Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , 2006, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

C
NASHVILLE RESCUE MISSION
639 LAFAYETTE
NASHVILLE, TN 37203-7535

D Employer Identification Number 62-6018832

E Telephone number 615-255-2475

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ►

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H *and* **I** *are not applicable to section 527 organizations.*

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ►

H (c) Are all affiliates included? ☐ Yes ☐ No
(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ► HTTP://WWW.NASHVILLERESCUEMISSION.ORG/

J Organization type (check only one) ► ☒ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) **or** ☐ 527

K Check here ► ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ►

M Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 9,517,457.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

				(A) Securities		(B) Other		
REVENUE	1	Contributions, gifts, grants, and similar amounts received:						
	a	Contributions to donor advised funds			1a			
	b	Direct public support (not included on line 1a)			1b	9,239,472.		
	c	Indirect public support (not included on line 1a)			1c			
	d	Government contributions (grants) (not included on line 1a)			1d			
	e	Total (add lines 1a through 1d) (cash $ 5,785,504. noncash $ 3,453,968.)					1e	9,239,472.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)					2	181,984.
	3	Membership dues and assessments					3	
	4	Interest on savings and temporary cash investments					4	
	5	Dividends and interest from securities					5	39,262.
	6a	Gross rents			6a			
	b	Less: rental expenses			6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a					6c	
	7	Other investment income (describe ►)					7	
	8a	Gross amount from sales of assets other than inventory			8a			
	b	Less: cost or other basis and sales expenses			8b	1,782.		
	c	Gain or (loss) (attach schedule)	STATEMENT 1		8c	-1,782.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)					8d	-1,782.
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ► ☐						
	a	Gross revenue (not including $ 36,323. of contributions reported on line 1b)			9a	8,384.		
	b	Less: direct expenses other than fundraising expenses			9b	13,996.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	STATEMENT 2				9c	-5,612.
	10a	Gross sales of inventory, less returns and allowances			10a			
	b	Less: cost of goods sold			10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a					10c	
	11	Other revenue (from Part VII, line 103)					11	48,355.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					12	9,501,679.
EXPENSES	13	Program services (from line 44, column (B))					13	6,554,210.
	14	Management and general (from line 44, column (C))					14	337,692.
	15	Fundraising (from line 44, column (D))					15	1,482,890.
	16	Payments to affiliates (attach schedule)					16	
	17	**Total expenses.** Add lines 16 and 44, column (A)					17	8,374,792.
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12					18	1,126,887.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))					19	7,100,368.
	20	Other changes in net assets or fund balances (attach explanation)					20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20					21	8,227,255.

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		**(A)** Total	**(B)** Program services	**(C)** Management and general	**(D)** Fundraising
22a Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	**22a**				
22b Other grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	**22b**				
23 Specific assistance to individuals (attach schedule) ST.3	**23**	3,482,912.	3,482,912.		
24 Benefits paid to or for members (attach schedule)	**24**				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	**25a**	198,804.	162,855.	11,353.	24,596.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	**25b**	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)	**25c**	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	**26**	1,780,972.	1,458,929.	101,706.	220,337.
27 Pension plan contributions not included on lines 25a, b, and c	**27**	53,656.	41,522.	2,908.	9,226.
28 Employee benefits not included on lines 25a - 27	**28**	345,786.	285,522.	29,516.	30,748.
29 Payroll taxes	**29**	149,951.	122,713.	8,744.	18,494.
30 Professional fundraising fees	**30**	838,576.			838,576.
31 Accounting fees	**31**	36,627.		36,627.	
32 Legal fees	**32**	1,862.		1,862.	
33 Supplies	**33**	118,768.	77,258.	24,998.	16,512.
34 Telephone	**34**	22,027.	19,447.	1,381.	1,199.
35 Postage and shipping	**35**				
36 Occupancy	**36**				
37 Equipment rental and maintenance	**37**				
38 Printing and publications	**38**	223,227.	1,691.	20,317.	201,219.
39 Travel	**39**	72,594.	63,290.	2,762.	6,542.
40 Conferences, conventions, and meetings	**40**				
41 Interest	**41**				
42 Depreciation, depletion, etc (attach schedule)	**42**	252,247.	228,861.	19,023.	4,363.
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 4	**43a**	796,783.	609,210.	76,495.	111,078.
b	**43b**				
c	**43c**				
d	**43d**				
e	**43e**				
f	**43f**				
g	**43g**				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	**44**	8,374,792.	6,554,210.	337,692.	1,482,890.

Joint Costs. Check ► ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ► ☐ **Yes** ☒ **No**

If 'Yes,' enter **(i)** the aggregate amount of these joint costs $ ____; **(ii)** the amount allocated to Program services $ ____; **(iii)** the amount allocated to Management and general $ ____; and **(iv)** the amount allocated to Fundraising $ ____.

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 6 (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	6,554,210.
b (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
e Other program services (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►	6,554,210.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

		Description			(A) Beginning of year		(B) End of year
ASSETS	45	Cash — non-interest-bearing			244,846.	45	319,253.
	46	Savings and temporary cash investments			970,320.	46	2,149,408.
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			4,864.	52	4,864.
	53	Prepaid expenses and deferred charges				53	
	54a	Investments — publicly-traded securities STMT 7 ► ☐ Cost ☒ FMV			8,000.	54a	8,000.
	b	Investments — other securities (attach sch) ► ☐ Cost ☐ FMV				54b	
	55a	Investments — land, buildings, & equipment: basis	55a				
	b	Less: accumulated depreciation (attach schedule)	55b			55c	
	56	Investments — other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a	8,108,556.			
	b	Less: accumulated depreciation (attach schedule) STATEMENT 8	57b	2,185,706.	6,045,064.	57c	5,922,850.
	58	Other assets, including program-related investments (describe ►)				58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58			7,273,094.	59	8,404,375.
LIABILITIES	60	Accounts payable and accrued expenses			172,726.	60	177,120.
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ►)				65	
	66	**Total liabilities.** Add lines 60 through 65			172,726.	66	177,120.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here** ► ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			7,081,133.	67	8,208,020.
	68	Temporarily restricted			11,235.	68	11,235.
	69	Permanently restricted			8,000.	69	8,000.
		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			7,100,368.	73	8,227,255.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			7,273,094.	74	8,404,375.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	9,561,688.
b	Amounts included on line **a** but not on Part I, line 12:				
	1 Net unrealized gains on investments	b1			
	2 Donated services and use of facilities	b2	46,013.		
	3 Recoveries of prior year grants	b3			
	4 Other (specify): SEE STM 9	b4	13,996.		
	Add lines **b1** through **b4**			b	60,009.
c	Subtract line **b** from line **a**			c	9,501,679.
d	Amounts included on Part I, line 12, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ►			e	9,501,679.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements			a	8,434,801.
b	Amounts included on line **a** but not on Part I, line 17:				
	1 Donated services and use of facilities	b1	46,013.		
	2 Prior year adjustments reported on Part I, line 20	b2			
	3 Losses reported on Part I, line 20	b3			
	4 Other (specify): SEE STMT 10	b4	13,996.		
	Add lines **b1** through **b4**			b	60,009.
c	Subtract line **b** from line **a**			c	8,374,792.
d	Amounts included on Part I, line 17, but not on line **a:**				
	1 Investment expenses not included on Part I, line 6b	d1			
	2 Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ►			e	8,374,792.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(if not paid, enter -0-)**	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
SEE STATEMENT 11		198,804.	41,753.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ► 34			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b		X
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'	75c		X
If 'Yes,' attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (if not paid, enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
If 'Yes,' attach a conformed copy of the changes.			
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt **or** ☐ nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b 46,013.			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85 *501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
If 'Yes' was answered to either 85a or 85b**, do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86 *501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 *501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI ►		88b		X
89 a *501(c)(3) organizations*. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.				
b *501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►	0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ►	0.			
e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f *All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90 a List the states with which a copy of this return is filed ► TN

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) **90b** 89

91 a The books are in care of ► DAVID SAGRAVES Telephone number ► (615) 312-1540

Located at ► 639 LAFAYETTE STREET, NASHVILLE, TN, ZIP + 4 ► 37203

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If 'Yes,' enter the name of the foreign country ►			
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	**91 c**		X

If 'Yes,' enter the name of the foreign country ►

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** — Check here N/A ► ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ► **92** N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	**(B)** Amount	**(C)** Exclusion code	**(D)** Amount	**(E)** Related or exempt function income
93 Program service revenue:					
a FEES FOR SRO UNITS					154,231.
b PERSONAL LOCKERS					27,753.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	39,262.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
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			18	-1,782.	
101 Net income or (loss) from special events			1	-5,612.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: **a**					
b OTHER REVENUE			3	48,355.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				80,223.	181,984.

