

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2007 calendar year, or tax year beginning <u>7/01</u> , 2007, and ending <u>6/30</u> , 20 <u>08</u>				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-size: small;">Please use IRS label or print or type. See Specific Instructions.</td> <td style="width:50%;"> C Name of organization NAMI Tennessee Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1101 Kermit Dr 605 City or town, state or country, and ZIP + 4 Nashville, TN 37217 </td> <td style="width:40%;"> D Employer identification number 58 1679614 E Telephone number (615) 361-6608 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization NAMI Tennessee Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1101 Kermit Dr 605 City or town, state or country, and ZIP + 4 Nashville, TN 37217	D Employer identification number 58 1679614 E Telephone number (615) 361-6608 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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G Website: ▶ <u>www.namitn.org</u>				
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
K Check here <input type="checkbox"/> 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 ▶ <u>882,151</u>				
H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ _____ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ _____ M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).				

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

Revenue	1 Contributions, gifts, grants, and similar amounts received: <table style="width:100%;"> <tr> <td style="width:55%;">a Contributions to donor advised funds</td> <td style="width:5%;">1a</td> <td style="width:40%;"></td> </tr> <tr> <td>b Direct public support (not included on line 1a)</td> <td>1b</td> <td style="text-align: right;">293,874</td> </tr> <tr> <td>c Indirect public support (not included on line 1a)</td> <td>1c</td> <td></td> </tr> <tr> <td>d Government contributions (grants) (not included on line 1a)</td> <td>1d</td> <td style="text-align: right;">577,763</td> </tr> <tr> <td>e Total (add lines 1a through 1d) (cash \$ <u>870,165</u> noncash \$ <u>1,472</u>)</td> <td>1e</td> <td style="text-align: right;">871,637</td> </tr> </table>	a Contributions to donor advised funds	1a		b Direct public support (not included on line 1a)	1b	293,874	c Indirect public support (not included on line 1a)	1c		d Government contributions (grants) (not included on line 1a)	1d	577,763	e Total (add lines 1a through 1d) (cash \$ <u>870,165</u> noncash \$ <u>1,472</u>)	1e	871,637		
a Contributions to donor advised funds	1a																	
b Direct public support (not included on line 1a)	1b	293,874																
c Indirect public support (not included on line 1a)	1c																	
d Government contributions (grants) (not included on line 1a)	1d	577,763																
e Total (add lines 1a through 1d) (cash \$ <u>870,165</u> noncash \$ <u>1,472</u>)	1e	871,637																
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2																
	3 Membership dues and assessments	3	5,848															
	4 Interest on savings and temporary cash investments	4	4,666															
	5 Dividends and interest from securities	5																
	6a Gross rents	6a																
	b Less: rental expenses	6b																
	c Net rental income or (loss). Subtract line 6b from line 6a	6c																
	7 Other investment income (describe ▶)	7																
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other															
	b Less: cost or other basis and sales expenses	8a																
	c Gain or (loss) (attach schedule)	8b																
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c																
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	9																
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a																
	b Less: direct expenses other than fundraising expenses	9b																
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c																
	10a Gross sales of inventory, less returns and allowances	10a																
	b Less: cost of goods sold	10b																
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c																
	11 Other revenue (from Part VII, line 103)	11																
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	882,151															
Expenses	13 Program services (from line 44, column (B))	13	850,580															
	14 Management and general (from line 44, column (C))	14	41,035															
	15 Fundraising (from line 44, column (D))	15	2,076															
	16 Payments to affiliates (attach schedule)	16	24,744															
	17 Total expenses. Add lines 16 and 44, column (A)	17	918,435															
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	-36,284															
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	410,400															
	20 Other changes in net assets or fund balances (attach explanation)	20																
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	374,116															

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. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	57,327	57,327		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	59,008	42,988	16,020	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	261,386	261,386		
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28	48,359	45,941	2,418	
29	Payroll taxes	29	33,551	31,893	1,658	
30	Professional fundraising fees	30				
31	Accounting fees	31	3,750		3,750	
32	Legal fees	32				
33	Supplies	33	18,757	16,881	1,876	
34	Telephone	34	28,466	25,619	2,847	
35	Postage and shipping	35	3,129	3,129		
36	Occupancy	36	40,337	36,303	4,034	
37	Equipment rental and maintenance	37	4,046	3,642	404	
38	Printing and publications	38	38,395	32,167	4,152	
39	Travel	39	81,068	81,068		
40	Conferences, conventions, and meetings	40	40,238	40,238		
41	Interest	41	2,401	2,401		
42	Depreciation, depletion, etc. (attach schedule)	42	3,876		3,876	
43	Other expenses not covered above (itemize):					
a	Professional Fees	43a	78,604	78,604		
b	Insurance	43b	7,699	7,699		
c	Employee & Organizational Development	43c	56,796	56,796		
d	Miscellaneous	43d	26,498	26,498		
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	893,691	850,580	41,035	2,076

