{i}(x)=(x_{i},x_{i})$ , where $x_{i}$ is the second constant of the second constant $x_{i}$	b (vi)		X
d If the	answer to any of the obe	t, mailing lis	ts, other assets, or paid employees		С		X
the go	oods, other assets, or ser ransaction or sharing arra	rvices given ingement, st	complete the following schedule. Coll by the reporting organization. If the c now in column (d) the value of the go	umn (b) should always show the fair m organization received less than fair ma ods, other assets, or services received	arket value rket value i l:	of n	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			s
N/A							
							-
<b>52a</b> Is the descri	organization directly or in ibed in section 501(c) of t s,' complete the following	ndirectly affi the Code (ot schedule:	iated with, or related to, one or more ner than section 501(c)(3)) or in secti	tax-exempt organizations on 527?	► Yes	s X	No
	(a) Name of organization		<b>(b)</b> Type of organization	(c) Description of relation	nship	-	
N/A							
						_	-
						<del></del>	
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### **Federal Statements**

Page 1

Men of Valor

62-1836815

Statement 1	
Form 990, Part I, Line 9	
Net Income (Loss) from Special Event	İS

Special Events		Gross <u>Receipts</u>	Less Contri- butions	Gross <u>Revenue</u>	Less Direct Expenses	Net Income (Loss)
Breakfast Fundraiser	Total	181,949. \$ 181,949.	<u>0.</u> \$ 0.	181,949. \$ 181,949.	<u> </u>	181,949. 3 181,949.

#### Statement 2 Form 990, Part II, Line 43 Other Expenses

	(A)	(B) Program	(C) Management	(D)
	Total	Services	& General	<u>Fundraising</u>
Automobile Bank Service Charge Board Meeting Expense		1. 5.	1,431. 55.	
Contingency Fund Contract Labor Dues and Subscriptions Family Assistance	-15 3,21 41 13,30	6. 1,608. 5. 415.		1,608.
Fundraising Insurance	7,35 89,72	5. 0. 72,026.	17,694.	7,355.
Jericho Project Licenses & Permits Meetings	32	88. 128. 80. 8. 358.	320. 90.	
Ministry Materials Prison Expense Repairs & Maintenance	14,47 4,06		6.	
Training & Staff Retreat Utilities	4,32 2,27 Total \$ 146,40	27. 4,327. 79. 2,051.	228.	\$ 8,963.

#### Statement 3 Form 990 , Part III Organization's Primary Exempt Purpose

Men of Valor is a non-profit organization committed to winning men in prison to Jesus Christ and discipling them. The purpose of the ministry is to equip men to reenter society as men of integrity - becoming givers to the community, rather than takers. The organization is supported by contributions.

2006 Federal	State	ments			Page 2
Ме	n of Valo	or			62-183681
Statement 4 Form 990, Part IV, Line 57 Land, Buildings, and Equipment					
Category		Basis	ccum.		Book Value
Automobiles / Transportation Equipment Furniture and Fixtures Machinery and Equipment	\$ tal <u>\$</u>	14,580. 17,427. 18,685. 50,692.	\$ 10,381. 3,921. 7,695. 21,997.		4,199. 13,506. 10,990. 28,695.
Statement 5 Form 990, Part IV, Line 58 Other Assets					
Net Intangible Assets			 Total	\$	1,430. 1,430.
Statement 6 Form 990, Part IV, Line 65 Other Liabilities					
Rent Escrow Payable			 Total		325. 325.
Statement 7 Form 990, Part IV-A, Line b(4) Other Amounts					
In kind Donations			 Total	\$	1,000. 1,000.
Statement 8 Form 990, Part IV-B, Line b(4) Other Amounts	· · · · · · · · · · · · · · · · · · ·				
In-Kind Donations			 Total	\$ \$	1,000. 1.000.
			10001	<del></del>	2,000.

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## **Federal Statements**

Page 3

Men of Valor

62-1836815

Statement 9
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Account/
John B. Avery III 2000 Glen Echo Road, Suite 200 Nashville, TN 37215	Chairman S			
Granville Lyons 222 Third Avenue N. #158 Nashville, TN 37201	Assoc. Chairman 0	0.	0.	0.
Steve Childress 830 Fesslers Parkway, Ste 111 Nashville, TN 37210	Secretary 0	0.	0.	0.
Andy Wilson 40 Burton Hills Blvd, #200 Nashville, TN 37215	Treasurer 0	0.	0.	0.
J.R. Davis 213 Deer Pointe Nashville, TN 37209	Director 0	0.	0.	0.
Richard Egnor 819 Stonebrook Blvd. Nolensville, TN 37135	Director 0	0.	0.	0.
Jerry Jennings 3410 Richards Street Nashville, TN 37215	Director 0	0.	0.	0.
John Oman 200 42nd Avenue North Nashville, TN 37209	Director 0	0.	0.	0.
Edmond R. Queen 625 Hamilton Avenue Nashville, TN 37203	Director 0	0.	0.	0.
Overton Thompson III 315 Deaderick Street, #2700 Nashville, TN 37238,	Director 0	0.	0.	0.
James A. Webb III 555 Great Circle Rd., #100 Nashville, TN 37228	Director 0	0.	0.	0.
Richard Cook One Park Plaza, I-4 East Nashville, TN 37203	Director 0	0.	0.	0.

2006	Federal Statements	Page 4
Client 5580	Men of Valor	62-1836815
7/16/07		04:37PM
Statement 9 (continued) Form 990, Part V-A List of Officers, Directors, Trustees, a	and Key Employees	
Name and Address	Title and Contri- Average Hours Compen- bution to Per Week Devoted sation EBP & DC	
Carl Carlson 1420 Donelson Pike, B-6 Nashville, TN 37217	Executive Direc \$ 106,083. \$ 10,500 45	. \$ 2, 988.
	Total <u>\$ 106,083.</u> <u>\$ 10,500</u>	. \$ 2,988.
Statement 10 Schedule A, Part I Compensation of Five Highest Paid E	Employees	
Name and Address	Title & Average Compen- Contribut.  Hours Worked sation EBP & DC	Expense Account
Curt P. Campbell 1420 Donelson Pike Donelson, TN 37217	Di rector 79, 548. 0.	11, 840.
	Total <u>\$ 79,548.</u> <u>\$ 0.</u>	\$ 11, 840.