Form **99**0

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

Open to Public

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection 2006, and ending 20 For the 2006 calendar year, or tax year beginning D Employer identification number C Name of organization Please B Check if applicable: 81 0652034 Coach Approach, Inc. Address change label or Number and street (or P.O. box if mail is not delivered to street address) print or E Telephone number ■ Name change type. See (615) 383-6622 1708 Bonner Ave. ✓ Initial return Specific City or town, state or country, and ZIP + 4 Final return Instructions. Nashville, TN 37215-3518 ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? ☐ Yes ✓ No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► www.coachapproachinc.org H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.) J Organization type (check only one) ► \$\overline{\mathcal{Z}}\$ 501(c) (3) < (insert no.) \$\overline{\mathcal{Z}}\$ 4947(a)(1) or \$\overline{\mathcal{Z}}\$ 527 H(d) Is this a separate return filed by an K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Group Exemption Number ▶ Check ▶ ☐ if the organization is not required Gross receipts; Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 127,839 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds 126,651 1b **b** Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) . . **d** Government contributions (grants) (not included on line 1a) 126.651 e Total (add lines 1a through 1d) (cash \$ 126,651 noncash \$ 1e 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 1,188 4 4 Interest on savings and temporary cash investments 5 5 Dividends and interest from securities . . . 6a 6b **b** Less: rental expenses . . . 6c c Net rental income or (loss). Subtract line 6b from line 6a . 7 Other investment income (describe (B) Other 8a Gross amount from sales of assets other 8a than inventory 8b **b** Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) 8d d Net gain or (loss). Combine line 8c, columns (A) and (B) 9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ contributions reported on line 1b) **b** Less: direct expenses other than fundraising expenses 9c c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances . . 10a 10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 Other revenue (from Part VII, line 103) 11 127,839 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 12 42,616 13 Program services (from line 44, column (B)) . . . 13 14 3,299 Management and general (from line 44, column (C)) 14 15 Fundraising (from line 44, column (D)) . . . 15 16 Payments to affiliates (attach schedule) . . . 16 45,915 17 17 Total expenses. Add lines 16 and 44, column (A) 18 81,924 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 6,368 Net assets or fund balances at beginning of year (from line 73, column (A)). . 19 20 Other changes in net assets or fund balances (attach explanation) . . . 20 Net 21 88,292 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21

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 \$)								
	If this amount includes foreign grants, check here	22a							
22b	Other grants and allocations (attach schedule) (cash \$ noncash \$)								
	If this amount includes foreign grants, check here	22b				TOTAL			
23	Specific assistance to individuals (attach schedule)	23							
24	Benefits paid to or for members (attach schedule)	24				The second secon			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	23,500	23,500					
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b							
С	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)	25c							
26	Salaries and wages of employees not included on lines 25a, b, and c	26							
27	Pension plan contributions not included on lines 25a, b, and c	27							
2 8	Employee benefits not included on lines 25a - 27	28	_						
29	Payroll taxes	29	3,529	3,529					
30	Professional fundraising fees	30							
31	Accounting fees	31							
32	Legal fees	32							
33	Supplies	33	2,582	550	2,032				
34	Telephone	34	64		64				
35	Postage and shipping	35	45	45					
36	Occupancy	36							
37	Equipment rental and maintenance	37							
38	Printing and publications	38							
39	Travel	39							
40	Conferences, conventions, and meetings	40							
41	Interest	41							
42	Depreciation, depletion, etc. (attach schedule)	42							
43 a	Other expenses not covered above (itemize): See Statement 1	43a	16,195	14,992	1,203				
b		43b							
С		43c							
d		43d							
е		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	45,915	42,616	3,299				
Are a	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 f "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? ▶ See below	Program Service
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.	(4) orgs, and 4947(a)(1)
a To offer support services by coaches to individuals in the helping profession (i.e., social workers, ministers, nurses, teachers, etc.). The purpose is to aid these individuals either in their personal and/or professional life in order to help their related organizations retain key employees.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	42,616
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1
c	
(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 (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	42,616

