Department of the Treasury Internal Flevenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Inter	Information about Form 990 and its Instructions is at www.irs.gov/form990 Inspection							
A	A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014							
	Check if applicable:		of organization			D Employer identific	ation number	
	Address	MTD-	TN SUPPORTED LIVING	INC.				
F	Name	62-16	559522					
F	Initial		Business As r and street (or P.O. box if mail is not delix	vered to street address)	Room/sulte	E Telephone number		
\vdash	Termin-		MURFREESBORO PIKE	, or our addition,	110011110		367-0592	
F	Arnende Feturs		town, state or province, country, and 2	IP or foreign postal code		G Gross receipts \$	2,981,431.	
Applicat NASHVILLE, TN 37217 H(a) Is this a group return								
	pending F Name and address of principal officer:MICHELLE MCCAIN for subordinates?Yes X No							
		SAME	AS C ABOVE	·		H(b) Are all subordinates in	chided? Yes No	
$\overline{\mathbf{L}}$	Tax-exer		X 501(c)(3) 501(c)()<	(insert no.) 4947(a)(1)	or 527	If "No," attach a l	list. (see instructions)	
J	Website	: NONE	3			H(c) Group exemption	number 🕨	
K	Form of o	organization;	X Corporation Trust Ass	ociation Other	L Year	of formation: 1996 M	State of legal domicite; TN	
P	art J	Summan	/					
-	1 B	Briefly descri	be the organization's mission or most	significant activities: PROV	IDES F	ERSON CENTER	RED AND	
Activities & Governance	5	SPECIAL	LIZED SERVICES TO PR	ERSONS WITH INT	ELLECI	UAL DISABIL	ITIES.	
Ë			ox large if the organization discon		sed of mon	e than 25% of its net as		
ō	3 N	lumber of vo	pting members of the governing body (Part VI, line 1a)		3		
46			dependent voting members of the gov	=			8	
			r of individuals employed in calendar ye				129	
ž			r of volunteers (estimate if necessary)				0	
Ş			ed business revenue from Part VIII, col				0.	
	bN	Vet unrelated	business taxable income from Form	990-T, line 34	***************************************			
en					-	Prior Year 41,844.	Gurrent Year 40,463.	
	8 0		s and grants (Part VIII, line 1h)		2,850,218.	2,940,942.		
Revenue	9 F	-	vice revenue (Part VIII, line 2g)		47.	26.		
H	10 h		ncome (Part VIII, column (A), lines 3, 4,			0.	0.	
			ie (Part VIII, column (A), lines 5, 6d, 8c,			2,892,109.	2,981,431.	
			e - add lines 8 through 11 (must equal imilar amounts paid (Part IX, column (/			0.	0,	
			i to or for members (Part IX, column (A			0.	0.	
671	J		er compensation, employee benefits (F			2,328,717.	2,548,470.	
Expenses	16a F		fundraising fees (Part IX, column (A), il			0.	0.	
Dec	. Б.Т		sing expenses (Part IX, column (D), line		0.			
ŭ	17 (ses (Part IX, column (A), lines 11a-11d,			522,133.	512,378.	
	i i		es. Add fines 13-17 (must equal Part I)			2,850,850.	3,060,848.	
		•	s expenses. Subtract line 18 from line			41,259.	-79,417.	
5	8					egianing of Current Year	End of Year	
Sign	g 20 1	Fotal assets	(Part X, line 16)		.,	440,525.	394,090.	
A.	<u> 21</u> 1		es (Part X, line 26)			198,992.	231,974.	
Net Assets (22 1		r fund balances. Subtract line 21 from	line 20		241,533.	162,116.	
		Signatu						
			, I declare that I have examined this return,				y knowledge and belief, it is	
tru	e, correct	t, and complet	te. Declaration of preparer (other than office	r) is based on all information of w	hich prepare	r has any knowledge.		
R/18/14								
Sign Signature of officer Date								
He	ere		HELLE MCCAIN, EXECU- r print name and title	TIVE DIRECTOR			 	
1 Deta Line A LL OTIN								
Lighter 2 scharges 2 diagrams								
CO 100/F00								
	eparer se Only	Firm's name	SS 3803 BEDFORD AVE	NUE, SUITE 103		i mini 9 mila	J=	
J.	~ VIII)	rants addre	NASHVILLE, TN 37	215		Phone no. (6	15) 320-5500	
K.A	av tha IE	20 die over 4	his return with the preparer shown abo			T mono no. (o	X Yes No	
	2001 10-2		For Paperwork Reduction Act Notice		ions.		Form 990 (2013)	
							,,	

	FOI	art III Statement of Program Service A
		The state of the s
	-	Uneck if Schedule O contains a response or material and the second of the second
	1	Briefly describe the organization's mission:
		-V ADDIOT PERSONG WITH TWEET
		DISABILITIES LIVE IN THE COMMUNITARY TO SHEET THES AND OTHER
		ACCEPTABLE BALANCE BENEFIT IN SUCH A WAY THAT THERE TO AN
		LIFESTYLE MEANINGFUL TO THEMSELVING AND THESE TO EXPERIENCE A
	2	LIFESTYLE MEANINGFUL TO THEMSELVES AND THE RISKS THAT OCCUR WITH
		the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No
	3	Did the organization according services on Schedule O.
		Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	4	The contract these changes on Schedule O. Yes X No
		Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
-	4a	revenue, if any, for each program service reported.
	-613	(Code:) (Expanses \$ 2,737,385. including grants of \$) (Reserve \$ 2,940,043
		TO PROVIDE SERVICES TO PERSONS WITH INTELLECTUAL, DEVELOPMENTAL,
		AND OTHER DISABILITIES IN THE AREAS OF SUPPORTED LIVING, SPECIALIZED EQUIPMENT, SUPPLIES AND DESCRIPTION.
		SPECIALIZED EQUIPMENT, SUPPLIES, AND PERSONAL ASSISTANCE.
		PERSONAL ASSISTANCE.
4	b /	Code:) (Expenses \$
**	- 1) (Expenses \$including grants of \$) (Revenue \$
	-) (Handithe 2
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4c	{C	ode:) (Expenses \$
	•) (expenses \$ including grants of \$) (Revenue \$
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4di	Oth	ner program services (Describe in Schedule O.)
	(Exp	Dismine &
4e		Including grants of \$
		al program service expenses 2,737,385.
3320D2		

9 644	One of the state o		Yes	No
	Total Man and the Control of the Con		145	140
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
	If "Yes," complete Schedule A	2	\mathbf{x}	
2	Is the organization required to complete Schedule B, Schedule of Contributors	-		
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
	public office? If "Yes," complete Schedule C, Part I	3		42
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
	during the tax year? If "Yes," complete Schedule C, Part II	-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	9		41
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		X
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-		-
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			-21
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8.		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		,]	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V	· 4 .		-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	profit.	ر ب¥ي. ويعا	
	as applicable.		. 54. 3	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
	Part VI	1 1 a		
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1117		 -
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	116		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
0	Did the organization report an amount for other laborates in Fart X, line 25 r if res, complete consists by a tax X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			_
f	the organization's separate or consolidated financial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128		12a	x	ĺ
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			
þ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
		13		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	X
148	Did the organization maintain an office, employees, or agents outside of the Office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
b	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
4-	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1700		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	}	X
	1c and 8a? if "Yes," complete Schedule G, Part if Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19		19	1	X
	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	bid the organization operate one or more nospital facilities? If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
D	III 155 to this 204, the trie organization attach a copy of the addition interior statements for the area to the copy of the addition interior statements for the area to the copy of the addition interior statements for the area to the copy of the addition interior statements for the addition in the additional interior in the addition in the additio	1		

Form 990 (2013) MID-TN SUPPORTED L
Part IV | Checklist of Required Schedules (continued)

	21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A) line 12 if "Ves." commission of the control of the column (A) line 12 if "Ves." commission or control of the column (A) line 12 if "Ves." column (A) line 12 if "V			Yes No
		Γ	\neg	
	The sto organization report more than \$5,000 of grants or other casisters and	[_	21	X
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VIII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VIII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VIII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VIII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VIII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VIII. Section A line 3.4 or 5 should be seen as a second and the second answer "Yes" to Part VIII. Section A line 3.4 or 5 should be seen as a second answer "Yes" to Part VIII.			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest and high highest and highest a	L	22	X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 and the	1,	23	x
	24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20022 # Wood is provided in the provided i	····	₩.	
	Schedule K. If "No", go to line 25s			
	b Did the organization invest any proceeds of tax exempt heads.	2	4a	x
	c Did the organization maintain an escrew account other than the account other than the community of the com	24	4b	
	any tax-exempt bonds?	- 1		\top
_	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an analysis of the properties of the proper	<u>[24</u>	lc _	
2	Section 501(c)(3) and 501(c)(4) occurrently to the section of the	24	ld	
	disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?	Ì		
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization.	25		X
	On the Control of the Charles of the Control of the			
26				1
380	Did the organization report any amount on Part X, fine 5, 6, or 22 for receivables from or payables to any current or	25	9	X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			1
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer director tractor bursts.	26		x
	contributor or employee thereof a grant colories account to	"	+	+
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule (Part III.			
28	The diguillation a party to a pusiness transaction with one of the diguillation and the digui	27		x
	instructions for applicable filing thresholds conditions and applicable (see Schedule L, Part IV	1		
	Tourient of former officer, director, trieton, or how are the contract of the	11.		
		. 28a		
•	An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b	X	
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		1	3.5
30	and organization receive more than \$25,000 in non-cosh contributions of the	28c 29	┼	X
	Contributions? If "Vec " complete Only and the Conservation		├──	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		x
	If "Yes," complete Schedule N. Part I	-	 	-
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		x
	Schedule N, Part II			<u> </u>
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-32 if "Yes." complete	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes." complete Schedule P. Dank			
34	Was the organization related to any tax-exempt or taxable entity? If *Yes, * complete Schedule R, Part II, III, or IV, and	33		X
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 51/(NAME):		.	
226	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or expect in any target in any target.	34		<u>X</u>
	If "Yes" to line 35a, 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 " complete Schoot to D. Dont to D. D	35a		X
36	within the meaning of section 512(b)(13)? /f "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exemple.	255		
-	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		
37	Did the organization conduct more than 50/ of the state.	36	ſ	X
	and that is treated as a partnership for federal income to a surround of the streated organization		-	
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Note. All Form 990 filers are required to complete Schedule C and 19?	37	-	X
	Note. All Form 990 filers are required to complete Schedule O		_	
			X	
		Form 0	ION IO	040

Form **990** (2013)

Form	990 (2013) MID-TN SUPPORTED LIVING, INC.	62-1659	522	Р	age 5
Pai					
1	Check if Schedule O contains a response or note to any line in this Part V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	, ,	- 24.7	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable	1b 0	11.0	· 10 W	-
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			, m, 5.	
	(gambling) winnings to prize winners?		10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1.4	
	filed for the calendar year ending with or within the year covered by this return	2a 129	a). Y		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b.	X	L
	Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	72		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
Ь	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.	2 40	37	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	6b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or gifts		'	
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				.,
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				-
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e		
Ŧ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contact the contact of the		71		
g	if the organization received a contribution of qualified intellectual property, did the organization file		7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining denor advised funds and section 509(a)(3) supporting organizations.		/h	- 5	5
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a		8		
		rany mine donning this year:	1,014	4.11.1	
9	Sponsoring organizations maintaining donor advised funds.		9a		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
			2 14	115	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	- 3	9.5	11
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		- 77		
11	Section 501(c)(12) organizations. Enter:	100			
a	Gross income from members or shareholders	11a			1
	Gross income from other sources (Do not net amounts due or paid to other sources against	1.2	- 7		
	amounts due or received from them.)	11b			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
44	Note. See the instructions for additional information the organization must report on Schedule O.	* *************************************		1-11	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand		1		1
14a		,	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schede		14b		

Form 990 (2013) MID-TN SUPPORTED LIVING, INC. 62-1659522 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 62-1659522 Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			V.	es N
	Enter the number of voting members of the governing body at the end of the tax year	8	1	-0
	The manufacture of the second			
Ł	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			- [
2	The state of the s	8		
_	The state of the s	_		
3	and an array and the cultiple of the cultiple	2	2	
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision	···		-
4		3		x
5				X
6	Did the organization have reached acting the year of a significant diversion of the organization's assets?	5		X
7a		6		X
			+-	
h		7a		X
_	and the subject to approval by members, stockholders or	- 1	_	+==
8	4 and a great mid Bodelling Doda's	7b		X
a	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	· · · ·	1	1 **
ь	And the second of the second o	8a	x	
		86	X	+-
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	.	 	+-
		9	1	X
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
			Yes	No
h	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures occurring the chapters.	10a	1 100	X
_	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100	1	
		10b		
		11a	X	
		2 32 "		
b	Did the organization have a written conflict of Interest policy? If "No," go to line 13	12a	X	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforcement.	12b	X	-
	le Cohertal Co.			
13	Did the organization have a written whistlehlower policy?	12c	X	
14		13	X	
15 [Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following necessaries.	14	Х	
			4	
b (The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	x	
i i	Other officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in School Is O (see 15t)	15b	X	
t	olid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a axable entity during the year?	1 1	- 1	
ьв	"Yes " did the argenization fallows with	16a	- 1	X
ir	To the digalization follow a written policy or procedure requiring the average to			_
			- 1	
	xempt status with respect to such arrangements? DR C. Disclosure	16b	- 1	
		100		_
8 S	ist the states with which a copy of this Form 990 is required to be filed TN			
ري ر	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are public inspection. Indicate how you made these graphicable. Closely all the	vailabk		
ĩ	The service triese available. Check all that apply.	A 4TH HOLES	•	
ם פ				
ں ، شم	cachine in Schedule C whether (and it so, how), the organization made its governing decompany	l financ	ial	
			161)	
- 31	tate the name, physical address, and telephone number of the person who possesses the books and records of the organizate ICHELLE MCCAIN — 615-367-0592	ion• 🖿		
	161 MIDDEREGRADO	OIL P		_
2006 10	161 MURFREESBORO PIKE, NASHVILLE, TN 37217			_

62-1659522 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any related	orga	niza	ation	COI	npe	nsa	ted any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per week	offic	(C) Position (do not check more than one box, unless person is both an officer and a director/irustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual brestee or director	institutional trustae	Officer	Key employee	Highest compensated amployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHELLE MCCAIN EXECUTIVE DIRECTOR	40.00	x		x				81,645.	0.	0.
(2) DORIA PANVINI	1.00						\vdash			
BOARD PRESIDENT		X		X	L	L	L.	0.	0.	0.
(3) PATRICIA BUTLER BOARD VICE-PRESIDENT	1.00	X		x				0.	0.	0.
(4) ELIZABETH GERLOCK	1.00	1	-	-	\vdash	H	H		0.	0.
BOARD SECRETARY		X		X				0.	0.	0.
(5) BUD BUTLER	1.00						Г			
BOARD NEMBER		X						0.	0.	0.
(6) RON BUTLER	1.00]					Г			
BOARD NEMBER		X						0.	0.	0.
(7) BELINDA BUTLER BOARD MEMBER	1.00	x			١.			0.	0.	0.
(8) SUSAN MCMILLAN	1.00	Δ.		-		┝	H	V •	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(9) NORM TENENBAUM	1.00				Г	Г				
BOARD TREASURER		X		X			L	0.	0.	0.
	ļ									
				Т			Г			
		\vdash		\vdash	\vdash	\vdash				
		1			L	L	L			
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		<u>L</u>								

Page 7

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 38,761. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues 10 c Fundraising events d Related organizations **1d** e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,702 similar amounts not included above @ Noncash contributions included in lines 1a-1f: \$ 40,463 h Total, Add lines 1a-1f Business Code 624100 2,940,942.2,940,942 2 a STATE OF TENNESSEE CON Program Service Revenue f All other program service revenue 2,940,942 Total. Add lines 2a-2f Investment Income (including dividends, interest, and 26. 26 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (I) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... (ii) Other - SHEEL SHEET ST (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis 17. 经产品 and sales expenses c Gain or (loss) d Net gain or (loss) with the same 8 a Gross income from fundraising events (not Mark Street Revenue CE DEPL Section 17 18 including \$ Amore. contributions reported on line 1c). See Part IV, line 18 Other b Less: direct expenses ______b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold _____ c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b £. d All other revenue e Total. Add lines 11a-11d 2,981,431.2,940,942. 26. Total revenue. See Instructions. Form 990 (2013)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) Total expenses (B) Program service expenses (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. Management and Grants and other assistance to governments and general expenses expenses organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 81,645. 40,822. 40,823. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 2,058,574. 2,004.045. 54,529. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 253,186. 253,186. 10 Payroll taxes 155,065. 155,065. 11 Fees for services (non-employees): a Management b Legal ____ c Accounting 13,145. 250. 12,895. Lobbying _____ Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 782. 782. Office expenses 13 58,028. 13,600. 44,428. Information technology 14 Royalties 15 16 Occupancy ____ 160.544. 120,696. 39,848. 17 Travel 91,401. 79,412. 11,989. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 1.177. 1,177.Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 3,864. 3,864. Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().) a EQUIPMENT REPAIRS & MAI 69,871. 69,871. MISCELLANEOUS 53,512. 12,494. 41,018. TRAINING 31,379. 19,376. 31,379. UNITED WAY COLLABORATIV 19,376. e All other expenses 9,299. 7,060-2,239. Total functional expenses. Add lines 1 through 24e 3,060,848. 2,737,385. 323,463. O. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or not	e io airy	I THE HILL COLL P. COL	(A)		(B)
					Beginning of year		End of year
T	1	Cash - non-interest-bearing			127,592.	1	148,343
		Savings and temporary cash investments			2		
	_	Pledges and grants receivable, net				3	
		Accounts receivable, net		312,933.	4	225,263	
		Loans and other receivables from current and fo			170	1	
		trustees, key employees, and highest compensi		1.			
		Part II of Schedule L		5			
-	6	Loans and other receivables from other disquali			1 P		
	•	section 4958(f)(1)), persons described in section					s s g
-		employers and sponsoring organizations of sections				3, 3	
		employees' beneficiary organizations (see instr).		6			
	7	Notes and loans receivable, net				7	
	7	Inventories for sale or use		T I		8	
	8	Prepaid expenses and deferred charges				9	20,484
-	9	Land, buildings, and equipment: cost or other					4
	10a	basis. Complete Part VI of Schedule D		42,038.		5,51	and the same
ı		Less: accumulated depreciation	10h	42.038.	0.	10c	0
				11			
-	11	Investments - publicly traded securities			12		
	12	Investments - program-related. See Part IV, line	*	· · · · · · I		13	
	13					14	
	14	Intangible assets		15			
	15	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ	440,525.	16	394,090		
-+	16		118,992.	17	173,074		
	17	Accounts payable and accrued expenses	,	18			
	18	Grants payable		19			
	19	Deferred revenue				20	
	20	Tax-exempt bond liabilities				21	
	21	Escrow or custodial account liability. Complete					e v_(the fir
2	22	Loans and other payables to current and forme					
[]		key employees, highest compensated employe				22	
		Complete Part II of Schedule L				23	<u> </u>
٠	23	Secured mortgages and notes payable to unrel				24	58,900
- 1	24	Unsecured notes and loans payable to unrelate			<u> </u>	2.7	30,500
	25	Other liabilities (including federal income tax, pr					
- 1		parties, and other liabilities not included on line	5 17-24)	Complete Part Vol	80,000.	25	
		Schedule D			198,992.		231,974
-	26	Total liabilities. Add lines 17 through 25	01 - L	to Y and	230,332.	-	
		Organizations that follow SFAS 117 (ASC 95		nere produce and			
		complete lines 27 through 29, and lines 33 a			241,533.	27	162,116
	27	Unrestricted net assets			221/000	28	100,110
	28	Temporarily restricted net assets			<u> </u>	29	
2	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (28			
3			The state of	111			
Net Assets or Fund Balances		and complete lines 30 through 34.				-00	
5	30	Capital stock or trust principal, or current fund				30	
Š.	31	Paid in or capital surplus, or land, building, or e				31	
	32	Retained earnings, endowment, accumulated in			241,533	32	162,116
2	33	Total net assets or fund balances					394,090
	34	Total liabilities and net assets/fund balances			440,525	34	Form 990 (201

Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part VIII, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 3, 000 must equal Part X, line 33, 000 must equal Part X, line 34, 000 must equal Part X, line 34, 000 must equal Part X, line 34, 000 must equal		m 990 (2013) MID-TN SUPPORTED LIVING, INC.	62-	165952	2.	- 40
Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 3,060,848 3 Revenue less expenses. Subtract line 2 from line 1 3 -79,417 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 241,533 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Were the organization's financial statements addited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 1 "Yes," check a box below to indicate whether the financial statements for the year were sudited on a separate basis. 2b If "Yes," check a box below to indicate whether the financial statements for the year were sudited on a separate basis. 2c X If "Yes," check a box below to indicate whether the financial statements for the year were sudited on a separate basis. 2c X If "Yes," check a box below to indicate whether the financial statements for the year were sudited on a separate basis. 2d X If "Yes," check		Reconciliation of Net Assets	02	103332	<u> </u>	-age 12
Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 3,060,848 3 Revenue less expenses. Subtract line 2 from line 1 3 -79,417 Net assets or fund belances at beginning of year (must equal Part X, line 33, column (A)) 4 241,533 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund belances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accusal Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an Independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 1 Prior to line 2 or 2b, does the organization have a committee that assumers responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If Yes, 'check a box below to indicate where the financial statements for the year were s	_	Check if Schedule O contains a response or note to any line in this Part XI				
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Investment expenses Prior period adjustments Revenue less expenses on investments Prior period adjustments Revenue services and use of facilities Revenue less expenses on investments Report of investment expenses Revenue firm of the changes in net assets or fund balances (explain in Schedule C) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part Xiii Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accounting from a prior year or checked 'Other,' explain in Schedule C. Were the organization changed lis method of accounting from a prior year or checked 'Other,' explain in Schedule C. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: Accounting the tax year, explain in Schedule C. A separate basis Consolidated basis Both consolidated and separate basis. Consolidated basis, or both: A separate basis Consolidated basis Both consolidated and se	4				*******	
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Investment expenses Prior period adjustments Prior period adjustments Prior period adjustments Net assets or fund balances (explain in Schedule C) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accual Other If the organization changed lis method of accounting from a prior year or checked 'Other,' explain in Schedule C. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Office and the organization and the pendent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C. A sa a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit a		Total expanses (must equal Part VIII, column (A), line 12)		2,98	31,	431.
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Prior period adjustments Prior period adjustments Net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed list method of accounting from a prior year or checked 'Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Both Consolidated basis, explain why in Schedule O and describe any steps taken to undergo such audits Separate basis	_	A STATE OF THE STA	2	3,06	50.	848.
Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Donated services and use of facilities Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	_	The time to be expensed. Guburgot lifte Z [[Off]][Off]	3	-7	19.	417.
Donated services and use of facilities Investment expenses Investm		The second of the paralless at beginning of year (must equal part Y line 32 column (A))	4	24	1.	533.
7 Investment expenses 6 7 8 Prior period adjustments 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0.0 0.1 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 162 , 116 . Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	_	Penetral and to the second of	5			
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Other changes in net assets or fund balances (explain in Schedule C) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis.	_	investment expenses	7			
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column (B) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed lits method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis of If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis of If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	_	A Maria de la company de la co	9			0.
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Accounting method used to prepare the Form 990:	_	Check if Schedule O contains a response or note to any line in this Part XII				X
Accounting method used to prepare the Form 990:	_					
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As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		refer, or complication or its financial statements and selection of an independent accountable			v	
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3b		TO THE PROPERTY OF THE PROPERT	A	3a		<u>A</u>
	_	or audits, explain why in Schedule O and describe any steps taken to undergo such audite	nous or		- 1	
Form 990 (2013)		The state of the s	1-4-7-1-1-4-1-1			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number MID-TN SUPPORTED LIVING, INC. 62-1659522 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated 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), 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) is the anizațion în col. (iv) is the organization (v) Did you notify the (iii) Type of organization (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the U.S.? support governing document? above or IRC section (i) of your support? (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2013

