Form **990-EZ**

Department of the Treasury internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(e)(1) of the Internal Revenue Code (except black lung benefit brust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must life Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use that form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year healphing

OMB No. 1545-1150

Open to Public Inspection

В	Check i	f applicable:	None	o the second	V//U1	, 2008, and er	naing	6/3		, 20 09
F		s change	Please use IRS	C Name of organization				D Employ	er id	entification number
F	=	change	label er	NAMI Tennessee			_	58		1679614
	Initial n	•	print or type.	Number and street (or P.O. box,	if mall is not delive	ered to street address)	Room/suite	E Teleph	one r	number
	Termin	ation	See	1101 Kermit Dr.,			605	(615		361-6608
		ed return	Specific Instruc-	City or town, state or country, ar	id ZIP + 4			F Group	<u> </u>	
느느	Applica	tion pending	tions.	Nashville, TN 37217				Numbe		ipiion •
	• Sec	tion 501(c)(3)	organiz	ations and 4947(a)(1) nonexem	ot charitable tri	usts must attach	G Acco			Cash Accrual
			а соп	npleted Schedule A (Form 990	or 990-EZ).			(specify)		☐ Casn ☑ Accrual
						****			~	
1	Webs	ite: ► <u>www</u>	.namit	n.org			H Check	(► iii i	fthe	organization is not
J				ity one) – 🛭 501(c) (3) ◀ (inse	rt 20) 🗍 404	76/41 0	requir	ed to attac Z, or 990-l	in Sci	hedule B (Form 990,
	Check	▶□ if the on		in in not a postion 500/-1/0	<u> </u>	7(a)(1) or 11 527	330-6	2, 0/ 890-	г).	
•••	not rec	nuined but if the	e orazni e orazni	on is not a section 509(a)(3) suppo zation chooses to file a return, be	arting organizatio	in and its gross recei	pts are nor	nally not m	ore ti	han \$25,000. A return is
ī	Add iir	es 5b, 6b, and	7h to lin	ne 9 to determine group receipts:	\$1 000 000 are	mpiete return.		-		
Ē	art I	Revenue	Evne	ne 9 to determine gross receipts; if	\$1,000,000 or m	ore, tile Form 990 inst	ead of Form	990-EZ	<u>> \$</u>	718177
	Ţ <u>-</u>	O A ii ai	LAPE	nses, and Changes in Ne	ASSETS OF	Fund Balances	(See the	instruction	ons f	or Part I.)
	1	Contribution	ns, gifts	, grants, and similar amounts r	eceived			L	1	271622
	2	Program se	ervice r	evenue including government	fees and conf	tracts			2	454817
	3	Membershi	p aues	and assessments				· · · F	3	6928
	4	Investment		9				`	4	-15190
	5a	Gross amo	unt fror	n sale of assets other than in	ventory	5a			yaa	
	b	Less: cost	or othe	r basis and sales expenses		5b		<u> </u>		
•	C	Gain or (loss	s) from s	sale of assets other than invent	ory (Subtract lin	e 5h from line 5a\ /e	ttaab aaba	alula)	5c	
Revenue	6	Special events	and activ	ities (complete applicable parts of Sch	edule GL II any am	Nicht in from semine	allach sche	aule).	142	
ĕ	a	Gross rever	nue (no	t including \$	of contri	von is nonigaming, ch	eck nere		2	
8	1	reported or	line 1)							
	Ь			ses other than fundraising ex	• • • • •	· · · · · · · · · · · · · · · · · · ·		#		•
	c	Net income	or flos	s) from special events and a	ipenses	6b				
	7a	Gross sales	of inv	s) from special events and a	Suvides (Subtra	act line 65 from lin	e 6a)		6c	
	Ь	Less: cost of	5 00 113V	entory, less returns and allow	ances	7a				
	1	Grane north	u good	ls sold ,						
	С 8	Other reven	or (los	s) from sales of inventory (Si	ubtract line 7b	from line 7a) .		L	7c	
	9								8	
\neg		0		d lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8		<u> </u>	▶	9	718177
	10	Grants and	Similar	amounts paid (attach schedu	(e)L			7	0	22350
6	11	ochenia pa		normembers,					1	
8	12	Salaries, Ou	ier con	pensation, and employee be	pefits			· ·	2	400863
튄	13	Professiona	l fees a	ind other payments to indepe	endent contrac	tors	• • • •		3	91648
Expenses	14	occupancy,	rent, u	mittes, and maintenance					4	
- i	15	Printing, put	blicatio	ns, postage, and shipping				· · -	5	76205
	16	Other expen	ises (de	escribe supplies , travel,	insurance, de	p., org devlic in	terest		6	33021
\dashv	17	Total exper	13 0 3. A	dd lines Tu through 16	· • • • •			╌╎┼	7	164823
Net Assets	18			or mo year (coounce into 17	irom iine ui			مسائ		788910
8	19	INDI GOSELS (or tung	Dalances at beginning of w	aar Heam line i				<u>8 </u>	(70733)
₹							nust agree			
اق	20	Other chang	ies in n	et assets or fund balances (e	**************************************	· · · ·		1		374116
	21	1101 000000	n iuitu	Darances at end of year Con	nhina linaa 10	Ab		2		
Pa	rt II	Balance SI	heets.	If Total assets on line 25, co	lumn (R) are \$	2 500 000 or		. 2	1	303383
			(Sec	e the instructions for Part II.)	(D) 640 W.	z,300,000 or more	I RE Form	990 inste	ad c	of Form 990-EZ.
22	Cash	n, savings, an	d inves	itments			(A) Begin	ning of year		(B) End of year
23	Land	and building	ie.		• • • •		 	331496	22	299208
24	Othe	r assets ídes	cribe 🕨	Accts Rec., Auto, Office E	aula P F				23	
25	Tota	l assets			Anh a Lumiti	ure)	 	84811	24	133538
26			· · ·	Accts Pay., P/R Taxes P				416307	25	432746
27	TAGE (assers of Int	id bala	NCAS (line 27 of column (D) -)		42191	_	129363
For I	Privacy	Act and Pape	erwork	Reduction Act Notice, see the	iust agree with	n line 21)		374116		303383
	•			The state of the s	instruction for	Form 990.	Cat. No. 10			5000 EZ