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

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

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? ► <u>Improving life of those supporting the mentally ill</u> 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 Member families receive education and other support. Courses are offered to family members dealing with mental illness. Members and interested persons receive a periodic newsletter and may attend the annual, state-wide convention. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	825,836
b Local affiliate groups provide support and education for families of persons with mental illness. These groups reach out to educate potential members and the community. (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	24,744
c _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	850,580

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	34,111	45	21,654
	46 Savings and temporary cash investments	340,467	46	309,842
	47a Accounts receivable	47a	47c	
	b Less: allowance for doubtful accounts	47b		
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable	1,178	49	73,437
	50a 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)		50b	
	51a Other notes and loans receivable (attach schedule)	51a	51c	
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis	55a	55c	
	b Less: accumulated depreciation (attach schedule)	55b		
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 83,714		
b Less: accumulated depreciation (attach schedule)	57b -72,340	1,564	57c	11,374
58 Other assets, including program-related investments (describe ►)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	502,006	59	416,307	
Liabilities	60 Accounts payable and accrued expenses	76,280	60	27,103
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ► Pension, Payroll tax)	15,326	65	15,088
	66 Total liabilities. Add lines 60 through 65	91,606	66	42,191
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	410,400	67	374,116
	68 Temporarily restricted		68	
	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)	410,400	73	374,116
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	502,006	74	416,307

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	882,151
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):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
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	
e	Total revenue (Part I, line 12). Add lines c and d	e	882,151

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	918,435
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):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	
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	
e	Total expenses (Part I, line 17). Add lines c and d	e	918,435

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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Sita Diehl 1101 Kermit Dr, Ste 605, Nashville, TN 37217	Exec. Director	59,008	1,770	
Elliott Garrett 1101 Kermit Dr, Ste 605, Nashville, TN 37217	President 10hrs			
Todd Jablonski 1101 Kermit Dr, Ste 605, Nashville, TN 37217	VP East 5 hrs			
Abby Forsythe 1101 Kermit Dr, Ste 605, Nashville, TN 37217	VP Middle 5 hrs			
Bud Reese 1101 Kermit Dr, Ste 605, Nashville, TN 37217	VP West 5 hrs			
Frank Zingheim 1101 Kermit Dr, Ste 605, Nashville, TN 37217	Treasurer 5 hrs			
Dineen Jordan 1101 Kermit Dr, Ste 605, Nashville, TN 37217	Secretary 5 hrs			
Dick Baxter 1101 Kermit Dr, Ste 605, Nashville, TN 37217	Parliamentarian 5 hrs			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 16		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	✓
d Does the organization have a written conflict of interest policy?	75d	✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	✓
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	✓
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	
b Did the organization file Form 1120-POL for this year?	81b	✓

Part VI Other Information (continued)

		Yes	No
82a	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?		✓
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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.		
85b			
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	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	✓
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	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
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	✓
90a	List the states with which a copy of this return is filed ▶ Tennessee		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	9
91a	The books are in care of ▶ Sita Diehl Telephone no. ▶ (615) 361-6608 Located at ▶ 1101 Kermit Dr, Ste 605, Nashville, TN ZIP + 4 ▶ 37217		
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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	✓

Part VI Other Information (continued)

Yes	No
	<input checked="" type="checkbox"/>

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

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year **92**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					5,848
94 Membership dues and assessments			14	4,666	
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,666	5,848
105 Total (add line 104, columns (B), (D), and (E))					10,514

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).
n/a	

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
none	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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

Yes	No
	<input checked="" type="checkbox"/>

	(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
	<input checked="" type="checkbox"/>

	(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

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

Please Sign Here

Signature of officer: Sita M. Diehl Date: 1/9/09

Type or print name and title: Sita M. Diehl, Executive Director

Paid Preparer's Use Only

Preparer's signature: Date: Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: EIN: Phone no.: