Form	990-EZ	Short Form ganization Exemp r 4947(a)(1) of the Internal Revenu private foundation)	e Code (except bla	COME	Tax efit trust or	омв № 1545-1150 2008
	tment of the Treasury other organizations with gross receipts less	dvised funds and controlling organizations ss than \$1,000,000 and total assets less th	as defined in section han \$2,500,000 at the	512(b)(13) mus end of the year	r may use this form	Open to Public
	or the 2008 calendar year, or tax year beginning	ave to use a copy of this return t g JUL 1, 2008	and end		N 30, 20	the second s
BC	neck if C Name of organization	<u>, 001 1, 2000</u>			D Employer ident	
ap	plicable Please C Name of organization Address use IRS Johange I abel or				5p.0301 120	
	Name print or Building Lives Fo	undation Inc			20-558	4526
T	Initial Type Number and street (or P.O. box if n	nail is not delivered to street address	s) F	loom/suite	E Telephone nur	
	Termin- Specific 5001 Tracoway Dri		·/	oon/suite	615-39	
	Amended tions City or town, state or country, and Z		1		F Group Exempti	
	recum	221			Number	
	 Section 501(c)(3) organizations and 4947(a)(1) none 	· · · · · · · · · · · · · · · · · · ·	h a completed	G Accourt	iting method	Cash X Accru
	Schedule A (Form 9		n a completed		specify) 🕨	
1 14	/ebsite: ▶ http://www.wearebui			H Check		rganization is not
	rganization type (check only one) X 501(c) (3		(1) or 527			B (Form 990, 990-EZ, or 990-I
	heck \blacktriangleright if the organization is not a section 509(a)		····			
	equired, but if the organization chooses to file a return, be		gross receipts are i	ionnany nui	11101e (1121) \$23,00	
· · · ·			m 000 instand of Ea	rm 000-E7	▶ \$	80,95
Pa	dd lines 5b, 6b, and 7b, to line 9 to determine gross rece rt] Revenue, Expenses, and Chang					00,00
[Fa			d Dalances (d			55,35
	1 Contributions, gifts, grants, and similar amounts r				1	22,41
	2 Program service revenue including government fe					22/31
	3 Wembership dues and assessments	63			3	41
	4 Investment income	ntdrAN 2 2 2010			4	41
	5a Gross amount from sale of assets other than inver	ITOMAN & & LOID IO	5a			
	b Less cost or other basis and sales expenses		5b			
	c Gain or (loss) from sale of assets other than inven	tory (Subtract line Soltion line Sa)	(attach schedule)			
ž	6 Special events and activities (complete applicable		is from gaming, cl	ieck here 🕨		
Revenue	a Gross revenue (not including \$	of contributions		27	70	
ŭ	reported on line 1)		6a	2,7	12.	
	b Less direct expenses other than fundraising expe		6b	3,7		-0.2
	c Net income or (loss) from special events and activ	•	1 1		60	<93
	7a Gross sales of inventory, less returns and allowan	ces	<u>7a</u>			
	b Less cost of goods sold		7b			
	c Gross profit or (loss) from sales of inventory (Sub	itract line 7b from line 7a)			70	
	8 Other revenue (describe 🕨) 8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and	18			▶ 9	77,24
	10 Grants and similar amounts paid (attach schedule)			10	
	11 Benefits paid to or for members				11	
es	12 Salaries, other compensation, and employee bene	fits			12	
Sus	13 Professional fees and other payments to independ	ient contractors			13	1,00
, X	14 Occupancy, rent, utilities, and maintenance				14	17,75
2010 Expenses	15 Printing, publications, postage, and shipping				15	17
20	16 Other expenses (describe 🕨		See State	ment	1) 16	56,66
	17 Total expenses. Add lines 10 through 16				▶ 17	<u>75,</u> 59
$n \perp$	18 Excess or (deficit) for the year (Subtract line 17 fr				18	1,65
∞	To Excess of (deficit) for the year (Subtractime in	om line 9)				
20-	19 Net assets or fund balances at beginning of year (
20-	19 Net assets or fund balances at beginning of year (from line 27, column (A))			19	8,12
20-	19 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p	from line 27, column (A)) mor year's return)			19 20	8,12
20-	19 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p	from line 27, column (A)) prior year's return) ach explanation)				
20-	 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p Other changes in net assets or fund balances (atta Net assets or fund balances at end of year Combination 	from line 27, column (A)) prior year's return) ach explanation) ine lines 18 through 20	more, file Form 99	0 instead of	20 ▶ 21	
