Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2006

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Inter	nai Rev	t of the Freasury venue Service	► The or	ganization may have	to use a copy	of this return to	o satisfy	state	reporting re	equirer	nents.	Inspecti	on
\overline{A}	For t	he 2006 cale	ndar year, (or tax year beginning	7/01	, 20	06, and	ending	6/30	١	,	2007	
В	Check	if applicable:		С						D Emp	loyer Iden	tification Number	
		ddress change	Please use IRS label	ROCHELLE CENT	ER				i	62	-0813	3080	
	\vdash	ame change	or print or type.	1020 SOUTHSII					ľ	E Tele	phone nur	mber	
	-	itial return	See specific	NASHVILLE, TN	37203					61	5-254	1-0673	
	\vdash	inal return	instruc- tions.						Ì		ounting nod:		Accrual
	\vdash	mended return	401131								Other (spe		J
	\vdash	pplication pending	- Socti	on 501(c)(3) organiza	tions and 494	7(a)(1) nonever	ant	H and	are not applic	able to se			
	<u> Г</u>	ppiication pending	charit	able trusts must atta	ch a complete	ed Schedule A	iþt	ŧ.				? Yes	X No
			(Form	1 990 or 990-EZ).	-			' '	If 'Yes,' enter				
G	Web	site: ► WWW	.ROCHEL	LECENTER.ORG	_				Are all affiliat				No
J	Orga	nization type			_	_			(If 'No.' attach	n a list. S	ee instruct	tions.)	
	(chec	ck only one)	` ≻	X 501(c) 3 -	(insert no.)	4947(a)(1) or	527	H (d)	Is this a separ	rate retur	n filed by a	an	_
K				ization is not a 509(a					organization o	overed b	y a group	ruling? Yes	X No
	gros	s receipts are	normally i	not more than \$25,00	0. A return is	not required, bu	at if the	1	Group Exe				
	orga	nization choo	ses to file	a return, be sure to f	ie a complete	return.		М				tion is not requir	
<u>L</u>				b, 9b, and 10b to line								, 990-EZ, or 990-I	'F).
Pa	rt l	Revenu	ie, Exper	ises, and Chang	es in Net As	ssets or Fund	d Bala	nces	(See the	<u>instr</u>	uctions	s.)	
	1	Contribution	s, gifts, gra	ants, and similar amo	unts received:	:							
	a	 Contribution 	s to donor	advised funds							15.00 m 5.64 5.3		
	b	Direct public	: support (r	not included on line 1	a)		1	b		504.			
				(not included on line						731.			
	d	Government	contributio	ons (grants) (not inclu	uded on line 1	a)	1	d	2,328,	309.			
	e	Total (add lines 1a through 1d) (cash \$	2,400,544.	noncash \$		_).				1 e	2,400	,544.
				ue including governm								347	,073.
	3 Membership dues and assessments.							3					
	4 Interest on savings and temporary cash investments								4	41	,497.		
	5 Dividends and interest from securities								5				
	6a Gross rents 6a 76,919.												
	_ c	: Net rental in	come or (i	oss). Subtract line 6b	from line 6a.						6с	76	,919.
P				ne (describe)	7		
REVENU	l			es of assets other		(A) Securities			(B) Other		0 - 1 ·		
Ė	°	than invento	л пон за Угу				8:	а					
ÿ	l t			is and sales expense			8	b					
•	1			le)			8	С					
	1			nbine line 8c, column							8d		
				ivities (attach schedu							43 EN		
	a	Gross reven	ue (not inc	luding \$		of contribution	าร		_	-	漢語		
		reported on	line 1b)				9			585.			
				other than fundraising						<u>501.</u>			
	c	: Net income	or (loss) fr	om special events. S	ubtract line 9b	from line 9a			STATEME	NT.1		63	,084.
				y, less returns and a							14.		
	b	Less: cost o	f goods so	id			10	b			2000		
	0	Gross profit or	(loss) from sa	ales of inventory (attach sc	nedule). Subtract l	ine 10b from line 10)a		• • • • • • • • • • • • • • • • • • •		10 c		
	11			art VII, line 103)									<u>,542.</u>
	12			es 1e, 2, 3, 4, 5, 6c, 1								2,932	
E	13			n line 44, column (B)								2,136	
EXPERSES	14 Management and general (from line 44, column (C))								,644.				
Ë	15	Fundraising	(from line	44, column (D))							15	4	<u>,066.</u>
S	16			(attach schedule)									
<u> </u>	17	Total expen	ses. Add li	nes 16 and 44, colum	nn (A)						17	2,809	
4	18	Excess or (deficit) for t	he year. Subtract line	e 17 from line	12					18		<u>,457.</u>
N S	19			ances at beginning of								2,631	
7 7	20			ssets or fund balance									<u>,069.</u>
		Net assets of	or fund bala	ances at end of year.	Combine line:	s 18, 19, and 20)	<u></u>			21	2,729	,789.