_	Table Support						
	alendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(-) 0040	
	1 Gifts, grants, contributions, and			(6)2011	10/2012	(e) 2013	(f) Total
	membership fees received. (Do not	1					1
	include any "unusual grants.")		1	1			1
3	2 Tax revenues levied for the organ-			 	 		-
	ization's benefit and either paid to	İ			ł		1
	or expended on its behalf					İ	
	The value of services or facilities				 		
	furnished by a governmental unit to						1
	the organization without charge			i	j		
4							
5							
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) Included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			3 3 4 4 3			
	column (f)		· 10 10 10 10 10 10 10 10 10 10 10 10 10		Carlos Ca	1:28	
_6	Public support. Subtract line 5 from line 4.					3.	
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	1-10044			
7	Amounts from line 4	(3) 2000	(0) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8							
	dividends, payments received on	į					
	securities loans, rents, royalties	1		j		l [
	and income from similar sources	- 1		ľ			
9	Net income from unrelated business						
	activities, whether or not the			- 1		1	
	business is regularly carried on			1		i	
10	Other income. Do not include gain						
	or loss from the sale of capital			l			
	assets (Explain in Part IV.)	- 1		i	1		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	to Jean Instruction	70				
13	First five years. If the Form 990 is for the	ne organization's	fis)			12	
	organization, check this box and stop h	ne organización s	inst, second, miro	, tourth, or 11th tax	year as a section	501(c)(3)	
Sec	ction C. Computation of Public	Support Per	centage	***************************************	******************		
14	Public support percentage for 2013 (line	e 6. column (6 div	Idad by line 44	L (0)			
15	Public support percentage from 2012 S 33 1/3% support test - 2013. If the org	chedule A Deet II	line 14	okumin (n))		14	%
16a	33 1/3% support test - 2013. If the org	anization did not	oboek the house		L	15	%
b	b 33 1/3% support test - 2012. If the organization did not check a heaven lies 16 and 5						
17a	- 1 To a secure the contract of the contract o						
	The state of the s						
	Contraction of the contraction o						
	The state of the s						
	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.						
	A SAN INTERNALL LINGGED IN IC TOP (2-9) IC-CILCELL	nstances" test. Ir	18 Omanization ou	alifice se a sublist.			
	Private foundation. If the organization of	iki not check a bo	x on line 13, 16a,	16b, 17a, or 17b, o	check this box and	see instructions	▶ 🗂

(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

Sec	ction A. Public Support	elow, please comp	NOCO FAIL II.)				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(m) COVS	IN EDIO	(v) EUT	MICUIE	(A) 5010	Lif Total
•	membership fees received. (Do not		1				
	include any "unusual grants,")	40,701.	42,586.	41,734.	41,844.	40,463.	207,328.
2	Gross receipts from admissions.	20//024	25,5501	12/1020	32/0231	#0/2031	201,3801
~	merchandise sold or services per-		J	.			
	formed, or facilities furnished in	ì					
	any activity that is related to the	2,458,278.	2,727,950.	2,826,759.	2,850,218.	2,940,942.	13,804,147.
	organization's tax-exempt purpose Gross receipts from activities that	8,930,870,	2,727,330.	2,020,733,	2,030,210.	2,340,342.	13,004,167.
ų,	are not an unrelated trade or bus-					! i	
	iness under section 513			- 1			