20-	 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p Other changes in net assets or fund balances (atta Net assets or fund balances at end of year Combination 	from line 27, column (A)) prior year's return) ach explanation) ine lines 18 through 20 ie 25, column (B) are \$2,500,000 or		O instead of Beginning o	20 ▶ 21 Form 990-EZ	
AININEL JAN 2 0 B Net Assets	 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p Other changes in net assets or fund balances (attain the sector of the	from line 27, column (A)) prior year's return) ach explanation) ine lines 18 through 20 ie 25, column (B) are \$2,500,000 or		Beginning o	20 ▶ 21 Form 990-EZ	9 , 77 (B) End of year
CANNEL JAN 2 5 20 Bd Net Assets	 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p Other changes in net assets or fund balances (atta <u>Net assets or fund balances at end of year Combinent II</u> <u>Balance Sheets.</u> If Total assets on line (See the instructions for Par Cash, savings, and investments 	from line 27, column (A)) prior year's return) ach explanation) ine lines 18 through 20 ie 25, column (B) are \$2,500,000 or		Beginning o	20 21 Form 990-EZ f year 960 • 22	9 , 77 (B) End of year
SCANNEL JAN 2 3 Bd Net Assets 5 8	 19 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p 20 Other changes in net assets or fund balances (atta 21 Net assets or fund balances at end of year Combinent II Balance Sheets. If Total assets on lim (See the instructions for Pacash, savings, and investments Land and buildings 	from line 27, column (A)) prior year's return) ach explanation) ine lines 18 through 20 ine 25, column (B) are \$2,500,000 or art II)	(A)	Beginning o 3 ,	20 21 Form 990-EZ f year 960.22 23	9,77 (B) End of year 2,69
BCANNEU JAN 2 5 85 75 Bd Net Assets 75	 19 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p 20 Other changes in net assets or fund balances (atta 21 Net assets or fund balances at end of year Combinent 11 Balance Sheets. If Total assets on lim (See the instructions for Pacash, savings, and investments Land and buildings Other assets (describe ►	from line 27, column (A)) prior year's return) ach explanation) ine lines 18 through 20 ie 25, column (B) are \$2,500,000 or	(A)	Beginning o	20 21 Form 990-EZ f year 960 • 22 23 335 • 24	9,77 (B) End of year 2,69 13,16
BCANNICU JAN 2 5 25 Bd Net Assets 55 25	 19 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p 20 Other changes in net assets or fund balances (atta 21 Net assets or fund balances at end of year Combinent Balance Sheets. If Total assets on lime (See the instructions for Part Cash, savings, and investments Land and buildings Other assets 	from line 27, column (A)) prior year's return) ach explanation) <u>ine lines 18 through 20</u> ie 25, column (B) are \$2,500,000 or art II) See Statement	(A)	Beginning o 3, 8, 12,	20 21 Form 990-EZ f year 960.22 23 335.24 295.25	9,77 (B) End of year 2,69 13,16 15,85
PANNEN JAN 20 25 26 26	19 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p 20 Other changes in net assets or fund balances (atta 21 Net assets or fund balances at end of year Combinent 11 Balance Sheets. If Total assets on lin (See the instructions for Paral and buildings Other assets (describe ▶ Total assets Total liabilities (describe ▶	from line 27, column (A)) prior year's return) ach explanation) <u>ine lines 18 through 20</u> <u>ie 25, column (B) are \$2,500,000 or</u> art II) See Statement Payable	(A)	8 ginning o 3, 8, 12, 4,	20 21 Form 990-EZ f year 960.22 23 335.24 295.25 169.26	2,69 13,16 15,85 6,07
SCANNED JAN 2 0 80 Advine Jan 2 0 81 Advine Jan 2 0 82 23 24 84 Advine Jan 2 0 84 Ad	 19 Net assets or fund balances at beginning of year ((must agree with end-of-year figure reported on p 20 Other changes in net assets or fund balances (atta 21 Net assets or fund balances at end of year Combinent Balance Sheets. If Total assets on line (See the instructions for Pacash, savings, and investments Land and buildings Other assets (describe ► Total assets Total liabilities (describe ► Accounts F Net assets or fund balances (line 27 of column (B) m 	from line 27, column (A)) prior year's return) ach explanation) ine lines 18 through 20 ie 25, column (B) are \$2,500,000 or art II) See Statement Payable ust agree with line 21)	(A)	8 ginning o 3, 8, 12, 4,	20 21 Form 990-EZ f year 960.22 23 335.24 295.25	9,77 (B) End of year 2,69 13,16 15,85