62-0813080 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. Part II

D	o 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
22 a	Grants paid from donor advised					
	funds (attach sch)					
	(cash \$)					
	If this amount includes					
	foreign grants, check here	22 a				
22 b	Other grants and allocations (att sch)		1			
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here	22 b				
	_					
23	Specific assistance to individuals (attach schedule)	23				
24	Ponefite noid to or for members					
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers,		-		• "	
	directors, key employees, etc listed in	25 a	224,554.	177,173.	47,381.	0.
	Part V-A (attach sch)	25 a	224,334.	111,113.	47,301.	0.
b	Compensation of former officers, directors, key employees, etc listed in	i				1
	Part V-B (attach sch)	25 b	0.	0.	0.	0.
C	: Compensation and other distributions, not included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B) (attach schedule).	25 c	0.	0.	0.	0.
	,			<u></u>		<u> </u>
26	Salaries and wages of employees not included on lines 25a, b, and c	26	1,418,755.	1,120,364.	298,391.	
27	Pension plan contributions not included on lines 25a, b, and c	27				
20	Employee benefits not included on					
28	lines 25a - 27	28				
29	Payroll taxes	29	288,268.	205,830.	82,438.	
30	Professional fundraising fees	30				
31	Accounting fees	31	9,000.		9,000.	
32	Legal fees	32				
33	Supplies	$\overline{}$	13 <u>9,020.</u>	118,006.		
34	Telephone	$\overline{}$	24,062.	21,803.	2,119.	140.
35	Postage and shipping				254	
36			45,136.	44,782.	354.	
37	Equipment rental and maintenance	37	76,920.	70,914.	6,006.	
38	Printing and publications	38	37.740	17 421	200	
39	Travel	39	17,740.	17,431.	309.	
40	Conferences, conventions, and meetings	40	34,678.	34,678.		
41	Interest	41	154,581.	34,010.	154,581.	
42 43		42	124,201.		134,301.	
	SEE STATEMENT 3	43 a	376,488.	325,511.	50,663.	314.
)	43 b				
(43 c				
		43 d				
•	?	43 e				
f		431				
ç	9	43 g		<u> </u>		<u> </u>
44	Total functional expenses. Add lines 22a					
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	2,809,202.	2,136,492.	668,644.	4,066.
	t Costs. Check. ► if you are following			.0.0	D . S	⊾ □∪ ⊡
	any joint costs from a combined education					
If 'Y	es,' enter (i) the aggregate amount of thes		costs \$ I to Management and ge		amount allocated to Pro ; and (iv) the	
· -	undraising \$.	iocalec	i to management and ge		, and (10) ti	ic difficult allocated

Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services; and (iv) the amount allocated
Fundraising \$.	

Page 3

Part III Statement of Program Service Accomplishments

Form	1 990 is	s avail	able f	or publi	ic inspect	tion and	i, for son	ne peop	ole, sen	ves as t	ne prima	ry or sol	e source	of infor	mation a	about a	particul	ar
orga	nizatio	n. Hov	v the i	public p	erceives	an orga	inization	in sucl	h cases	may be	determi	ned by t	he inforn	nation p	resented	d on its	return.	Therefore,
plea:	se mak	e sure	the i	eturn ís	s complet	te and a	ccurate	and ful	lv descr	ibes, in	Part III.	the oraz	nization'	s progra	ams and	accom	plishme.	nts.

			ch cases may be determined by the in illy describes, in Part III, the organizat		
What All org clients ization	is the organization's prim ganizations must describ served, publications issue ns and 4947(a)(1) nonexe	nary exempt purpose?	E STATEMENT 4 ements in a clear and concise manne it are not measurable. (Section 501(c)(3) o enter the amount of grants and allo	. State the number of and (4) organ- cations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
	SKILLS, INCLUDI	NG AN ENVIRONMENT O PERSONS PER YEAR.	Y RETARDED ADULTS IN DAI F SHELTERED EMPLOYMENT.	THE CENTER	
		\$) If this amount includes foreign grants,		2,136,492.
ь _.					
	Grants and allocations) If this amount includes foreign grants,	check here ►	
c .					
-					
d _	(Grants and allocations) If this amount includes foreign grants,		
•					
	Grants and allocations) If this amount includes foreign grants,	check here •	
•					
	(Grants and allocations	\$) If this amount includes foreign grants,	check here ►	
f	Total of Program Service		44, column (B), Program services)		2,136,492.
ВАА					Form 990 (2006)