4	Tax revenues levied for the organ-		}				
	ization's benefit and either paid to		i				
	or expended on its behalf						
5	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2,498,979.	2,770,536,	2,868,493,	2,892,062,	2,981,405.	14,011,475.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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					1	
	amount on line 13 for the year			<u> </u>			0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)				· · · · · · · · · · · · · · · · · · ·		14,011,475.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	2,498,979.	2,770,536.	2,868,493.	2,892,062.	2,981,405.	14,011,475.
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	2,111.	380.	822.	47.	26.	3,386.
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	i					
c	Add lines 10a and 10b	2,111.	380.	822.	47.	26.	3,386.
	Net income from unrelated business						
	activities not included in line 10b,	i					
	whether or not the business is regularly carried on			ļ	i		
12	Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part IV.)	2,501,090.	2,770,916,	2,869,315.	2,892,109.	2,981,431.	14,014,861,
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-		-	*		ation,
Sac	check this box and stop here ction C. Computation of Publi	c Support Par	rentara	***************************************	***************************************	***************************************	
				olumon (f))		15	99.98 %
	Public support percentage for 2013 (I Public support percentage from 2012			***		16	0.0
	ction D. Computation of Inves					10	99.96 %
	Investment income percentage for 20			e 13 rolumn (6)		17	.02 %
							- 61
	Investment income percentage from a			n line 14, and line		18	
198	a 33 1/3% support tests - 2013. If the more than 33 1/3%, check this box at	_					/ Is not
р.			-			***************************************	
	33 1/3% support tests - 2012. If the	-					ווום 🏲 🗀
20	line 18 is not more than 33 1/3%, che			-		•	
20	Private foundation. If the organization	n dia not check a	оох оп IIПе 14, 198	L, OF 190, CNBCK thi	is dox and see in:	structions	<u>.</u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization **Employer identification number** MID-TN SUPPORTED LIVING, INC. 62-1659522 Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-F7 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, acientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ________ \$ _ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) No. Name, address, and ZIP + 4 (c) (d) **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for 323452 10-24-13 noncash contributions.) Schedule B (Form 990, 990-EZ, or 890-PF) (2013)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www irs gov/torm990.

2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MID-TN SUPPORTED LIVING, INC.

Employer identification number 62–1659522

Pại	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	· ·	erring
	impermissible private benefit?	***************************************	Yes No
Pai	til Conservation Easements. Complete if the on	ganization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements	***************************************	2a
Ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	· · ·
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the c	organization's accounting for
l Ba	conservation easements. It III Organizations Maintaining Collections of	f Art Historical Traccuras or Other	Cimilar Apacta
ra			ominal Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (As		
	historical treasures, or other similar assets held for public ex	•	or public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		balanaa abaak wasan afaa ku ku da d
D	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance or public s	service, provide the following amounts
	relating to these items:		
	(i) Revenues Included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		🏲 5
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1		N 0
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		> \$

S 17	chedule D (Form 990) 2013 MID-TN	SUPPORTED	LIVING.	INC.			60 1650		
L		I Collections of	Street Litters and a set			er Cimil	62-1659	522	Page 2
	3 Using the organization's acquisition, acce (check all that apply):	ssion, and other reco	rds, check any of	the followin	a that are a	iei omin	ar Assets	ontinu	red)
	(check all that apply):		,	THE TOROWALL	A mist ale a	significant	use of its coll	ection	items
	a Public exhibition		d loan or	evchence o					
	b Scholarly research								
	c Preservation for future generations		_						
	Provide a description of the organization's During the year, did the organization solicit	collections and expla	in how they furth	or the arms	b 42 1-				
	During the year, did the organization solicit to be sold to raise funds rather than to be	or receive donations	of art historical	er me organ	Zation's exe	mpt purpo	se in Part XIII		
T .	to be sold to raise funds rather than to be art IV Escrow and Custodial Arra	maintained as part of	the omenization?	reasules, or	other simila	r assets			·
P		ngements. Comp	ete if the omaniza	tion appear	and the state	E	Үе	<u>s</u>	No.
-	reported an amount on Form 990, P	art X, line 21.	THE RESERVE OF GRANTER	AUGIT GITSWEI	IAU . 162 . 10	rom 990,	Part IV, line 9	, or	
- 1	a Is the organization an agent, trustee, custo on Form 990. Part X?	dian or other interme	diary for contribut	ions or othe	r secolo nel	Small rate of			
					a assets LIOI	inciliaed		,	
	b If "Yes," explain the arrangement in Part XII	and complete the fo	llowing table:				Ye:	в (No
			_						
	Beginning balance d Additions during the year					4-	Amo	unt_	
1									
- 1	Ending balance Did the organization include an amount on F	44-9434444-94444-9944		**************		18			
21							1 1.00	-	
Б.	If "Yes," explain the arrangement in Part XIII If Yes," explain the arr	. Check here if the ex	planation has bee	hebivora as	in Port VIII		Yes	Ļ	- No
E.B.	irt V Endowment Funds. Complete	if the organization an	swered "Yes" to F	orm 990. Pa	art IV line 10	1		<u> </u>	
		(a) Current year	(b) Prior year	(c) Two v	ears hack	di Thran	rs back (e) Fo		
18	Beginning of year balance			1 (0) 1110)	ONI S DOCK [1	uj ililee yea	rs back (e) Fo	our year	s back
la	Contributions								
c	riet investment eamings, gains, and losses			 					
d	Grants or scholarships			 					
e	Other expenditures for facilities			 					
	and programs								
	Administrative expenses								
9	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g. column (a)) held as:					
a	- and designated of duasi-endowment		%	wy nour as.					
b	Permanent endowment	%	•						
C	Temporarity restricted endowment ▶	%							
0-	The percentages in lines 2a, 2b, and 2c should	d equal 100%.							
38	Are there endowment funds not in the posses by:	sion of the organizat	ion that are held a	nd administ	ered for the	organi-sti-			
					0100 101 1116	organizatit	ON I		
	(i) unrelated organizations						F	Yes	No
a.	(iii) Telatica Diakritzatione				*********	*************	3a(i)		
D	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the Intended uses of the	listed as required on	Schedule R?		*************	* * * * * * * * * * * * * * * * * * * *	3a(ii)		
Par	Describe in Part XIII the Intended uses of the	organization's endow	ment funds.			*************	<u>3</u> b		
1 4013	Land, buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" to Form 990, F	art IV, line 11a. S	ee Form 990). Part X. line	10			
	Description of property	(a) Cost or other	F (b) Cost	or other	(c) Accu		100		
40	and	basis (investme	nt) basis (depred		(d) Bool	k value	•
ıa b	Land						 		
	Buildings						+		
d .	Leasehold improvements						 		
u i	Equipment Other		4:	2,038.	4	2,038.			0.
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			U +
vidi.	Add lines 1a through 1e, (Column (d) must equ	al Form 990, Part X,	column (B), line 10	D(c).)					0
						*****			7.5