105 Total (add line 104, columns (B), (D), and (E)) ► 262,207.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	REHABILITATION SERVICES
93B	TRANSIENT SERVICES - LOCKERS FOR CONVENIENCE OF CLIENTS SERVED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	**(B)** Percentage of ownership interest	**(C)** Nature of activities	**(D)** Total income	**(E)** End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ **Yes** ☒ **No**

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **Yes** ☒ **No**

Note: *If 'Yes' to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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

► Signature of officer | Date

► Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ►	Date	Check if self-employed ► X	Preparer's SSN or PTIN (See General Instruction W) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	FRASIER, DEAN & HOWARD, PLLC 3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203	EIN ► N/A	Phone no. ► (615) 383-6592

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2006

Name of the organization: NASHVILLE RESCUE MISSION

Employer identification number: 62-6018832

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See instructions. List each one. If there are none, enter 'None.')

(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				
Total number of other employees paid over $50,000 ►	0			

Part II — A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
RUSS REID CO. P.O. BOX 60140 LOS ANGELES, CA 90060	DIRECT MARKETING	823,408.
ELDER CREATIVE SERVICES 6020 JOCELYN HOLLOW ROAD NASHVILLE, TN 37205	PRINTING SERVICES	136,962.
Total number of others receiving over $50,000 for professional services ► 0		

Part II — B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ► 0		

Part III Statements About Activities (See instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ► $ N/A (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE FORM 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT 12	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	

d Enter the total number of donor advised funds owned at the end of the tax year ► N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► ,

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations.(See instructions.)

(a) Name(s) of supported organization(s)	**(b)** Employer identification number (EIN)	**(c)** Type of organization (described in lines 5 through 12 above or IRC section)	**(d)** Is the supported organization listed in the supporting organization's governing documents? Yes	No	**(e)** Amount of support
Total ►					0.

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,527,167.	7,699,517.	7,051,100.	6,087,707.	29,365,491.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	146,142.	131,153.	135,141.	145,038.	557,474.
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	11,737.	233.	339.	65,855.	78,164.
19 Net income from unrelated business activities not included in line 18					0.
20 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 13	42,836.	43,169.	42,204.	42,101.	170,310.
23 Total of lines 15 through 22	8,727,882.	7,874,072.	7,228,784.	6,340,701.	30,171,439.
24 Line 23 minus line 17	8,581,740.	7,742,919.	7,093,643.	6,195,663.	29,613,965.
25 Enter 1% of line 23	87,279.	78,741.	72,288.	63,407.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ► 26a 592,279.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► 26c 29,613,965.

d Add: Amounts from column (e) for lines: 18 78,164. 19 ______ 22 170,310. 26b ______ 26d 248,474.

e Public support (line 26c minus line 26d total) ► 26e 29,365,491.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ► 26f 99.16 %

27 **Organizations described on line 12:** N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2005) ______ (2004) ______ (2003) ______ (2002) ______

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2005) ______ (2004) ______ (2003) ______ (2002) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ 27c

d Add: Line 27a total ______ and line 27b total ______ 27d

e Public support (line 27c total minus line 27d total) ► 27e

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

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ► 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ► 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(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.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ► **a** ☐ if the organization belongs to an affiliated group. Check ► **b** ☐ if you checked '**a**' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is— / **The lobbying nontaxable amount is—**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	**41**		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	**44**		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	**Yes**	**No**	**Amount**
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h.**)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Line	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51 a (i)**		X
(ii) Other assets	**a (ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b (i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b (ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b (iii)**		X
(iv) Reimbursement arrangements	**b (iv)**		X
(v) Loans or loan guarantees	**b (v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b (vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements
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? ► ☐ **Yes** ☒ **No**

b If 'Yes,' complete the following schedule:

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship
N/A		

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	92 GMC VAN		
DATE ACQUIRED:	1/14/1993		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	9/30/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	15,000.		
DEPRECIATION:	15,000.		
		GAIN (LOSS)	0.
DESCRIPTION:	1993 MITSUBISHI EXPO LRV WAGON 4D		
DATE ACQUIRED:	4/01/2003		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	9/30/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	1,860.		
DEPRECIATION:	1,271.		
		GAIN (LOSS)	-589.
DESCRIPTION:	KONICA COPIER		
DATE ACQUIRED:	11/01/2002		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	11/30/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	7,500.		
DEPRECIATION:	6,781.		
		GAIN (LOSS)	-719.
DESCRIPTION:	SONY VPL-CS5 1800 LUMEN SVGA VIDEO PROJ.		
DATE ACQUIRED:	7/01/2003		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	10/31/2006		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	1,422.		
DEPRECIATION:	948.		
		GAIN (LOSS)	-474.

TOTAL GAIN (LOSS) OTHER ASSETS $ -1,782.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES $ -1,782.