Part	Statement of Program Sandan Acco	multiple and 10 dist				Page
	Statit Colling Acco	mplishments (See the ins	tructions for Par	t III.)		Expenses
Descri	is the organization's primary exempt purpose?	improving life of those su	pporting the me	ntall ill	(Re	quired for 501(c)(3) d (4) organizations
descrit	be what was achieved in carrying out the organice the services provided, the number of persons b	ization's exempt purposes,	In a clear and cor	ncise manne	r. and	4947(a)(1) trusts:
28 M	ember families receive advection and other	enemed, or other relevant in	formation for each	program title	e. opt	ional for others.)
de	ember families receive education and other sealing with mental filmes. Members and inter-	upport. Courses are offer	ed to family men	bers		
at	aling with mental illness. Members and inter tend the annual, state-wide convention.	ested persons receive a p	eriodic newslette	r and may		
				••		
		cludes foreign grants, chec	<u>k here , , , , , , , , , , , , , , , , , , </u>	<u> </u>] 28a	725321
29	cal affiliate groups provide support and educ	ation for families of perso	ns with mental		.	
.!!!	ness. These groups reach out to educate pot	ential members and the co	ommunity.		.	
10-		***************************************			. i	ļ
	ants \$ 22350) If this amount inc	ludes foreign grants, check	k here	. ▶ [29a	22350
30	***************************************					
••••		********************************			.	