_	· 1/1	There required, attached schedules and amounts within blumn should be for end-of-year amounts only.	the d	escription		(A) Beginning of year		(B) End of year
Т		Cash - non-interest-bearing				97,924.	45	221,538.
		Savings and temporary cash investments				1,199,277.	46	1,379,859.
		Accounts receivable		15	0,342.			
	b	Less: allowance for doubtful accounts			5,869.	307,542.	47 c	144,473.
		Pledges receivable	48 a				40.	
		Less: allowance for doubtful accounts					48 c	
ŀ	49	Grants receivable	• • • • •				49	
		Receivables from current and former officers, director employees (attach schedule)		50 a				
A	b	Receivables from other disqualified persons (as definant persons described in section 4958(c)(3)(B) (attack)		50 b				
A S S E T S	51 a	Other notes and loans receivable (attach schedule)	51 a					
Ť	ь	Less: allowance for doubtful accounts					51 c	
		Inventories for sale or use					52	
		Prepaid expenses and deferred charges				17,108.	53	18,291.
	54 a	Investments — publicly-traded securities	>	Cost	FMV		54 a	
		Investments – other securities (attach sch)			FMV	8,000.	54 b	8,000.
		Investments – land, buildings, & equipment: basis.	1 1	ٔ سا			1.500	
		Less: accumulated depreciation (attach schedule)			,		55 c	
	56	Investments – other (attach schedule)					56	_
		Land, buildings, and equipment: basis	I I	3,38	1,010.		22.55 42.55	
		Less: accumulated depreciation (attach schedule)STATEMENT.5	57 b		2,542.	1,644,417.	57 c	1,748,468.
		Other assets, including program-related investments						
		(describe			_)		58	
	59	Total assets (must equal line 74). Add lines 45 throu	gh 58.			3,274,268.	59	3,520,629.
	60	Accounts payable and accrued expenses				136,947.	60	194,685.
	61	Grants payable					61	
Ļ	62	Deferred revenue					62	
A B	63	Lang from officers directors trustees and key					16111111	
B	63	Loans from officers, directors, trustees, and key employees (attach schedule)					63	·
Ļ	64 a	Tax-exempt bond liabilities (attach schedule)					64 a	
<u>T</u>		Mortgages and other notes payable (attach schedule)					64 b	<u>596,155.</u>
E S	65	Other liabilities (describe	_	_)		65	
	66	Total liabilities. Add lines 60 through 65			<u></u>	642,867.	66	790,840.
	Org	anizations that follow SFAS 117, check here ► X a	and cor	nplete lines	67			
N E T	-	through 69 and lines 73 and 74.						
	67	Unrestricted				2,209,670.	67	2,333,591.
Ş	68	Temporarily restricted				421,731.	68	396,198.
ASSETS	69	Permanently restricted	<u></u> .				69	
O R	Org	anizations that do not follow SFAS 117, check here	· 🔲	and complet	te lines			
		70 through 74.					22	
בטצם	70	Capital stock, trust principal, or current funds					70	
	71	Paid-in or capital surplus, or land, building, and equi					71	
B A Ļ	72	Retained earnings, endowment, accumulated income	• • • • • • • • •		72			
AZOE S	73	Total net assets or fund balances. Add lines 67 thro	through	2,631,401.		2,729,789.		
Š]	72. (Column (A) must equal line 19 and column (B) Total liabilities and net assets/fund balances. Add li						3,520,629.
_	74	Total liabilities and net assets/fund balances. Add if	1162 00	anu /3	<u></u>	3,214,200	1177	Form 990 (2006)
BΑ	A							555 (2566)

Part IV-A	Reconciliation of Revenue	per Audited F	inancial S	Statements with	Revenue per Return	(See the
	instructions.)	•			•	•

<u> </u>	instructions.)	e per Auditeu i mancia			ı	
а	Total revenue, gains, and other support	per audited financial stateme	ents		a	2,967,160.
ь	Amounts included on line a but not on F					
_	1Net unrealized gains on investments		ь1			
	2Donated services and use of facilities					
	3Recoveries of prior year grants			-		
				-		
	4Other (specify):			34 501	5.	
				34,501.		24 501
	Add lines b1 through b4				b	34,501.
С	Subtract line b from line a				C	2,932,659.
d	Amounts included on Part I, line 12, but		1 1			
	1 Investment expenses not included on Pa	art I, line 6b	d1			
	2Other (specify):					
			d2			
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12). Add lines	s c and d	<u></u>	· · · · · · · · · · · · · · · · · · ·	e	2,932,659.
P	art IV-B Reconciliation of Expens	es per Audited Financi	al Statements with	Expenses per F	₹etı	ırn
	·····					
а	Total expenses and losses per audited t	inancial statements	* * * * * * * * * * * * * * * * * * * *		a	2,843,703.
ь	Amounts included on line a but not on F					
-	1 Donated services and use of facilities.	-				
	2Prior year adjustments reported on Part					
	3Losses reported on Part I, line 20					
	CEE CEVE 7		ام ا	34,501.		
			 			24 501
	Add lines b1 through b4				b	34,501.
C	Subtract line b from line a		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	С	2,809,202.
d	Amounts included on Part I, line 17, but		1 1			
	1 Investment expenses not included on Pa	art I, line 6b	<u>d1</u>			
	2Other (specify):					
			d2			
	Add lines d1 and d2		• • • • • • • • • • • • • • • • • • • •		d	
e	Total expenses (Part I, line 17). Add lin	es c and d		>	е	2,809,202.
P	art V-A Current Officers, Director or key employee at any time du	s, Trustees, and Key E	mployees (List each	person who was ar	n off	icer, director, trustee,
	or key employee at any time do	(B) Title and average hours				
	(A) Name and address	per week devoted	(if not paid,	(D) Contributions employee benefi		(E) Expense account and other
	(A) Name and address	to position	enter -0-)	plans and deferre	ed	allowances
				compensation pla	ns	_ -
					ŀ	
SE	E STATEMENT 8		224,554.		0.	<u> </u>
				<u> </u>	I	
				1	i	
				İ		
			-			
					ĺ	
					\dashv	
				1	- 1	