STATEMENT 2
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)
GOLF TOURNAMENT	34,887.	30,003.	4,884.	12,434.	-7,550.
5K RUN	9,820.	6,320.	3,500.	1,562.	1,938.
TOTAL	$ 44,707.	$ 36,323.	$ 8,384.	$ 13,996.	$ -5,612.

STATEMENT 3
FORM 990, PART II, LINE 23
SPECIFIC ASSISTANCE TO INDIVIDUALS

BENEVOLENCE	$ 39,920.
EDUCATION & TRAINING	7,188.
FOOD, SHELTER AND CLOTHING	3,435,804.
TOTAL	$ 3,482,912.

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK FEES	14,758.		14,758.	
BENEVOLENCE	59.		59.	
EDUCATION & TRAINING	4,352.		3,502.	850.
FOOD	1,344.		1,320.	24.
INSURANCE	80,510.	76,587.	2,354.	1,569.
MISCELLANEOUS	3,269.	2,384.	837.	48.
PROFESSIONAL FEES	19,830.	873.	18,865.	92.
PROPERTY TAXES	3,647.		3,647.	
PUBLICITY	152,706.	67,774.		84,932.
REPAIRS & MAINTENANCE	151,782.	139,771.	8,292.	3,719.
UTILITIES	364,526.	321,821.	22,861.	19,844.
TOTAL	$ 796,783.	$ 609,210.	$ 76,495.	$ 111,078.

STATEMENT 5
FORM 990 , PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SINCE IT WAS ESTABLISHED IN 1954, THE NASHVILLE RESCUE MISSION HAS BEEN FOLLOWING GOD'S COMMAND TO LOVE OUR NEIGHBORS AS OURSELVES BY OFFERING FOOD, CLOTHING AND SHELTER TO THE HOMELESS AND RECOVERY PROGRAMS TO THOSE ENSLAVED IN LIFE-DEGRADING PROBLEMS. OUR GOAL IS TO HELP THE LEAST, LAST AND LOST OF MIDDLE TENNESSEE KNOW THE SAVING GRACE OF JESUS CHRIST, AND THROUGH HIM, GAIN WISDOM FOR LIVING, FIND FULFILLMENT IN LIFE AND BECOME A POSITIVE PART OF OUR COMMUNITY THROUGH COUNSELING, EDUCATION AND JOB TRAINING. WE ALSO PROVIDE BASIC MEDICAL CARE AND TRANSITIONAL HOUSING FOR THOSE IN NEED, ALL OF WHICH IS FUNDED THROUGH PRIVATE DONATIONS BY FRIENDS LIKE YOU. TOGETHER WE WILL SERVE MORE THAN 520,000 MEALS AND

STATEMENT 5 (CONTINUED)
FORM 990 , PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE MORE THAN 220,000 SAFE NIGHTS OF LODGING IN 2007.

STATEMENT 6
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
TRANSIENT SERVICES: PROVIDING SHELTER, FOOD, CLOTHING, MEDICAL CARE, SPIRITUAL COUNSELING, AND TRAVEL ASSISTANCE TO HOMELESS, NEEDY AND TRANSIENT INDIVIDUALS AND FAMILIES THROUGH THE MEN'S SHELTER, FAMILY LIFE CENTER, AND TRAVELER'S AID. EXPENSES DO NOT INCLUDE DONATED SERVICES CONSUMED. INCLUDES FOREIGN GRANTS: NO		1,726,145.
RECOVERY SERVICES: PROVIDING COUNSELING, BIBLE CLASSES, EDUCATION, EMPLOYMENT PREPARATION AND TRANSITIONAL HOUSING THROUGH THE MEN'S RECOVERY PROGRAM, THE LODGING PLACE, THE HOPE CENTER AND THE ANCHOR HOME. EXPENSES DO NOT INCLUDE DONATED SERVICES CONSUMED. INCLUDES FOREIGN GRANTS: NO		1,247,824.
PUBLIC AWARENESS: PROVIDING INFORMATION TO THE PUBLIC REGARDING NEEDS OF THE COMMUNITY AND THE MISSION'S PROGRAM SERVICES. INCLUDES FOREIGN GRANTS: NO		144,437.
DISTRIBUTION OF FOOD, CLOTHING AND OTHER ESSENTIALS TO PEOPLE IN NEED OF HELP. INCLUDES FOREIGN GRANTS: NO		3,435,804.
	$ 0.	$ 6,554,210.

STATEMENT 7
FORM 990, PART IV, LINE 54A
INVESTMENTS - PUBLICLY TRADED SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
NON-TRANSFERABLE PREFERRED STOCK	MARKET VALUE	$ 8,000.
	TOTAL	$ 8,000.
	PUBLICLY TRADED SECURITIES	$ 8,000.