Gr.	ants \$) If this amount inc	ludes foreign grants, check	here	. 🕨 🗀	30a	
_	en program services (attach schedule)	· · · · · · ·				-
	ants \$) If this amount inc	ludes foreign grants, check	here	. ▶ □	31a	
32 Tot	ai program service expenses (add lines 28a t	hrough 31a)			- 00	747671
Part	V List of Officers, Directors, Trustees, and Key	Employees. List each one eve	en if not compensate	d (See the i	ostructio	ne for Part IVI
	(a) Name and address	I (D) IIIIa and averena	(c) Compensation	(d) Contribut	ions to	(e) Expense
		hours per week devoted to position	(If not paid, enter -0)	employee benet	A ansle II	account and
Sita Di			anter -0-3	deterred comp	ensation	other allowances
1101 K	ermit Dr., Ste 605, Nashville, TN 37217	Executive Director 50 hrs/wk	60483		1512	
T. Hen	ry Jablonski Jr.		00403	 	1912	
1101 K	ermit Dr., Ste 605, Nashville, TN 37217	President 10 hrs/wk	0	i	اہ	
Leslie	El Sayad			<u> </u>	0	
	ermit Dr., Ste 605, Nashville, TN 37217	Vice President - East		ļ	_	
Jack S	tewart	5 hrs/wk	0	<u> </u>	0	
1101 K	ermit Dr., Ste 605, Nashville, TN 37217	Treasurer	_		Ì	
Elliott (Garrett	5 hrs/wk	0	ļ	0	
	ermit Dr., Ste 605, Nashville, TN 37217	Secretary				
Ahhy F	orsythe	5 hrs/wk	0		0	
	ermit Dr., Ste 605, Nashville, TN 37217	Vice President - Middle				
Dick B	ottint Dr., Ste 605, Nashvine, TN 3/21/	5 hrs/wk	0		0	
		Parliamentarian				
Bud Re	ermit Dr., Ste 605, Nashville, TN 37217	5 hrs/wk	0		0	
		Vice President - West				
TIOI N	ermit Dr., Ste 605, Nashville, TN 37217	5 hrs/wk	0		0	
					-	
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_	n 990-EZ (2008)		ا	Page
	ort 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		1
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		/
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	(HA)	aren A	
b		35a		✓
36	Was there a liquidation alicentation at the state of the	35b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
٥/a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			3
D	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			155 T
	any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	-35	√
39	Section 501(c)(7) organizations. Enter:	一雪哥		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		$\mathbb{E}_{\mathcal{U}}$	Y E.
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and (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		ŀ	
	L Part I	1.01	1	,
c	Enter amount of tax imposed on organization managers or disqualified parents during	40b		✓
d	the year under sections 4912, 4955, and 4958			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		虁
41	List the states with which a copy of this return is filed. Tennessee	406		<u> </u>
42a	The healer are in any of h. Cita Diebi	1 00:		
	I ocated at > 1101 Kermit Dr., Ste 605 Nashville, TN		-660	8
	/ / / / / / / / / / / / / / / / / / /	37217	<u></u>	
	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)?		/es	No
	If "Yes," enter the name of the foreign country: ▶	42b	- 1	✓_
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	and I manda Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		_	П
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
		₽	'es l	<u></u>
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		63 I	AO.
	· Offi 550°EE	44	ent E	
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 completed instead of Form 990-EZ	44	10	
	- 1990-EZ	45		<u> </u>

Page	4
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Par	t Vi	Section 501(c)(3) organizations only and complete the tables for lines 50 at	. All section 501(nd 51.	c)(3) organiza	ations mu	st answer questi	ons 4	6–49	
	Did t	he organization engage in direct or indirect p		ctivities on be	half of or i	a opposition to		Yes	No
•		idates for public office? If "Yes," complete S					46		1
47	Did ti	he organization engage in lobbying activities?	engage in lobbying activities? If "Yes," complete Schedule C, Part II					✓	<u> </u>
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48		1
49a	Did t	he organization make any transfers to an exe	empt non-charitable	related organ	ization?		49a		/
		es," was the related organization(s) a section					49b	L	Ь
50		plete this table for the five highest compensate received more than \$100,000 of compensate					emplo	oyees) who
	(a) l	Name and address of each employee paid more than \$100,000	(b) Title and avera hours per week devoted to positi	` ``	mpensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount ar allowar	nd
non	<u>e</u>				****				
									•