Schedule D (Form 990) 2013 MID-TN SUPPO	ORTED LIVING	, INC.	62-1659522	Page 3
Part VII Investments - Other Securities.		<u>-</u>		
Complete if the organization answered "Yes" t		11b. See Form 990, Pa	rt X, line 12. uation: Cost or end-of-year market	volue
(a) Description of security or category (including name of security)	(b) Book value	(c) Metrico di vali	laudit. Cost of end-or-year market	ABITIO
(1) Financial derivatives		 		
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)		-		
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Pa	rt X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end-of-year market	value
(1)				
(2)		ļ		
(3)				
(4)		<u> </u>		
(5)				
(6)				
(7)				·
(8)				
(9)				1.7
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	<u> </u>			W \$
Complete If the organization answered "Yes"		11d. See Form 990, P	art X, line 15. (b) Book v	okio
(a) l	Description		(B) BOOK V	alue
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line		990, Part X, fine 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

(8)

Part XI Page 18 Page 1	62-	1659522 Page
Tark Al neconclination of Revenue per Audited Financial Statements With Payarus	per Retur	n.
On Indiana in the organization answered "Yes" to Form 000. Does to line 40-		
to to to the support per audited financial statements	1	2,981,431.
The state of the fourth fully and ball he so.		
San a cit life Stille life	_	
- Tritated Services and use of Igcilities		
c Recoveries of prior year grants d Other (Describe in Part VIII.)		
" - " Pepping II) Fall VIII.		
	2e	0.
forward block and the second	3	2,981,431.
b Other (Describe in Part XIII.)		
The state of the s		
C Add lines 48 and 4b 5 Total revenue, Add lines 3 and 4c, (This must equal Form 900, Part Line 12)	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	5	2,981,431.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per Retui	n.
1 Total expenses and losses per guided financial rest to Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, Ilne 25:	1	3,060,848.
Dor not of Louis San ball it like by		
a Donated services and use of facilities b Prior year adjustments 2a		
b Prior year adjustments c Other losses		
c Other losses d Other (Describe in Part XIII)		
d Other (Describe in Part XIII.)	1	
e Add lines 2a through 2d 3 Subtract line 2a from line 1	2e	0.
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	3,060,848.
a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4a 4b		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information	4c	.0.
Part XIII Supplemental Information.	5	3,060,848.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part 4s.		
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	ine 4; Part X,	line 2; Part XI,
additional information.		
LINE 11F		
Titrat tite me co		
EXPLANATION: MID-TN ACCOUNTS FOR THE EFFECT OF ANY UNCERTAINT	דאן ייא	DOCTOTONO
DECEMBER OF A MARKET PARTY OF THE PARTY OF T	TH TAA	POSITIONS
BASED ON A MORE LIKELY THAN NOT THRESHOLD TO THE RECOGNITION	N OF T	เมษ พรษ
POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF	THE DO	CTULON
UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. IF A	чах р	OCTUTON
OD DOGTETONS AND COMME	1114 2	OBITION
OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE	POST	TONG mus
TIMDE/JOANTERD BY THE PROPERTY OF THE PROPERTY	. 10011	TORB, THE
UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A CUMULATIVE	PROBA	RTI.Tmv
ASSESSMENT THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR	AT.T. IIN	יוד גישפי
TAX POSITIONS. TAX POSITIONS FOR MID-TN INCLUDE, BUT ARE N	от татм	סייה מקודיו
MUD MAY DUNING COLUMN	01 0111	LIBD 10,
THE TAX EXEMPT STATUS AND DETERMINATION OF WHETHER INCOME I	S SUB.TI	የርጥ ጥ <u></u>
UNRELATED BUSINESS INCOME TAX; HOWEVER, MID-TN HAS DETERMIN	ED THAT	r Siich
TAX POSITIONS DO NOT RESULT IN AN UNCERTAINTY REQUIRING REC	OGNITIO	ON.
09-25-13		

Schedule D (Form 990) 2013

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, Ilne 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public