Pa	rt IV	Balance Sheets (See the instructions.	.)			
N	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		6,368	45	3,053
	46	Savings and temporary cash investments .			46	85,239
			1 1			
	l	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts .	47b	_	47c	
	40-	Diadaga wasanin	48a			
		Pledges receivable	48b		48c	
	49	Grants receivable			49	
		Receivables from current and former officers				
	30a	key employees (attach schedule)			50a	
	ь	Receivables from other disqualified persons (
		4958(f)(1)) and persons described in section 495			50b	
	51a	Other notes and loans receivable (attach				
ssets		schedule)	51a			
188	b	Less: allowance for doubtful accounts .	51b		51c	
4	52	Inventories for sale or use			52 53	
	53	Prepaid expenses and deferred charges .			54a	
		Investments—publicly-traded securities			54b	<u> </u>
	l	Investments—other securities (attach schedu	ule) Gost Fiviv	-	345	
	55a	Investments—land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis .	57a			
	b	Less: accumulated depreciation (attach				
		schedule)	57b		57c	
	58	Other assets, including program-related inve			58	
	59	(describe ►		6,368		88,292
_	60	Accounts payable and accrued expenses .		0,000	60	
	61	Grants payable			61	
	62	Deferred revenue			62	
တ	63	Loans from officers, directors, trustees, an				
ilities	"	schedule)			63	
Liabi	64a	Tax-exempt bond liabilities (attach schedule	e)		64a	
_	b	Mortgages and other notes payable (attach	•		64b	
	65	Other liabilities (describe ►)		65	
	66	Total liabilities. Add lines 60 through 65 .		0	66	0
_	+				100	
	Org	anizations that follow SFAS 117, check here to 67 through 69 and lines 73 and 74.	and complete lines		100	
ces	67	Unrestricted		6,368	67	88,292
an	68	Temporarily restricted			68	
Ba	69	Permanently restricted			69	
Fund Balances	Org	anizations that do not follow SFAS 117, chec				
		complete lines 70 through 74.				
ō	70	Capital stock, trust principal, or current fund			70	
Net Assets	71	Paid-in or capital surplus, or land, building,		71		
\ss	72	Retained earnings, endowment, accumulate			72	
et /	73	Total net assets or fund balances. Add lin 70 through 72. (Column (A) must equal line				
ž		equal line 21)		6,368	73	88,292
	74	Total liabilities and net assets/fund balance		6,368		88,292