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Part V-A Current Officers, Directors, Tru	istees, and Key Er	nployees (continue	d)		Yes	No	
75 a Enter the total number of officers, directors, and trustees p	permitted to vote on organization	tion business as board meeting	ps. ► 28	_			
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the rela	nsated professional an ugh family or business	d other independent cor relationships? If 'Yes.'	ntractors listed in Schedule attach a statement that	s 75 b	:	Х	
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'.							
If 'Yes,' attach a statement that includes the in	nformation described in	n the instructions.				Х	
d Does the organization have a written conflict of							
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below the instructions.)	or, trustee, or kev emp	lovee received compen-	sation or other benefits (de	scribed	helow) e	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit a plans and deferred compensation plans	sccount a	opense and ot ances	ther	
NONE							
Part VI Other Information (See the insti	ructions)	·	<u></u>		Yes	No	
76 Did the organization make a change in its acti		anducting activities?					
If 'Yes,' attach a detailed statement of each ch	nange	mudcling activities:		. 76		X	
77 Were any changes made in the organizing or	- ·	out not reported to the II	RS?	. 77		Х	
If 'Yes,' attach a conformed copy of the chang					i i i i i		
78a Did the organization have unrelated business			=		3.7	X	
b If 'Yes,' has it filed a tax return on Form 990-7	•		•••••••	. 78b	N/	Ά	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	on, or substantial contr	action during the		1 1	2.2.2.3.3.3	\bar{x}	
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office	ciation with a statewid ers, etc, to any other e	e or nationwide organiz xempt or nonexempt or	ation) through common ganization?	. 80 a		X	
b If 'Yes,' enter the name of the organization ►							
81 a Enter direct and indirect political expenditures	. (See line 81 instruction	neck whether it is each		15.50			
b Did the organization file Form 1120-POL for the	iis vear?			. 81Ы		x	

BAA Form 990 (2006)

BAA

Financial Accounts.

Form 990 (2006)

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Part VI Other Information (continu	ied)			_	Yes No
c At any time during the calendar year, d	d the organizati	on maintain an office	e outside of the Ur	nited States?	91 c X
If 'Yes,' enter the name of the foreign cour	itry ►				
92 Section 4947(a)(1) nonexempt charitab	le trusts filing Fo	orm 990 in lieu of Fo	<i>rm 1041</i> – Check	here	N/A►
and enter the amount of tax-exempt int				1 1	N/A
Part VII Analysis of Income-Produ					
	1	business income	7	tion 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue: a FREIGHT REVENUE b PROGRAM FEES					15,117. 23,249.
c SUPPORTED EMPLOYMENT		-			16,422.
d WORKSHOP SALES					292,285.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts .			14	41,497.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					76,919.
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					63,084.
102 Gross profit or (loss) from sales of inventory			ĺ		
103 Other revenue: a					
ь MISCELLANEOUS					3,542.
c					
d					
e					
Subtotal (add columns (B), (D), and (E))	A Section of the sect			41,497.	490,618.
105 Total (add line 104, columns (B), (D),					532,115.
Note: Line 105 plus line 1e, Part I, should eq	ual the amount	on line 12, Part I.			
Part VIII Relationship of Activities			empt Purpose	s (See the instruc	tions.)
Line No. Explain how each activity for whi of the organization's exempt purp	ch income is reposes (other tha	oorted in column (E) n by providing funds	of Part VII contrib for such purposes	uted importantly to the	accomplishment
SEE STATEMENT 9					
					
Part IX Information Regarding Ta					
(A)	(B)	(0	5)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership inte		activities	Total income	End-of-year assets
N/A		%			
		ર્શ			
		%			
		8			
Part X Information Regarding Tra				-	
 a Did the organization, during the year, receive any f b Did the organization, during the year, p 					=
Note: If 'Yes' to (b), file Form 8870 and F					

62-0813080

Par	t XI	Information Regarding Transfers To an organization is a controlling organizatio	nd From Controlled En	ntities. Complete only if the	9		
	-	organization is a controlling organization	ir as defined in Section	1312(0)(13).		Yes	No
106	Did	the reporting organization make any transfers to a	a controlled entity as define	ed in section 512(b)(13) of the Co	de? If		
	'Ye:	s,' complete the schedule below for each controller (A) Name, address, of each controlled entity	d entity(B) Employer Identification Number	(C) Description of transfer	(I Amount o	D) of trans	X sfer
а	 - 						
b							
С	 						
		Totals					
			- recommendation to the transfer of the transf	**************************************		Yes	No
107	Did 'Ye:	the reporting organization receive any transfers fr s, complete the schedule below for each controlled	d entity		e Code? If		Х
_		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(E Amount o	O) of trans	sfer ——
а							
b	-						
c .	 						
		Totals					
108	Did ann	the organization have a binding written contract in uities described in question 107 above?	effect on August 17, 2006	, covering the interest, rents, roy	alties, and	Yes	No X
Plea Sign		Under penalties of perjury, I declare that I have examined this returne, correct, and examplete. Declaration of preparer (other than off	rn, including accompanying scheduli icer) is based on all information of w	10/-	owledge and be $30/07$	lief, it is	
Here	<u>:</u>		ief Financial C	Chics			
Paid Pre-		Preparer's signature SARAH C. HARDEE, CPA		9-9-07 semployed ► P	reparer's SSN o eneral Instructio 0054617		See
pare Use Only		yours it self- employed). > 3326 ASPEN GROVE DRIVI	ASSOCIATES, PLL E, SUITE 500	EIN ► 62-13	884008		
BAA		FRANKLIN, TN 37067		Phone no. ► 615	-376-880 Form	990 (2006)
						- (/

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

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Supplementary Information — (See separate instructions.)
► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