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Part III Statement of Program Service Accomplishme What is the organization's primary exempt purpose? See Statement Describe what was achieved in carrying out the organization's exempt purposes. In provided, the number of persons benefited, or other relevant information for each p	t 4 a clear and concise manner, d	Part III)	20.	E (Required and (4) o	xpenses I for 501(c rganizatioi 1) trusts, c
28 The program service is to provide h		chologica	.1		
care, employment, transportation, h					
education to veterans.	·				
(Grants \$) If this amount includes foreign	grants, check here	•		28a	
29					
(Grants \$) If this amount includes foreign 30	grants, check here	>		_ 29a	
(Grants \$) If this amount includes foreign	grants, check here	>		30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount includes foreign	grants, check here	►		31a	
32 Total program service expenses (add lines 28a through 31a)				▶ 32	
Part IV List of Officers, Directors, Trustees, and Key I	Employees. List each one e	ven if not compensated	(See th	he instructions	for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	to ben	Contributions employee nefit plans & deferred mpensation	(e) Ex
DEVAN ARD, 1736 CAROTHERS PARKWAY,	CHAIRMAN			0	
BRENTWOOD, TN 37207	2.00	0.		0.	•
TIM GREGATH, 5001 TRACEWAY DRIVE,	EXECUTIVE DIR			•	
NASHVILLE, TN 37221	25.00	0.		0.	•
DOROTHY KREUSER, 4521 TROUSDALE	SECRETARY AND		R		
DRIVE, NASHVILLE, TN 37204	1.00	0.	 	0.	•
IRA BLONDER, 1187 OLD HICKORY BLVD,	BOARD MEMBER		1		
SUITE 200, BRENTWOOD, TN 37207	2.00	0.	ļ	0	•
SUZIE ARMSTRONG, 10 CADILLAC DRIVE,	BOARD MEMBER		1		
SUITE 190, BRENTWOOD, TN 37207	1.00	0.		0	•
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Form	990-EZ (2008) Building Lives Foundation, Inc 20-558	34526		Page 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			ĺ
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			ł
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	. 1		
	tax requirements?	35a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions).		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			l
	in a prior year and still unpaid at the start of the period covered by this return?	<u>38a</u>	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 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	Section 501(c)(3) and (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," complete Schedule L, Part I	40b	ļ	X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization 0	<u>-</u>		
		<u>-</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed > TN	07 4	400	
42 a	The books are in care of ► Tim Gregath Telephone no ► 615-			
	Located at > 5001 Traceway Drive, Nashville, TN ZIP+4 >	3722	L	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		X	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	<u> </u>	X
	If "Yes," enter the name of the foreign country	-	1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	
C	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country	_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	NT / N		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Vec	No
		£	Tes	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	x
	Form 990-EZ	44		├ ^
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	AE	1	x
	completed instead of Form 990-EZ	45	1 1011-F7	(2008)
		i vinit ë		12000

