

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2011**Open to Public Inspection****A** For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**EATING DISORDERS COALITION OF
TENNESSEE, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

2120 CRESTMOOR ROAD

Room/suite

3000

City or town, state or country, and ZIP + 4

NASHVILLE**TN 37215****D** Employer identification number**35-2183798****E** Telephone number**615-831-9838****F** Group ExemptionNumber **►****G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) **►****H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**I** Website: **► WWW.EDCT.NET****J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 151,757**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	37,258
	2	Program service revenue including government fees and contracts	2	18,469
	3	Membership dues and assessments SEE STATEMENT	3	9,633
	4	Investment income	4	107
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	86,290
c	Less: direct expenses from gaming and fundraising events	6c	14,410	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	71,880	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	137,347	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	85,875
	13	Professional fees and other payments to independent contractors	13	1,125
	14	Occupancy, rent, utilities, and maintenance	14	13,500
	15	Printing, publications, postage, and shipping	15	3,209
	16	Other expenses (describe in Schedule O)	16	14,697
	17	Total expenses. Add lines 10 through 16 ►	17	118,406
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,941
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	97,140
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	116,081

For Paperwork Reduction Act Notice, see the separate instructions.

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Check if the organization used Schedule O to respond to any question in this Part II

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Check if the organization used Schedule O to respond to any question in this Part III

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

SEE SCHEDULE O

28 SEE SCHEDULE O

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	
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	(d) Health benefits, contributions to employee benefit plans, and deferred compensation
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(e) Estimated amount of other compensation

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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		
42a The organization's books are in care of ELIZABETH LLEWELLYN Telephone no. 615-831-9838 2120 CRESTMOOR ROAD, SUITE 3000 Located at NASHVILLE TN ZIP + 4 37215		
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)? 42b If "Yes," enter the name of the foreign country: 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		X

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's 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	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

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

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

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

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

Sign Here	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Signature of officer</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">SUSAN AKERS</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Type or print name and title</div>	<div style="border-bottom: 1px solid black; padding-bottom: 2px;">Date</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">PRESIDENT</div>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	BRYAN JONES		01/11/13	P00368224
	Firm's name ▶	CPA CONSULTING GROUP PLLC		Firm's EIN ▶
	Firm's address ▶	109 KENNER AVE STE 100 NASHVILLE, TN 37205-2291		Phone no. 615-322-1225

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Name of the organization

**EATING DISORDERS COALITION OF
TENNESSEE, INC.**

Employer identification number

35-2183798**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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						
4 Total. Add lines 1 through 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

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) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. 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 <input type="checkbox"/>		
b 33 1/3% support test—2010. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,586	69,901	53,138	59,615	96,929	342,169
2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513	64,105	89,118	94,017	112,361	54,721	414,322
4 Tax revenues levied for the organization'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 through 5	126,691	159,019	147,155	171,976	151,650	756,491
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			3,105	2,125	8,150	13,380
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	5,000	10,000	5,000	21,000	21,500	62,500
c Add lines 7a and 7b	5,000	10,000	8,105	23,125	29,650	75,880
8 Public support. (Subtract line 7c from line 6.)						680,611

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	126,691	159,019	147,155	171,976	151,650	756,491
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102	127	307	358	107	1,001
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	102	127	307	358	107	1,001
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	126,793	159,146	147,462	172,334	151,757	757,492
14 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) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	89.85 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	93.24 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding**
Fundraising or Gaming ActivitiesComplete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011**Open To Public**
Inspection

Name of the organization

EATING DISORDERS COALITION OF
TENNESSEE, INC.

Employer identification number

35-2183798**Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
- b** ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
- c** ☐ Phone solicitations **g** ☐ Special fundraising events
- d** ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No****b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be
compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from
registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 EVENING OF SONG (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	86,290			86,290
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)	86,290			86,290
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	14,410			14,410
10 Direct expense summary. Add lines 4 through 9 in column (d)				14,410
11 Net income summary. Combine line 3, column (d), and line 10				71,880

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? 9a ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a ☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011**Open to Public
Inspection****EATING DISORDERS COALITION OF
TENNESSEE, INC.**

Employer identification number

35-2183798**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES****MARKETING** \$ 75**DONOR DEVELOPMENT** \$ 341**OFFICE EXPENSE** \$ 423**TRAVEL** \$ 726**CONFERENCES/MEETINGS** \$ 50**INSURANCE** \$ 726**BANK & CREDIT CARD CHARGE** \$ 1,565**DUES & SUBSCRIPTIONS** \$ 803**EQUIPMENT RENTAL** \$ 280**FACILITY RENTAL** \$ 225**FOOD & BEVERAGE** \$ 1,486**GIFTS & AWARDS** \$ 339**GRAPHIC DESIGN** \$ 140**INTERNET** \$ 1,188**LICENSES & FEES** \$ 2,159**SUPPLIES** \$ 537**TELEPHONE** \$ 1,697**WEBSITE** \$ 690**TEMPORARY SERVICES** \$ 215**NON-INVESTMENT DEPRECIATION** \$ 1,032**TOTAL \$ 14,697**