ROCHELLE CENTER			62-0813080	number
Part I Compensation of the Five High	est Paid Employees Ot	her Than Officers		d Trustees
(See instructions. List each one			, 21100(015, 411	u 11u3tee3
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				1
				1
Total number of other employees paid over \$50,000		0		
Part II — A Compensation of the Five High (See instructions. List each one	nest Paid Independent C e (whether individuals or	contractors for Pr firms). If there ar	ofessional Ser e none, enter '	vices None.')
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
			-	
Total number of others receiving over \$50,000 for professional services		0		
Part II - B Compensation of the Five High (List each contractor who performs. If there are none, enter 'I	rmed services other than	n professional ser	her Services vices, whether	individuals or
(a) Name and address of each independent contract	ctor paid more than \$50,000	(b) Type o	of service	(c) Compensation
NONE				
Total number of other contractors receiving over \$50,000 for other services		0		

Sche	dule A (Form 990 or 990-EZ) 2006	ROCHELLE CENTER	<u></u>	62-0813080	0	F	age 2
Part	III Statements About Acti	vities (See instructions.)				Yes	No
	to influence public opinion on a legisl or incurred in connection with the lob	attempted to influence national, state, of ative matter or referendum? If 'Yes,' en bying activities \$ \$	ter the total expenses paid N/A		1		x
2	Organizations that made an election organizations checking 'Yes' must co lobbying activities. During the year, has the organization substantial contributors, trustees, direct taxable organization with which any second	under section 501 (h) by filing Form 5768 mplete Part VI-B AND attach a statement, either directly or indirectly, engaged in ectors, officers, creators, key employees uch person is affiliated as an officer, direction is 'Yes,' attach a detailed statement	must complete Part VI-A. C nt giving a detailed description any of the following acts wit , or members of their familie ector, trustee, majority owne	ther n of the h any s, or with any r, or principal			
а	Sale, exchange, or leasing of propert	y?			2 a		X
ь	Lending of money or other extension	of credit?			2b	_	x
с	Furnishing of goods, services, or faci	ities?	EE FORM 990, PART		2c		X
d	Payment of compensation (or payme	nt or reimbursement of expenses if mor	•		2d	Х	
е	Transfer of any part of its income or	assets?			2 e		<u>x</u>
3 a	Did the organization make grants for explanation of how the organization of	scholarships, fellowships, student loans Jetermines that recipients qualify to rece	etc? (If 'Yes,' attach an ive payments.)		3 a		Х
b	Did the organization have a section 4	03(b) annuity plan for its employees?			3 b		X
c	to preserve open space, the environr	n easement for conservation purposes, nent, historic land areas or historic struc	tures? If	•••••	3с		x
d	Did the organization provide credit co	ounseling, debt management, credit repa	ir, or debt negotiation servic	es?	3 d		x
4 a	Did the organization maintain any do 4f and 4g	nor advised funds? If 'Yes,' complete lin	es 4b through 4g. If 'No,' cor	nplete lines	4a		х
b	Did the organization make any taxab	e distributions under section 4966?			4 b	N.	/A
С	Did the organization make a distribut	ion to a donor, donor advisor, or related	person?		4 c	N.	/A
d	Enter the total number of donor advis	sed funds owned at the end of the tax ye	ear	-			N/A
e	Enter the aggregate value of assets	neld in all donor advised funds owned at	the end of the tax year	<u>-</u>	- <u>-</u>		N/A
f		ands or accounts owned at the end of the ors have the right to provide advice on the state of th					

BAA

amounts in such funds of accounts.....

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.. ▶_____

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Pai	t IV Reason for Non-Private	Foundation Status (S	See instructions.)			
l cer	tify that the organization is not a private	foundation because it is:	(Please check only ONE ap	plicable 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 hospita	I service organization. Sec	tion 170(b)(1)(A)(iii).			
8	A federal, state, or local government	nt or governmental unit. S	ection 170(b)(1)(A)(v).			
9	A medical research organization or and state >	perated in conjunction with	a hospital. Section 170(b)	(1)(A)(iii). E	nter the hos	pital's name, city,
10	An organization operated for the be (Also complete the Support Sched	enefit of a college or unive ule in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Se	ection 170(b)(1)(A)(iv).
11 a	A X An organization that normally receing Section 170(b)(1)(A)(vi). (Also com	ves a substantial part of it plete the Support Schedu	s support from a governme lle in Part IV-A.)	ental unit or	from the ger	neral public.
111	A community trust. Section 170(b)(1)(A)(vi). (Also complete t	he Support Schedule in Pa	art IV-A.)		
12	An organization that normally receifrom activities related to its charital from gross investment income and organization after June 30, 1975. S	ble, etc, functions — subje unrelated business taxabl	ct to certain exceptions, ar e income (less section 511	nd (2) no mo tax) from b	ore than 33-1 usinesses ac	/3% of its support
13	An organization that is not controlle requirements of section 509(a)(3).	ed by any disqualified pers Check the box that describ	ons (other than foundation ses the type of supporting o	managers) organization	and otherwis	se meets the
	Type Type		onally Integrated out the supported organiz	Type III		
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	Is the su organization the sup organization	d) upported on listed in upporting zation's rning	(e) Amount of support
	<u> </u>			Yes	No	
			_			
				<u> </u>		<u> </u>
		-				
Tota	L					0.
14	An organization organized and ope	rated to test for public safe	etv. Section 509(a)(4). (Sec	e instruction	s.)	
BAA		The second second second second				n 990 or 990-EZ) 2006