Tota	numb	per of other employees paid over \$100,000							
51		plete this table for the five highest compensation from the organization. If there is no (a) Name and address of each independent contractor p	ne, enter "None."						 .
non		(a) mains and address of cach independent contractor p	Said Intole than \$100,000		(6) 19	pe of service	(c) Con	rpensa	tion
11011	<u></u>	••••••••••••••••••••••••				1			
					 -				
									 -
					· · · · · · · · · · · · · · · · · · ·				—
					7				
l'otal	numt	per of other independent contractors each re	ceiving over \$100.0	00					
Sign		Under penalties of perjury, I declare that I have examinand belief, if is true, correct, and complete. Declaration	ned this return, including	accompanying at	hedules and d on all inform	nation of which prepare	r has en	y knov y know	Medge vledga.
Here		Signature of officer Type or print name and title.				1/29/2010 Date			
Paid		Preparer's signature		Date	Check if self-	Preparer's Identifying	Number (S	See instr	uctions)
repa Jse (erer's Only	Firm's name (or yours) If self-employed),			employed >	IN ►			
Vav	the IP	address, and ZIP + 4 V	n chaus 2		P	hone no. ► ()			
<u></u>	210 IN	RS discuss this return with the preparer show	n above? See instr	uctions					No
			-			<u>••••</u> •	Ye	es 🗌 D-EZ	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below. ▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the	Section 501(c)(3) organizations e organization answered "Ye Section 501(c)(4), (5), or (6) org	inat have NOT tiled Form 5/68 (elections," to Form 990, Part IV, line 5 (Proxanizations: Complete Part III	on under section 501 by Tax), then	I(h)): Complete Part II-B. D	o not complete Part II-A.
Na	me of organization	anzatoris. Complete Par III.		' '	er identification number
	rt I-A To be complet See the instruc	ed by all organizations exemtions for Schedule C for details	pt under sectio	n 501(c) and section	1679614 n 527 organizations.
1 2 3	Political expenditures .	he organization's direct and indire	· • • • • ·	▶ \$.	
Pa	rt I-B To be complet See the instruc	ed by all organizations exemtions for Schedule C for details	pt under sections.	on 501(c)(3).	
_ <u>D</u>	If the organization incurre Was a correction made? If "Yes," describe in Part	excise tax incurred by the organization excise tax incurred by organization d a section 4955 tax, did it file Foundation in the section 4955 tax.	managers under rm 4720 for this y	section 4955 . ▶ \$_ rear?	Yes No
Pa	To be complet See the instruc	ed by all organizations exemtions for Schedule C for details	pt under sections.	on 501(c), except se	ction 501(c)(3).
1	activities	expended by the filing organizati			
2	Enter the amount of the fit 527 exempt function activ	ling organization's funds contribut	ed to other organi	izations for section	
3	on Form 1120-POL, line 1	t exempt function expenditures. A	dd lines 1 and 2 a	and enter here and	
5	were made. Enter the amo	file Form 1120-POL for this year? s and employer identification number bunt paid and indicate if the amount promptly and directly delivered to a stee (PAC). If additional space is need.	r (EIN) of all section nt was paid from separate political o	n 527 political organizat the filing organization's	ions to which payments
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-,	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
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Page	2
Lage	_