Name of the organization

EATING DISORDERS COALITION OF

Employer identification number

35-2183798**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ 325	\$ 0
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 1,103	\$ 1,136
	\$ 14,871	\$ 14,871
LESS ACCUMULATED DEPRECIATION	\$ 13,510	\$ 14,542
TOTAL	\$ 2,789	\$ 1,465

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL LIABILITIES	\$ 3,808	\$ 2,113

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO GIVE HOPE, HELP AND SUPPORT TO ALL WHO ARE
IMPACTED BY DISORDERED EATING.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

THE SPEAKERS BUREAU IS AN EDUCATIONAL PROGRAM DESIGNED TO TRAIN
PROFESSIONALS, COMMUNITY LEADERS AND PARENTS ON IDENTIFICATION AND
TREATMENT OF EATING DISORDERS.

YES (YOUTH AND EDUCATION SUPPORT) IS A PROGRAM THAT PROVIDES EDUCATION,
RESOURCES, AND LEADERSHIP OPPORTUNITIES FOR THE TENNESSEE YOUTH IN GRADES
5-12.

FAMILIES SUPPORTING FAMILIES IS A SUPPORT GROUP LED BY PARENTS WHO ARE
TRAINED BY EATING DISORDERS PROFESSIONALS ON SUPPORT GROUP FACILITATION.

EDCT SPONSORS FOUR GROUPS (CHATTANOOGA, KNOXVILLE, NASHVILLE, MEMPHIS) AT
NO COST TO THE PARTICIPANTS.

Name of the organization

EATING DISORDERS COALITION OF

Employer identification number

35-2183798

THE ANNUAL FORUM IN NASHVILLE AND OTHER WORKSHOPS ACROSS THE STATE ARE
DESIGNED TO TRAIN PROFESSIONALS ABOUT ISSUES RELATED TO THE TREATMENT AND
PREVENTION OF EATING DISORDERS.

THE RESOURCE HOTLINE AND "FIND HELP" SECTION OF WWW.EDCT.NET CONNECT THOSE
WHO ARE SEEKING TREATMENT WITH EDCT'S NATIONWIDE NETWORK OF CLINICIANS WHO
SPECIALIZE IN EATING DISORDERS AND/OR RELATED ISSUES.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2011Attachment
Sequence No. **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **EATING DISORDERS COALITION OF
TENNESSEE, INC.**Identifying number
35-2183798

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	14

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	1,018
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,032
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.Form **4562** (2011)

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	COMPUTER HARDRIVE	3/31/04	600			X	300	5 HY 200DB	563	0
2	COPIER	6/30/04	2,000			X	1,000	5 HY 200DB	1,863	0
3	TABLE DESK	6/30/04	500			X	250	7 HY 200DB	500	0
4	TELEPHONE SYSTEM	6/30/04	1,875			X	937	5 HY 200DB	1,747	0
5	EQUIPMENT	10/16/02	199			X	139	5 HY 200DB	199	0
6	HARD DRIVE	7/22/04	164			X	82	5 HY 200DB	164	0
7	PRINTER	8/30/04	165			X	82	5 HY 200DB	165	0
8	WIRELESS SYSTEM	3/04/05	191				191	5 HY 200DB	191	0
9	CHAIR	3/30/05	330				330	7 HY 200DB	309	21
11	COPIER-KONICA BIZHUB COLOR C250	5/03/07	8,750				8,750	5 HY 200DB	7,753	997
			<u>14,774</u>				<u>12,061</u>		<u>13,454</u>	<u>1,018</u>
Other Depreciation:										
10	RESOURCE LIBRARY BOOKCASE	8/05/05	97				97	7 MO S/L	56	14
	Total Other Depreciation		<u>97</u>				<u>97</u>		<u>56</u>	<u>14</u>
	Total ACRS and Other Depreciation		<u>97</u>				<u>97</u>		<u>56</u>	<u>14</u>
	Grand Totals		14,871				12,158		13,510	1,032
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>14,871</u>				<u>12,158</u>		<u>13,510</u>	<u>1,032</u>