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II . True II an	MID-TN	I S	UPPORTEI) T.	TVTN	IG TNO			- /-	Emplo	yer id	entific	ation	numbe
Part I Excess Be	nefit Tran	sac	tions (section	501/	1/21	TO, INC.				<u>52-1</u>	1659	3522	2	
Complete if th	IR Ormanizatio		Distance of the sale	JUIG	-)(o) an	to section 501(c)	(4) o	rganizations only).					_	
1		- 7 663 14	aucied 192 0	n ron	m 990.	Part IV. line 25a	or 2	rganizations only). 5b, or Form 990-EZ	Part	V line	405			
(a) Name of disqualifie	d person	(D)									400.	— T.		
			person and	orgar	ization)		(c) Description of tr	ansac	tion				rected?
													Yes	No
					_							$\neg \neg$		
												_		
2 Enter the amount of tax section 4958	incomed by	Ale a												
section 4958	Vinconed by	trie o	rganization ma	nager	s or di	squalified persor	ıs dı	ring the year under						
3 Enter the amount of	*****************			*******				uring the year under						
3 Enter the amount of tax	t, if алу, on fin	18 2, ;	above, reimbur	sed b	y the o	roanization		*****************			، —			
						- B- 11011		******************	4-1	> \$	·			
Touris to all	WOLLLOW		erested Per	SOD	5									
Complete If the	organization	ลกดน	remed "Yes" on	Earn	000 =-			Form 990, Part IV, ii						
reported an amo	purit on Form	200	Part V Hans	rom	ARC-FT	 Part V, Jine 38a 	a or I	Form 990, Part IV, li	ne 26:	or if t	he ora	anizat	ion	
(2) Name of	(b) Relations	bin.								,	4.9	en neer	IOH	
interested person	with organiza	tion	(c) Purpose of loan	(a) L	pan to or m the			(f) Balance due	Le) ln	thi Ar	Drovec	499.10	- Inc
			OI IQAII	organ	zation?	principal amou	ınt			ault?	by bo	proved pard or	7 (i) W	ritten
	 	_		To	From		- 1		_			nittee?	-	ment?
		\perp							Yes	No	Yes	No	Yes	No
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]					-+						\neg	
Total												$\neg \tau$		
Part III Grants or Ass	sistance B	ene	fiting Intere	eter	Dam	Popo	5		=1.21					
Complete if the or	ganization ar) C) Man	mail #V==# m			50115,								
(a) Name of interested pe	arean	101101	Tes on Fo	99 mik	90, Par	t IV, line 27.								
,	315011	(p)	Relationship be	etwee	n	(c) Amount o	of	(d) Type o	A		4.51			
	1	III	terested perso the organizati	n and		assistance		assistance		-	1(9)	Purpos ssistan	se of	
			une organizati	on							25	SISTAN	IC6	
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17.								 						
HA For Paperwork Reduction	Act Metion		11 1		_			<u> </u>		1				

MID WILL	CHARADMEN I TUTNO	INC	62-1659	522	Dega 0
Schedule L (Form 990 or 990-EZ) 2013 MID-TN Part IV Business Transactions Involv	ing Interested Persons.	INC.	02-1039	764	Page 2
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's lues?
RON BUTLER	BOARD MEMBER	6.708.	BOARD MEMBE	Yes	No X
DORIA PANVINI	BOARD MEMBER		BOARD MEMBE		X
DOILESS FEET VEST					
Part V Supplemental Information	<u> </u>	<u> </u>			
Provide additional information for response	onses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: RON BU	TLER				
(D) DESCRIPTION OF TRANSAC	TION: BOARD MEMBER,	RON BUTLER	R, HAS A CHI	LD	
WHO IS A CLIENT OF MID-TN	SUPPORTED LIVING. F	ON BUTLER S	SERVES AS HI	s	
CHILD'S REPRESENTATIVE PAY	EE AND LEGAL REPRES	ENTATIVE. F	UNDS ARE	_	
	EPRESENTATIVE ROLE A			VICE	
	IP IS DISCLOSED ON A		F INTEREST		
		1 00311 11 01	/L 211 - 251 2 2 2		
STATEMENT COMPLETED BY THE	S BOARD MEMBER.		<u>. </u>		
(A) NAME OF PERSON: DORIA	PANVINI				
(D) DESCRIPTION OF TRANSAC	CTION: BOARD MEMBER	DORIA PANT	/INI, HAS A	CHIL	D
WHO IS A CLIENT OF MID-TN	SUPPORTED LIVING. 1	OORIA PANVII	NI SERVES AS	HER	
CHILD'S REPRESENTATIVE PAS	YEE AND LEGAL REPRE	SENTATIVE. 1	FUNDS ARE		
DISPENSED TO HER IN HER RI	EPRESENTATIVE ROLE	AS PART OF I	MID-TN'S SER	VICE	ŝ
DELIVERY. THIS RELATIONSH	IP IS DISCLOSED ON A	A CONFLICT	OF INTEREST		
STATEMENT COMPLETED BY TH					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete 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 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

MID-TN SUPPORTED LIVING, INC.	Employer identification number 62-1659522
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	
SERVICES PROVIDED INCLUDE: SUPPORTED LIVING, NURSING, EMP	LOYMENT
SUPPORT AND PERSONAL ASSISTANT CARE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
ORDINARY LIVING.	
THIS IS DONE BY PROVIDING SERVICES TO THESE PERSONS IN THE	AREAS OF
SUPPORTED LIVING, SPECIALIZED EQUIPMENT AND SUPPLIES, PERS	
ASSISTANCE, AND TRANSPORTATION.	
FORM 990, PART VI, SECTION A, LINE 2:	
EXPLANATION: BOARD MEMBERS RON AND BELINDA BUTLER ARE MARR	IED TO EACH
OTHER. BOARD MEMBERS BUD AND PATRICIA BUTLER ARE ALSO MARR	IED TO EACH
OTHER.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD I	PRIOR TO FILING.
THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: THE BOARD REVIEWS CONFLICT OF INTEREST STATEME	INTS ANNUALLY.
PERIODIC REVIEWS ARE UNDERTAKEN TO ENSURE THERE ARE NO PROH	
TRANSACTIONS.	
FORM 990, PART VI, SECTION B, LINE 15:	

EXPLANATION: THE BOARD OF DIRECTORS REVIEWS KEY EMPLOYEE PERFORMANCE, AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)		Page 2			
Name of the organization MID-TN SUPPORTED LIVING, INC.	Employer identification number 62-1659522				
BASED ON COMPARABLE DATA, APPROVES COMPENSATION.					
FORM 990, PART VI, SECTION C, LINE 19:					
EXPLANATION: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AN	D THROUGH THI	WEB			
SITE GIVINGMATTERS.COM.					
FORM 990, PART XII, LINE 2C:					
EXPLANATION: NO CHANGES					
					
	III				
					
	· · · · · · · · · · · · · · · · · · ·				