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 ti	ne instructions for coi	iverting from the acci	rual to the cash metho	oa ot accounting.	
begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,416,133.	2,278,443.	1,861,048.	594,088.	7,149,712.
16		27 1207200	2,2.0,110.		001/0001	0.
	Membership lees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's	597,282.	655,435.	735,521.	1,511,407.	3,499,645.
10	Cross income from interest dividends	391,202.	055,455.	733,321.	1,511,407.	3,433,043.
18	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.	33,922.	17,041.	42,275.	21,878.	115,116.
19	Net income from unrelated business activities not included in line 18					0,
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	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					.0.
22	Other income. Attach a					
	schedule. Do not include gain or (loss) from sale of capital assets SEE. STMT 1.0	121,428.	3,962.	5,333.	4,114.	134,837.
23	Total of lines 15 through 22	3,168,765.			2,131,487.	10,899,310.
	Line 23 minus line 17	2,571,483.	2,299,446.		620,080.	7,399,665.
25		31,688.	29,549.	26,442.	21,315.	
	Organizations described on line	. · · · · · · · · · · · · · · · · · · ·		olumn (e), line 24		147,993.
	Prepare a list for your records to show the			·		
	supported organization) whose total gifts return. Enter the total of all these excess	for 2002 through 2005 excer amounts	eded the amount shown in I	ine 26a. Do not file this lis	t with your 26b	
	: Total support for section 509(a)(1) test: Enter line 24,	column (e)		► 26c	7,399,665.
C	l Add: Amounts from column (e) f	or lines: 18	115,116. 134,837.	19 26 b		
				26 b	26 d	249,953.
ε	Public support (line 26c minus li	ne 26d total)			► 26e	7,149,712.
	Public support percentage (line		ded by line 26c (deno	<u>minator)) </u>	► 26f	96.62 %
27 a	Organizations described on line For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	, 16, and 17 that were ived in each year from	n, each 'disqualified p	person.' Do not file th	is list with your retur	n. Enter the sum of
	(2005)					
	For any amount included in line to show the name of, and amour \$5,000. (Include in the list organ After computing the difference b differences (the excess amounts	nt received for each y izations described in etween the amount re	ear, that was more th lines 5 through 11b, a eceived and the large	an the larger of (1) these well as individuals. I amount described in	ne amount on line 25) Do not file this list v (1) or (2), enter the s	for the year or (2) with your return. sum of these
	(2005)	(2004)	(2003) _		_ (2002)	
C	: Add: Amounts from column (e) f	or lines: 15 _		16	 , ,	
	(2005) Add: Amounts from column (e) f 17 Add: Line 27a total Public support (line 27c total mir Total support for section 509(a)(20		21	27 c	
c	Add: Line 27a total	aı	nd line 27b total		27 d	<u> </u>
e	Public support (line 27c total mir	nus line 27d total)			► 27e	ranto dina dia mandri
f	Total support for section 509(a)(2) test: Enter amount	from line 23, column	(e) ► 27f	20020 20230 20230	
ç	g Public Support percentage (line	2/e (numerator) divid	aea by line 271 (aeno:	minator))	<u>2/g</u>	<u> </u>
	n Investment income percentage ((line 18, column (e) (r	numerator) divided by	line 27f (denominate	or)) ▶ 27h	_%
28	Unusual Grants: For an organize list for your records to show, for nature of the grant. Do not file the	each year, the name	of the contributor, the	e date and amount of	rants during 2002 thro the grant, and a brie	ough 2005, prepare a f description of the

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
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?	29		
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?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?			
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	net (234-)	
	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:		Sells .	
	a Students' rights or privileges?	33a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d	-	
	e Educational policies?	33 e		
	f Use of facilities?			
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?			
٠,				
	b Has the organization's right to such aid ever been revoked or suspended?	34 b		
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	2	

Par	t VI-A Lobbying	Expenditures by Elephoted ONLY by an eligible	ecting Public Chari e organization that filed	ties (See instr Form 5768)	uctions.)	62-0	013	N/A
		panization belongs to an af					limited o	contr	ol' provisions apply.
		Limits on Lobbying	•			Affiliate	a)		(b) To be completed for all electing
		erm 'expenditures' means							organizations
36		nditures to influence public				ļ <u> </u>			
37		nditures to influence a legi						_	
38		nditures (add lines 36 and	•						
39 40		se expenditures						-	
40 41		se expenditures (add lines e amount. Enter the amour			40	(.)Y.∯-~∀	SEE SEA		una esta la compositación de la constitución de la
71	If the amount on line		lobbying nontaxable a						
		20%						袁	
		er \$1,000,000 \$100		· · · · · · · · · · · · · · · · · · ·					
		ver \$1,500,000 \$175			41		and the second		Simple of the second of the se
	Over \$1,500,000 but not or	ver \$17,000,000 \$225	,000 plus 5% of the excess or	er \$1,500,000		《 》			
	Over \$17,000,000	\$1,0	000,000						
42		ole amount (enter 25% of I							
43		n line 36. Enter -0- if line 4							
44		n line 38. Enter -0- if line 4			. 44	ಕರ್ಷಾ ಚಕ್ ಷಣ್ಣ ಭಾರತ	Julyang militang m	post, त न	
	Caution: If there is a	an amount on either line 4						2,81,24	
	(Some or	ganizations that made a se	Averaging Period ection 501(h) election for lie the instructions for lie	o not have to c	omplete		ve colur	mns I	below.
			Lobbying Expen	ditures During	4 -Year	Averaging I	Period		
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004			d))03 		(e) Total
45	Lobbying nontaxable amount		Francisco de la constanta de l					F-27 1	
46 ——	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48 	Grassroots non- taxable amount				ering or hode	um a likasaa esis mo	5 2 5	. 2772	
49 ——	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures	<u>., </u>	ing Dublic Charlet						
rai	(For reporting	Activity by Nonelecting only by organizations the	at did not complete Pa	irt VI-A) (See ir	struction	ns.)			N/A
Durii atter	ng the year, did the o mpt to influence publi	rganization attempt to influ c opinion on a legislative r	uence national, state or matter or referendum, t	local legislatio	n, includ	ding any	Yes	No	Amount
ā	a Volunteers		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
t	b Paid staff or manag	ement (Include compensat	tion in expenses report	ed on lines c th	rough h	.)			
(c Media advertisemen	ıts]	
	=	s, legislators, or the public						_	
		lished or broadcast statem						-	
		nizations for lobbying purp					-	\dashv	
	=	egislators, their staffs, gov ons, seminars, convention					}	\dashv	
		ons, seminars, convention nditures (add lines c through						7.1	
		above, also attach a stateme	•					1	
								-	- 000 000 EZ 2000