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Form 990-EZ (2008) Building Lives Foundation, Inc

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000 NONE	(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
	_			
	-			
	_			
	_			
	_			
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

NONE		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
	_	

Total numb	er of other independent contractors each receiving over \$100.000
Sign Here	Under penalties of penury. I declare that I hardesching due is 100,000 Correct, and complete Declare that I hardesching due is return, including acc correct, and complete Declare that I hardesching due is return, including acc correct, and complete Declare that I hardesching due is return, including acc correct, and complete Declare that I hardesching due is return, including acc correct, and complete Declare that I hardesching due is return, including acc correct, and complete Declare that I hardesching due is return, including acc correct, and complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return, including acc source of the complete Declare that I hardesching due is return and the complete Declare the complete Declare that is return and the complete Declare that the complete Declare t
Paid Preparer's	Preparer's signature William h. Fityerall I. C.
Use Only	Firm's name (or yours It setf-employed), address, and ZIP+4 BRENTWOOD, TN 37027
May the IRS	S discuss this return with the preparer shown above? See instructions

46

47

48

49a

49b

No

Х

X

Х

Х

Yes

SCHED	ULE A	Pub	lic Charity St	atus a	and P	ublic	Suppo	ort	L	OMB No	1545-0047
Department o	(Form 990 or 990-EZ) To be completed by all section 501(c)(3) organizations and section 4947(a)(1) Department of the Treasury nonexempt charitable trusts. Internal Revenue Service Attach to Form 990 or Form 990-EZ.							2008 Open to Public Inspection			
Name of t	he organizati	on						E	mployer id	dentificati	on number
	-	Buildin	g Lives Foun	datio	n, In	с			20	-5584	526
PartI	Reason		ty Status (All organiz				.) (see inst	tructions)			
The organ	zation is not a	private foundation I	Decause it is: (Please ch	eck only o	ne organiz	ation.)	<u> </u>				
1 🗂		-	s, or association of chur	•	-	•	(b)(1)(A)(i)				
2			0(b)(1)(A)(ii). (Attach Sc								
3 🗔			al service organization of	-	n section	170(ь)(1)	(A)(iii) . (Att	ach Sche	dule H.)		
4	•		operated in conjunction							ne hospital	's name,
	city, and stat	-								•	
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unr	t describe	d in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🗌	A federal, sta	te, or local governme	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).				
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	ribed in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)								
8 🛄	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support fr	rom contri	butions, m	nembershi	p fees, an	d gross rea	ceipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	investment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	fter June 3	0, 1975.
	See section	509(a)(2). (Complete	the Part III.)								
10 📃	An organizati	on organized and op	perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	l). (see ins	tructions)		
11 🛄	An organizati	on organized and op	perated exclusively for the	ne benefit o	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes o	of one or
	more publicly	supported organiza	tions described in secti	on 509(a)(1	I) or sectio	on 509(a)(2	2). See sec	tion 509(a)(3). Che	ck the box	that
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	i 11h.					
_	a 🔄 Type I	b	Type Ii d	: 🛄 Тур	e III - Func	tionally int	egrated		d 🛄	Type III - C	Other
e 🔛	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	r more dise	qualified p	ersons oth	ier than
		-	han one or more publicly		-				9(a)(1) or s	ection 509	(a)(2).
f	If the organiz	ation received a writ	ten determination from t	the IRS that	at it is a Ty	pe I, Type	ll, or Type	e III			
		rganization, check th									
9	-		rganization accepted ar			-					
			rectly controls, either al	one or tog	ether with	persons c	lescribed i	in (II) and (III) below,		Yes No
	-		upported organization?							11g(i)	
		•	n described in (i) above?		•					11g(ii)	} <u>-</u>
	• •	•	person described in (i) o							11g(iii)	1
h	Provide the f	ollowing information	about the organizations	the organ	ization sup	opons.					
		· ···-	(iii) Type of			(1) Did is		(1)	*he		
	of supported	(ii) EIN	organization	in col (i) lis	organization	organizat		(vi) Is organizatio	on in col 1		nount of
orga	anization		(described on lines 1-9	governing		(i) of your		(i) organız U S	ed in the	sup	port
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
											<u></u>
							1				
			· · · · · · · · · · · · · · · · · · ·						├		
	<u>.</u>								<u> </u>		
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Total								
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.								

Schedule A (Form 990 or 990-EZ) 2008

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Schedule A (Form 990 or 990 EZ) 2008 Building Lives Foundation, Inc

20-5584526 Page 2

Part II	Support Schedule for Organizations	Described in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7	7, or 8 of Part I.)	

Section A. Public Support <u>(e) 2008</u> Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 35,526. 4,912. 6,162. 24,452. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 24,452. 35,526. 4,912. 6,162. 4 Total. Add lines 1 · 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 35,526. 6 Public Support. Subtract line 5 from line 4 Section B. Total Support (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 4,912. 6,162. 24,452. 35,526. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 138. 67. 205. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 35,731. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ► X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

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Sch	edule A (Form 990 or 990-EZ) 2008						Page 3
	rt III Support Schedule for C	Organizations	Described in	Section 509(a)(2) (Complete only	r if you checked the bo	ix on line 9 of Part I)
Sec	ction A. Public Support					- <u> </u>	
Cale	endar year (or fiscal year beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 · 5					1	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		.	4	t	1	
-	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	(0) 2004	(0) 2000	(0) 2000		(0) 2000	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)			1	1		L
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here				<u></u>		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2008 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g			16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2008. If the				e 15 is more than		
130	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2007. If the	organization did r	ot check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che		• •	-		•	
	Private foundation. If the organization	n did not check a	box on line 14, 19	la, or 19b, check t	his box and see ir	nstructions	▶ ∟

Schedule A (Form 990 or 990-EZ) 2008

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Building Lives Foundation, Inc

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
Insurance Expense Website Expense Vehicles to Clients Car Expense Furniture Expense Food Other Client Expense Bad Debt Expense Miscellaneous		950. 127. 25,575. 15,705. 2,099. 250. 4,548. 5,730. 1,681.
Total to Form 990-EZ, line 2	16	56,665.

Form 990-EZ	Other Assets		Statement 2
Description		Beg. of Year	End of Year
Inventory Notes Receivable Prepaid Assets		0. 7,860. 475.	350. 12,337. 475.
Total to Form 990-EZ, line 24		8,335.	13,162.

rm 990-EZ

20-5584526

Building Lives Foundation, Inc		20-5584526		
FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts	Stater	nent	3
directly of	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[]Yes	[X]	No
B) Did the or directly o	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [] Yes	[X]	No

e .			
Building	Lives	Foundation,	Inc

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Statement

Building Lives Foundation, Incorporated is a not-for-profit corporation committed to assisting veterans by providing mentoring, health and psychological care, employment, transportation, housing, and financial education. The Foundation's singular goal is to support and transition veterans to become productive members of the middle Tennessee community.