Pai	TIV-A Reconciliation of Revenue per Audi instructions.)	ited Financial Statem	ents With Reve	enue pe	r Reti	urn (S	See the	
a	Total revenue, gains, and other support per audite	ed financial statements			а		N/A	_
b	Amounts included on line a but not on Part I, line							-
1	Net unrealized gains on investments		b1		蓋目			
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			
С					С			_
d	Amounts included on Part I, line 12, but not on lin	ne a:						
1	Investment expenses not included on Part I, line		d1					
2	Other (specify):							
			d2					
	Add lines d1 and d2				d			_
е	Total revenue (Part I, line 12). Add lines c and d				е			_
	rt IV-B Reconciliation of Expenses per Au				per R	eturr	N/A	_
а	Total expenses and losses per audited financial s				d		N/A	<u>`</u>
b	Amounts included on line a but not on Part I, line							
1	Donated services and use of facilities		b1 b2					
2	Prior year adjustments reported on Part I, line 20		b3		43.5			
3	Losses reported on Part I, line 20		D3					
4	Other (specify):		_{b4}					
	Add Para Id the south had				b			
	Add lines b1 through b4				c		· · · · · · · · · · · · · · · · · · ·	-
C								_
d	Amounts included on Part I, line 17, but not on li		d1					
1	Investment expenses not included on Part I, line Other (specify):							
2	* * * * * * * * * * * * * * * * * * * *		d2					
	Add lines d1 and d2				d			
е	Total expenses (Part I, line 17). Add lines c and	d			e			-
Pa	rt V-A Current Officers, Directors, Trustees or key employee at any time during the ye	, and Key Employees	(List each persor	n who wa			, director, trustee	€,
	(A) Name and address	(B)	(C) Compensation	(D) Contribu benefit pl	tions to er	mployee	(E) Expense account and other allowance	
		Title and average hours per week devoted to position	-0)	comper	isation pla		and other anowarice	_
	lie Prim - Vanderbilt University - Development	Board Chair - 2 hrs				^	١,	_
	14 Bonner Ave., Nashville, TN 37215		0			0		0
	nee Freedom - PCC, Personal Executive Coach	Board Member5				^		_
	19 E. Bellevue St., Tucson, AZ 87515 erree Phillips - PhD, Grant Writer	hr	0			0	'	0
	31 Tyne Blvd, Nashville, TN 37220	Board Member5	0			0		^
	na Quarles - Community Liaison	hr	<u> </u>			- 0	· · · · · · · · · · · · · · · · · · ·	0
	35 Sunset Road, Brentwood, TN 37027	Board Member5	0			0	,	^
	cky Watson - Chief, Brentwood Police Dept.	hr	0					0
	09 Alamo Road, Brentwood, TN 37027	Board Member5	0			0		0
	Irsha Crownover - Founder	hr	U					_
	08 Bonner Ave., Nashville, TN 37215	Executive Director -	23,500	ĺ		0		0
-17	DO BOILLEI AVE., Nasilville, TN 37213	40 hrs	25,500				1	_
		1						
				 				-
				-		-		_
		1						
				 				_
		•		1				

Form 9	990 (2006)					Pa	age 6
Par	t V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
	Enter the total number of officers, directors, and trumeetings	ustees permitted to vo	te on organization	n business at board 5			
b	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)						7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, that the definition of "related organization.". If "Yes," attach a statement that includes the info Does the organization have a written conflict of in	Part I, or highest co Part II-A or II-B, rec at are related to the or communication described in	empensated profeive compensations See	essional and other on from any other	75c		
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	ceived compensation of	r other benefits (de	escribed below) during	the y	ear, lis	orme st tha
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen nt and owance	other
					<u> </u>		
					-		
	Other Information (Coatherination					V	
76	Other Information (See the instruction Did the organization make a change in its activities)		ducting activities	?? If "Yes " attach a	- 1000 -	Yes	No
	detailed statement of each change				76		1
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the change	s.			77		*
	Did the organization have unrelated business grothis return?		=		78a 78b	100 to 10	1
79	Was there a liquidation, dissolution, termination, a statement		tion during the ye	ear? If "Yes," attach	79		/
	Is the organization related (other than by association common membership, governing bodies, trust organization?	ees, officers, etc., to	any other exe	mpt or nonexempt	80a		10 manual 10 man
b	If "Yes," enter the name of the organization ►			or nonexempt	3 999 300 3 999 300 3 999 300 3 990 300		
81a b	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	See line 81 instruction	s.) [81 a]	. 0	81b		\

Par	t 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?	82a		✓
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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		MINI HE
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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.			
_	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
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			
	Gross receipts, included on line 12, for public use of club facilities	ľ		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	ľ		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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			### 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		-
С	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization •			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	A section of the sect	1
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		V
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, 2006 (See			1
91a	The books are in care of ► Marsha Crownover Telephone no. ► (615)	31 215	33-66	22
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	91b	Yes	No ✓
	and Financial Accounts.		# ==	1