Pa	Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.								
	Check ► ☐ if the filing organization Check ► ☐ if the filing organization				one anniv				
	Limits on L		(a) Filing organization's totals	(b) Affiliated group totals					
(The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both									
	columns. If the amount on line 1e, column (a) or (b) Not over \$500,000	20% of the a	nontaxable amou mount on line 1e.						
	Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,00	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.							
ŀ	Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. Enter -0- if line g is more than line a								
	section 4911 tax for this year? . 4 (Some organizations that	-Year Averaging	or line 1i, did the	ection 501(h) do not have to co	omplete all of the	☐ Yes ☐ No			
	section 4911 tax for this year? . 4 (Some organizations that columns below. S	-Year Averaging made a section ee the instruction	or line 1i, did the	ection 501(h) do not have to co hrough 2f of the	omplete all of the instructions.)	☐ Yes ☐ No			
	section 4911 tax for this year? . 4 (Some organizations that columns below. S	-Year Averaging made a section ee the instruction	or line 1i, did the	ection 501(h) do not have to co	omplete all of the instructions.)	☐ Yes ☐ No			
	section 4911 tax for this year? . 4 (Some organizations that columns below. S	-Year Averaging made a section ee the instruction	or line 1i, did the	ection 501(h) do not have to co hrough 2f of the	omplete all of the instructions.)	☐ Yes ☐ No			
	section 4911 tax for this year? . (Some organizations that columns below. S Lobby	-Year Averaging made a section ee the instruction of the contraction o	or line 1i, did the g Period Under S 501(h) election c ons for lines 2a t es During 4-Year	ection 501(h) do not have to co hrough 2f of the Averaging Perior	omplete all of the instructions.)	Yes No			
22	(Some organizations that columns below. S Lobby Calendar year (or fiscal year beginning in)	-Year Averaging made a section ee the instruction of the contraction o	or line 1i, did the g Period Under S 501(h) election c ons for lines 2a t es During 4-Year	ection 501(h) do not have to co hrough 2f of the Averaging Perior	omplete all of the instructions.)	Yes No			
2£	(Some organizations that columns below. S Lobby Calendar year (or fiscal year beginning in) a Lobbying non-taxable amount b Lobbying celling amount	-Year Averaging made a section ee the instruction of the contraction o	or line 1i, did the g Period Under S 501(h) election c ons for lines 2a t es During 4-Year	ection 501(h) do not have to co hrough 2f of the Averaging Perior	omplete all of the instructions.)	Yes No			
22E	(Some organizations that columns below. S Lobby Calendar year (or fiscal year beginning in) a Lobbying non-taxable amount (150% of line 2a, column(e))	-Year Averaging made a section ee the instruction of the contraction o	or line 1i, did the g Period Under S 501(h) election c ons for lines 2a t es During 4-Year	ection 501(h) do not have to co hrough 2f of the Averaging Perior	omplete all of the instructions.)	Yes No			
22 i	(Some organizations that columns below. S Lobby Calendar year (or fiscal year beginning in) a Lobbying non-taxable amount (150% of line 2a, column(e)) C Total lobbying expenditures	-Year Averaging made a section ee the instruction of the contraction o	or line 1i, did the g Period Under S 501(h) election c ons for lines 2a t es During 4-Year	ection 501(h) do not have to co hrough 2f of the Averaging Perior	omplete all of the instructions.)	Yes No			

Pa	To be completed by organizations exempt under section 501(c)(3) that ha 5768 (election under section 501(h)). See the instructions for Schedule C for	ve N	OT f	iled F	orm
		(a)			(b)
		Yes	No	A	\mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a	Volunteers?	✓	<u> </u>		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	V	1		
d	Mailings to members, legislators, or the public?	1	•		400
e	Publications, or published or broadcast statements?	1			3200
f	Grants to other organizations for lobbying purposes?		✓		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		1		
h		1			2000
i	Other activities? If "Yes," describe in Part IV		\		
j	Total lines 1c through 1i				5600
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓		
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6). See the instructions for Schedule C for details.	tion	501(:)(5), c)r
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes No
2	Did the organization agree to carryover lobbying and political expenditures from the prior year?		:	2	
_	t III-B To be completed by all organizations exempt under section 501(c)(4), sec	<u></u>	E047		
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." See Schedule C instructions for details.	OR	if Pa	ກ(ອ), (rt III-A), ,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts	of			
	political expenses for which the section 527(f) tax was paid).				
a			2a		
b	Carryover from last year		2b		
C		. !	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	•	5		
	rt IV Supplemental Information	•	5		
Con	aplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line, complete this part for any additional information.				•
d. '	Two issues of our newsletter mailed at non-profit bulk rate to a circulation of 1400.				
	Nawslatter nrinting \$1600 per issue, two issues				• • • • • • • • • • • • • • • • • • • •
••••	Grassroots Advocacy training mileage, lodging and meals for 125 members to attend training				••••••
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!	orior to legislative visits.	•••••		•••••	•••••••••
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Part IV	Supplemental Information (continued)	
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