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	COMPUTER HARDRIVE	3/31/04	600		X		300	5 HY 200DB	563	0
2	COPIER	6/30/04	2,000		X		1,000	5 HY 200DB	1,942	0
3	TABLE DESK	6/30/04	500		X		250	7 HY 200DB	500	0
4	TELEPHONE SYSTEM	6/30/04	1,875		X		937	5 HY 200DB	1,821	0
5	EQUIPMENT	10/16/02	199		X		139	5 HY 200DB	199	0
6	HARD DRIVE	7/22/04	164		X		82	5 HY 200DB	164	0
7	PRINTER	8/30/04	165		X		82	5 HY 200DB	165	0
8	WIRELESS SYSTEM	3/04/05	191				191	5 HY 150DB	191	0
9	CHAIR	3/30/05	330				330	7 HY 150DB	302	28
11	COPIER-KONICA BIZHUB COLOR C250	5/03/07	8,750				8,750	5 HY 150DB	7,709	1,041
			<u>14,774</u>				<u>12,061</u>		<u>13,556</u>	<u>1,069</u>
Other Depreciation:										
10	RESOURCE LIBRARY BOOKCASE	8/05/05	97				97	7 MO S/L	56	14
	Total Other Depreciation		<u>97</u>				<u>97</u>		<u>56</u>	<u>14</u>
	Total ACRS and Other Depreciation		<u>97</u>				<u>97</u>		<u>56</u>	<u>14</u>
	Grand Totals		14,871				12,158		13,612	1,083
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>14,871</u>				<u>12,158</u>		<u>13,612</u>	<u>1,083</u>

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
1	COMPUTER HARDRIVE	3/31/04	600		0	0	300	300
2	COPIER	6/30/04	2,000		0	0	1,000	1,000
3	TABLE DESK	6/30/04	500		0	0	250	250
4	TELEPHONE SYSTEM	6/30/04	1,875		0	0	938	937
5	EQUIPMENT	10/16/02	199		0	0	60	139
6	HARD DRIVE	7/22/04	164		0	0	82	82
7	PRINTER	8/30/04	165		0	0	83	82
Form 990, Page 1			<u>5,503</u>		<u>0</u>	<u>0</u>	<u>2,713</u>	<u>2,790</u>
Grand Total			<u>5,503</u>		<u>0</u>	<u>0</u>	<u>2,713</u>	<u>2,790</u>

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	
<u>MACRS Adjustments:</u>						
Page 1	1	1	COMPUTER HARDRIVE	0	0	0
Page 1	1	2	COPIER	0	0	0
Page 1	1	3	TABLE DESK	0	0	0
Page 1	1	4	TELEPHONE SYSTEM	0	0	0
Page 1	1	5	EQUIPMENT	0	0	0
Page 1	1	6	HARD DRIVE	0	0	0
Page 1	1	7	PRINTER	0	0	0
Page 1	1	8	WIRELESS SYSTEM	0	0	0
Page 1	1	9	CHAIR	21	28	-7
Page 1	1	11	COPIER-KONICA BIZHUB COLOR C250 W/I	997	1,041	-44
				<u>1,018</u>	<u>1,069</u>	<u>-51</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Prior MACRS:</u>					
1	COMPUTER HARDRIVE	3/31/04	600	0	0
2	COPIER	6/30/04	2,000	0	0
3	TABLE DESK	6/30/04	500	0	0
4	TELEPHONE SYSTEM	6/30/04	1,875	0	0
5	EQUIPMENT	10/16/02	199	0	0
6	HARD DRIVE	7/22/04	164	0	0
7	PRINTER	8/30/04	165	0	0
8	WIRELESS SYSTEM	3/04/05	191	0	0
9	CHAIR	3/30/05	330	0	0
11	COPIER-KONICA BIZHUB COLOR C250 W/I	5/03/07	8,750	0	0
			<u>14,774</u>	<u>0</u>	<u>0</u>
<u>Other Depreciation:</u>					
10	RESOURCE LIBRARY BOOKCASE	8/05/05	97	13	13
	Total Other Depreciation		<u>97</u>	<u>13</u>	<u>13</u>
	Total ACRS and Other Depreciation		<u>97</u>	<u>13</u>	<u>13</u>
	Grand Totals		<u>14,871</u>	<u>13</u>	<u>13</u>

Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES & ASSESSMENTS	\$ <u>9,633</u>
TOTAL	\$ <u><u>9,633</u></u>

Schedule A, Part III, Line 7a - Support from Disqualified Persons

<u>Donor Name</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>
	\$ <u> </u>	\$ <u> </u>	\$ <u> 3 , 105 </u>	\$ <u> 2 , 125 </u>	\$ <u> 8 , 150 </u>
TOTAL	\$ <u> 0 </u>	\$ <u> 0 </u>	\$ <u> 3 , 105 </u>	\$ <u> 2 , 125 </u>	\$ <u> 8 , 150 </u>

Schedule A, Part III, Line 7b - Excess Gross Receipts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2011	26,500	21,500
2010	26,000	21,000
2009	10,000	5,000
2008	15,000	10,000
2007	10,000	5,000
TOTAL	\$ <u>87,500</u>	\$ <u>62,500</u>