Schedule A (Form 990 or 990-EZ) 2006 ROCHELLE CENTER	62-0813080	Р	age 7
Part VII Information Regarding Transfers To and Transactions and Relationships With Exempt Organizations (See instructions)	Noncharitable		
51 Did the reporting organization directly or indirectly engage in any of the following with any other organizat of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organization	ion described in sect s?	ion 50	1 (c)
a Transfers from the reporting organization to a noncharitable exempt organization of:		Yes	No
(i) Cash			<u>X</u>
(ii)Other assets	a (ii)		Х
b Other transactions:			v
(i)Sales or exchanges of assets with a noncharitable exempt organization			<u>X</u>
(ii)Purchases of assets from a noncharitable exempt organization			X
(iii)Rental of facilities, equipment, or other assets			X
(v)Loans or loan guarantees			X
(vi)Performance of services or membership or fundraising solicitations			X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees			<u> </u>
d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always sho the goods, other assets, or services given by the reporting organization. If the organization received less t any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services.	w the fair market value han fair market value ces received:	ue of	
(a) (b) (c) Line no. Amount involved Name of noncharitable exempt organization Description of transfers, trans	(d)		:3
N/A			
			
52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		s X	No
b If 'Yes,' complete the following schedule: (a) (b)	(c) n of relationship		
	n of relationship		
N/A			
	- 		
	· · · · · · · · · · · · · · · · · · ·		

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ROCHELLE CENTER

62-0813080

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS		GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
	TOTAL	97,585. \$ 97,585.	\$ 0. \$ 0.	97,585. \$ 97,585.	34,501. \$ 34,501.	63,084. \$ 63,084.

STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT FOR BAD DEBT.

TOTAL \$ -25,069.

STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
		TOTAL	<u>SERVIÇES</u>	A GENERAL	FUNDRAISING
BAD DEBT EXPENSE CONTRACT LABOR DUES AND SUBSCRIPTIONS		8,874. 211,828. 2,099.	8,874. 186,381. 1,099.	25,193. 1,000.	254.
INSURANCE MISCELLANEOUS UTILITIES		36,140. 28,458. 89,089.	30,544. 9,524. 89,089.	5,596. 18,874.	60.
OTTETTES	TOTAL \$	376,488.	\$ 325,511.	\$ 50,663.	\$ 314.

STATEMENT 4 FORM 990 , PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ENABLE PERSONS WITH DISABILITIES TO ACHIEVE THEIR HIGHEST LEVEL OF FUNCTIONING AND TO ASSIST THEIR FAMILIES OR CARE GIVERS IN ACQUIRING NEEDED SERVICES, TRAINING AND SUPPORT.

STATEMENT 5 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	s 994,539.	\$ 0.	\$ 994,539.
BUILDINGS	2,337,139.	1,632,542.	704,597.

2006	FEDERAL STATEMENTS	PAGE 2
	ROCHELLE CENTER	62-0813080
STATEMENT 5 (CONTINUE FORM 990, PART IV, LINE LAND, BUILDINGS, AND E CATE	57	BOOK VALUE \$ 49,332. \$ 1,748,468.
STATEMENT 6 FORM 990, PART IV-A, LIN OTHER AMOUNTS SPECIAL EVENTS EXPENS	NE B(4) SE	\$ 34,501. \$ 34,501.
STATEMENT 7 FORM 990, PART IV-B, LIN OTHER AMOUNTS SPECIAL EVENTS EXPENS	NE B(4) SE TOTAL	\$ 34,501. \$ 34,501.
STATEMENT 8 FORM 990, PART V-A LIST OF OFFICERS, DIREC	CTORS, TRUSTEES, AND KEY EMPLOYEES TITLE AND CONTI AVERAGE HOURS COMPEN- BUTION	RI- EXPENSE N TO ACCOUNT/
NAME AND ADD		DC OTHER
BRENDA ATCHISON 4862 BETHESDA DUPLEX COLLEGE GROVE, TN 370	PRESIDENT \$ 0.\$ RD 2 046	0. \$ 0.
BILL CANAK MTSU SOCIOLGY/ANTHRO MURFREESBORO, TN 3713		0. 0.
KATHY BYINGTON 110 BELGIUM COURT HERMITAGE, TN 37076	BOARD MEMBER 0.	0. 0.
BETSY BRITTAIN 6129 HILLSBORO PIKE NASHVILLE, TN 37215	BOARD MEMBER 0.	0. 0.
PATTY CONNER 1230 OTTER CREEK ROAI NASHVILLE, TN 37215	SECRETARY 0.	0. 0.