_{rm 99} art	VI Other Information (continued)					Yes N
	At any time during the calendar year, did the	organization ma	intain an office o	outside of the	United States?	,
	f "Yes," enter the name of the foreign countr	y ▶				
2 .	Section 4947(a)(1) nonexempt charitable trust	s filing Form 990	in lieu of Form	1041 —Check	here	
	and enter the amount of tax-exempt interest			ax year	▶ 92	
	VII Analysis of Income-Producing Ac		e <i>instructions.)</i> usiness income	Evaludad by cool	tion 512, 513, or 514	/E \
	Enter gross amounts unless otherwise		1	1		(E) Related or
dicat •		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
3	Program service revenue:					
a b		_				
C						
d						
е						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencie	s		<u> </u>		
4	Membership dues and assessments		1	1.4	4 4 6 7	
5	Interest on savings and temporary cash investment	ts	 	14	1,188	
6	Dividends and interest from securities	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
7	Net rental income or (loss) from real estate:	- 7707	<u>14. *14.655.455555531.3</u>			
a	debt-financed property					
b	not debt-financed property	,				
3 9	Net rental income or (loss) from personal property Other investment income	′				
0	Gain or (loss) from sales of assets other than inventor	v				
1	Net income or (loss) from special events .	,				
2	Gross profit or (loss) from sales of inventory					
3	Other revenue: a	_				
b		_				
С			-			
d		_		-		
е			0		4 400	
4	Subtotal (add columns (B), (D), and (E))	The second secon	<u> </u>		1,188	1,1
5	Total (add line 104, columns (B), (D), and (E) Line 105 plus line 1e, Part I, should equal the					1,1
	VIII Relationship of Activities to the Activities			noses (See tl	ne instructions)	
ine.						e accomplishme
▼	Citizen and the contract of th				,	
	N/A					
				(0 11		
art	IX Information Regarding Taxable Sul				instructions.)	1 (E)
	(A) Name, address, and EIN of corporation,	(B) Percentage of	(C) Nature of a	activities	(D) Total income	(E) End-of-yea
Α.	partnership, or disregarded entity c	wnership interest			Total III on III	assets
Α		<u>%</u>			1	
		% %				
		% %				
art	X Information Regarding Transfers Ass		sonal Benefit Co	ontracts (See	the instructions.)	-1,
(a)	Did the organization, during the year, receive any funds,					☐ Yes ☑ N
(a) (b)	Did the organization, during the year, receive any lands,					
	e: If "Yes" to (b), file Form 8870 and Form 4					

Part	XI Information Regardin	g Transfers To and From ation as defined in section 8	Controlled Entities. Co. 512(b)(13).	mplete only if the o	organiz	ation
106	Did the reporting organization	make any transfers to a control the schedule below for each or	olled entity as defined in s	ection 512(b)(13) of	Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount o	D) of transf	er
а						
b						
С						
	Totals					
107		receive any transfers from a c s," complete the schedule belo			Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	D) of transi	fer
а						
b						
С						
	Totals					
108	rents, royalties, and annuities	nding written contract in effect described in question 107 abo	ve?		Yes	No
Plea: Sign Here	se Macla Co.	hat I have examined this return, including mplete. Declaration of preparer (other the support of	ig accompanying schedules and st han officer) is based on all informa	atements, and to the best of altion of which preparer has $5 - 3 - 0^{t}$ Date	of my kno	wledge
Paid Prepar	Preparer's signature Firm's name for yours	I Shomeson	Date Check if self- employed ▶			. Inst. X
Use O	nly if calf-amplayed)	ason Financial Resources farding Trace Ct., Nashville, 1	EIN 17221 Pho		040094 673-730	7
					QQA	(2000

SCHEDULE A

(Form 990 or 990-EZ)

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.)