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STATEMENT 8 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOANN CONNOR 4400 BELMONT TERRACE #162 NASHVILLE, TN 37215	PARENTS REP 2	\$ 0.	\$ 0.	\$ 0.
ELAINE CRESSATY 1925 EDENBRIDGE WAY NASHVILLE, TN 37215	BOARD MEMBER 2	0.	0.	0.
EDWARD CRUMP 3100 SPEARS ROAD NASHVILLE, TN 37207	BOARD MEMBER 2	0.	0.	0.
MARY ANN HEA 404 JAMES ROBERTSON PKWY #2022 NASHVILLE, TN 37219	BOARD MEMBER 2	0.	0.	0.
MARK FISHBURN 430 KEMPER DRIVE MADISON, TN 37115	BOARD MEMBER 2	0.	0.	0.
CHRIS HORSNELL 29 MUSIC SQUARE EAST NASHVILLE, TN 37203	BOARD MEMBER 2	0.	0.	0.
DARON HALL 6647 HOLT ROAD NASHVILLE, TN 37211	BOARD MEMBER 2	0.	0.	0.
MARY JOHNSTON 225 POLK AVENUE, STE 210 NASHVILLE, TN 37203	BOARD MEMBER 2	0.	0.	0.
BEVERLY HANSELMAN 104 WESTHAMPTON PLACE NASHVILLE, TN 37205	LIFE MEMBER 2	0.	0.	0.
THELMA HARPER 714 RINGGOLD DRIVE NASHVILLE, TN 37207	BOARD MEMBER 2	0.	0.	0.
VALERIE LEVAY 1494 WOODMONT BLVD NASHVILLE, TN 37215	BOARD MEMBER 2	0.	0.	0.
DENNIS HUFFER 5505 CLOVERCREST DRIVE BRENTWOOD, TN 37027	VICE CHAIRMANBO 2	0.	0.	0.

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STATEMENT 8 (CONTINUED) FORM 990, PART V-A LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
REGINA NEWSON 411 GREGG COURT NASHVILLE, TN 37217	BOARD MEMBER 2	\$ 0.	\$ 0.	\$ 0.
KEN SMITH 3500 HUNTLAND DRIVE WHITES CREEK, TN 37189	BOARD MEMBER 2	0.	0.	0.
ELEANOR WILLIS 50 VAUGHN ROAD NASHVILLE, TN 37221	LIFE MEMBER 2	0.	0.	0.
PAUL MEDLIN 1020 SOUTSIDE CT NASHVILLE, TN 37203	EXECUTIVE DIREC 40	103,918.	0.	0.
SCOTT DIEHL 1020 SOUTHSIDE COURT NASHVILLE, TN 37203	CONTROLLER 40	60,000.	0.	0.
DEBBIE CHADWICK 1020 SOUTHSIDE COURT NASHVILLE, TN 37203	VP OF DEV/ADMIN 40	60,636.	0.	0.
SHERI COLGAN 4400 COLORADO DRIVE NASHVILLE, TN 37207	BOARD MEMBER 2	0.	0.	0.
AVI POSTER 5300 CREST HOLLOW COURT NASHVILLE, TN 37211	BOARD MEMBER 2	0.	0.	0.
BETTY PRIMM 4329 HARDING ROAD NASHVILLE, TN 37205	TREASURER 2	0.	0.	. 0.
BILL TORRENCE 5509 DEER WAY DRIVE NASHVILLE, TN 37211	BOARD MEMBER 2	0.	0.	0.
VAN TUCKER 111 TENTH AVE SOUTH, STE 400 NASHVILLE, TN 37203	BOARD MEMBER 2	0.	0.	0.
	TOTAL	\$ 224,554.	\$ 0.	<u>\$</u> 0.

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1	U	u	h

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ROCHELLE CENTER

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STATEMENT 9
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES								
93A	MTA FEES COLLECTED FROM CLIENTS TO OFFSET TRANSPORTATION EXPENSE								
93B	REVENUE RELATED TO SPECIAL PROGRAMS								
93C	REIMBURSEMENTS FOR PROVIDING PUBLIC EMPLOYMENT FOR CLIENTS WITH HANDICAPS								
93D	WORKSHOP REVENUES RESULTING FROM CONTRACT JOBS OBTAINED TO PROVIDE SHELTERED EMPLOYMENT TO THE MENTALLY RETARDED								
101	SPECIAL FUNDRAISING EVENTS INCOME THAT WILL FURTHER CLIENT NEEDS AND ASSIST IN THIER SUPPORT								
103B	MISCELLANEOUS SERVICE REVENUE								
97A	RENTAL INCOME DRAWN FROM PROPERTY RENTED TO CLIENTS AS A PERSONAL RESIDENCE								

STATEMENT 10 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		_	A) 2005	 (B) 2004	_((2003	_([2002	_	E) TOTAL
OTHER INCOME SPECIAL EVENTS		\$	1,648. 119,780.	\$ 3,962.	\$	5,333.	\$	4,114.	\$	15,057. 119,780.
PAECIAL EAGNIP	TOTAL		121,428.	\$ 3,962.	\$	5,333.	\$	4,114.	\$	134,837.