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Coach Approach, Inc. Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & deferred compensation account and other than \$50,000 per week devoted to position allowances None Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms), If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \text{\tex{\tex		<u> </u>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		-
b	Lending of money or other extension of credit?		/
С	Furnishing of goods, services, or facilities?	:	/
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	1	/
е	Transfer of any part of its income or assets?		/
3а	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.)	1	_
b	Did the organization have a section 403(b) annuity plan for its employees?	,	1
С	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 3	;	1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3	1	√
4a	lines 4f and 4g		✓
b	Did the organization make any taxable distributions under section 4966?	-	1
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	✓
d	Enter the total number of donor advised funds owned at the end of the tax year		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		0
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		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pai	rt IV	Reason for Non-Private	Foundation S	status (See pages 4	through 7 of	the instruct	ions.)				
l cer	tify t	that the organization is not a private	e foundation bec	ause it is: (Please check	only ONE app	olicable box.)					
5	☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).										
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
7		A hospital or a cooperative hospital	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶									
10		An organization operated for the be (Also complete the Support Sched		or university owned or op	erated by a go	vernmental un	it. Section 170(b)(1)(A)(iv).				
11a		An organization that normally receit 170(b)(1)(A)(vi). (Also complete the			governmental	unit or from th	e general public. Section				
11b		A community trust. Section 170(b))(1)(A)(vi). (Also co	omplete the Support Sci	nedule in Part	IV-A.)					
12	Z	An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)									
13		An organization that is not control requirements of section 509(a)(3).					and otherwise meets the				
		☐ Type I ☐ Type II	☐Type I	II-Functionally Integrate	ed [Type III-Othe	er				
		Provide the following infor	rmation about th	e supported organizati	ions. (See pag	e 7 of the inst	ructions.)				
Na	Provide the following information about the supported organizations. (See page 7 of the instructions.) (a) (b) (c) (d) (e) Name(s) of supported organization(s) Employer identification number (EIN) (described in lines 5 through 12 organization's governing documents? section)										
					Yes	No					
				·							
Tota	al .			<u> </u>		▶					
		An expenientian expenient and an	paratad to tast for	nublic cofety. Caching 5	:00(a)(A) (Caa	naga 7 of the	instructions)				
14	ш	An organization organized and op	rerated to test 101	Public salety, Section 3	oolaj(+). (Oee	page / OI lile	แเอแนะแบบเอ.)				

Schedule A (Form 990 or 990-EZ) 2006 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 beginning in) (a) 2005 **(b)** 2004 (c) 2003 (d) 2002 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 6,368 6,368 Membership fees received 16 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 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 income from unrelated business activities not included in line 18. 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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, Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 6,368 6,368 24 Line 23 minus line 17 6,368 6,368 25 Enter 1% of line 23 64 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 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 26b amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 26c c Total support for section 509(a)(1) test: Enter line 24, column (e) d Add: Amounts from column (e) for lines: 18 _____ 19 _ 26d 26b ____ 26e e Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 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: 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) (2004) (2003) (2002) c Add: Amounts from column (e) for lines: 15 _____ 20 _____ 21 __ 6.368 27c 0 and line 27b total 27d d Add: Line 27a total 6,368 27e e Public support (line 27c total minus line 27d total)

28 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.

Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . ▶ 27f

 27g

27h

100 %

N/A %

6,368

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					s.)
Chec		ted group. Chec	ck ▶ b 🗌 ify	ou checked "a" a	and "limited contr	ol" provisions apply.
	Limits on Lobbyir	•			(a) Affiliated group	(b) To be completed for all electing
	(The term "expenditures" mear	ns amounts paid	or incurred.)		totals	organizations
36	Total lobbying expenditures to influence public	opinion (grassroo	ots lobbying) .			
37	Total lobbying expenditures to influence a legis	lative body (direc	t lobbying).			
38	Total lobbying expenditures (add lines 36 and 3	37)			-	
39	Other exempt purpose expenditures				-	
40	Total exempt purpose expenditures (add lines			40		and a state of the
41	Lobbying nontaxable amount. Enter the amoun		=	1	The second secon	
		obbying nontaxa		, J.	COLUMN TO THE PARTY OF THE PART	
			line 40	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			ne excess over \$50	1 1		
		*	e excess over \$1,00	50,000	The second secon	
		·	excess over \$1,50		### 1	
42	Grassroots nontaxable amount (enter 25% of li	ne 41)				
43	Subtract line 42 from line 36. Enter -0- if line 4	2 is more than lin	ie 36			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lin	ie 38	44		
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 472	20.		
	4-Vear Av	eraging Period	d Under Section	on 501(h)		
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to c	omplete all of t		below.
		Lob	bying Expenditu	res During 4-Y	ear Averaging	Period
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2006	2005	2004	2003	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
<u> </u>						
49	Grassroots ceiling amount (150% of line 48(e))		Environment de la constant de la con	Employment A		70 (257) - 17 (257) - 17 (257) - 18 (257)
50	Grassroots lobbying expenditures					
Pa	t VI-B Lobbying Activity by Nonelection (For reporting only by organization)			Part VI-A) (Se	e page 13 of	the instructions.)
	ng the year, did the organization attempt to influence public opinion on a legislative r				any Yes N	lo Amount
	, , ,	natter of reference	idini, iniodgii ine	use or.		# 1
	Volunteers		oported on lines	e through h	• •	
b	Media advertisements				· ·	7
c d	Mailings to members, legislators, or the public					/
e	Publications, or published or broadcast statem					✓
f	Grants to other organizations for lobbying purp					/
g	Direct contact with legislators, their staffs, gov					/
9 h	Rallies, demonstrations, seminars, conventions					/
i	Total lobbying expenditures (Add lines c throu If "Yes" to any of the above, also attach a star	gh h.)			ng activities	100 A

Pa	rt VII	Information Exempt Or	n Regarding Tr ganizations (See	ransfers To and Tr e page 13 of the instr	ansac uction	tions and	Relationships	With	Nonc	hari	table
51		the reporting organ	nization directly or	indirectly engage in any 1(c)(3) organizations) or in	of the f	following with				d in s	ection
а				- · · · · -						Yes	No
	 Transfers from the reporting organization to a noncharitable exempt organ (i) Cash							51a(i)		1	
	(ii) Other assets								a(ii)		✓
b	Other transactions:							•			
_	 (i) Sales or exchanges of assets with a noncharitable exempt organization. 					ion			b(i)		✓
	(ii)	•		table exempt organization	•			•	b(ii)		1
	(iii)			er assets				•	b(iii)		1
	(iv)							•	b(iv)		1
								•	b(v)		1
				thip or fundraising solicita				•	b(vi)		1
c				sts, other assets, or paid					С		1
ď		-	_	complete the following so					market	value	of the
	goo	ds, other assets, or	r services given by	the reporting organizatio column (d) the value of th	n. If th	e organization	received less tha	n fair n	narket v	/alue	in any
	a) e no.	(b) Amount involved	Name of nonc	(c) haritable exempt organization		Description of	(d) transfers, transaction	s, and sh	n ar ing arr	angem	ients
		i									
-											
	des	cribed in section 5		affiliated with, or related other than section 501(c)(☐ Ye	s L	Z No
		(a)		(b)			(c)	1-4'1-'	_		
Name of organization			Type of organization			Description of re	ationshi	<u>-</u>			
_			_								
				· · · · · · · · · · · · · · · · · · ·							
					-						
											

FEDERAL STATEMENTS FOR 12/31/06- #990 EIN: #81-0652034

STATEMENT 1 - Form 990, Part 11, Line 43 - Other Functional Expenses

<u>Description</u>		Total Expenses	Program <u>Services</u>	Mgt. & General	Fund- Raising							
Coaching Fees-Contracted												
Fees	\$	14,470	14,470									
Dues & Subscription	S	50	50									
Internet Services		581		581								
Meals & Entertainme	ent	172	172									
Payroll Service Fees		402		402								
Professional Fees		300	300									
Business Taxes		120		120								
Banking Fees		100		100								
Total	\$	16,195	14,992	1,203								