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	$ 99,894.	$ 73,449.	$ 26,445.
FURNITURE AND FIXTURES	253,273.	167,908.	85,365.
MACHINERY AND EQUIPMENT	779,692.	485,186.	294,506.
BUILDINGS	6,618,574.	1,459,163.	5,159,411.
LAND	357,123.		357,123.
TOTAL	$ 8,108,556.	$ 2,185,706.	$ 5,922,850.

STATEMENT 9
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENT EXPENSES	$ 13,996.
TOTAL	$ 13,996.

STATEMENT 10
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENT EXPENSES	$ 13,996.
TOTAL	$ 13,996.

STATEMENT 11
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
R. JOSEPH CRACE BRENTWOOD, TN	TREASURER 1	$ 0.	$ 0.	$ 0.
J.V. CROCKETT, III NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
ANN DAVIS MT. JULIET, TN	CHAIR 1	0.	0.	0.
LORENA B. EDWARDS MADISON, TN	BOARD MEMBER 1	0.	0.	0.

STATEMENT 11 (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
JERRY FAULKNER FRANKLIN, TN	VICE CHAIR 1	$ 0.	$ 0.	$ 0.
HOWARD J. COCHRAN, JR. BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
R.M. GLOVER HERMITAGE, TN	BOARD MEMBER 1	0.	0.	0.
GLENN A. HARRIS MADISON, TN	BOARD MEMBER 1	0.	0.	0.
JOHN W. LAMB, M.D. NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
LEVEDA PARTON NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
JOHN K. MERIWETHER NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
CHARLES W. EMERSON, JR. BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
WILLIAM LYNN MOENCH NASHVILLE, TN	SECRETARY 1	0.	0.	0.
EM GHIANNI NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
FRAN HOOGESTRAAT NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
NORMAN HUMBER NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.

STATEMENT 11 (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
ROSEMARY RAGAN ANTIOCH, TN	BOARD MEMBER 1	$ 0.	$ 0.	$ 0.
MARVIN RAINEY FRANKLIN, TN	BOARD MEMBER 1	0.	0.	0.
GLEN L. ROBERTS CEDAR HILL, TN	BOARD MEMBER 1	0.	0.	0.
ROBERT E. ROEHL, JR. MT. JULIET, TN	BOARD MEMBER 1	0.	0.	0.
THOMAS A. SASS BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
WILBUR SENSING, JR. BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
ROBERT C. MCKINNEY BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
JACK VICARY FRANKLIN, TN	BOARD MEMBER 1	0.	0.	0.
ARNOLD VON HAGEN NASHVILLE, TN	AST. VICE-CHAIR 1	0.	0.	0.
RICHARD CAMMERON BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
CHRIS MILAM NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
WILLIAM CANTRELL SPRINGFIELD, TN	BOARD MEMBER 1	0.	0.	0.

STATEMENT 11 (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
DREW NIXON, III FRANKLIN, TN	BOARD MEMBER 1	$ 0.	$ 0.	$ 0.
BILL ANDRADE, M.D. BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
MICHELLE YORK BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
RADER WALKER PLEASANT VIEW, TN	PRESIDENT 40	89,406.	18,928.	0.
DONALD A. WORRELL NASHVILLE, TN	SR. VICE PRES. 40	63,055.	12,539.	0.
FRED HOFFMAN NASHVILLE, TN	PROGRAMS DIR. 40	46,343.	10,286.	0.
	TOTAL	$ 198,804.	$ 41,753.	$ 0.

STATEMENT 12
SCHEDULE A, PART III, LINE 3A
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

EDUCATIONAL SCHOLARSHIPS ARE AVAILABLE TO INDIVIDUALS WHO COMPLETE THE REHABILITATION PROGRAM OFFERED BY THE ANCHOR HOME. EMPLOYEES OR RELATED PARTIES OF THE NASHVILLE RESCUE MISSION ARE NOT ELIGIBLE FOR THESE SCHOLARSHIPS.

STATEMENT 13
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION		(A) 2005	(B) 2004	(C) 2003	(D) 2002	(E) TOTAL
OTHER REVENUE		$ 42,836.	$ 43,169.	$ 42,204.	$ 42,101.	$ 170,310.
	TOTAL	$ 42,836.	$ 43,169.	$ 42,204.	$ 42,101.	$ 170,310.

NASHVILLE RESCUE MISSION
639 LAFAYETTE
NASHVILLE, TN 37203-7535

Dear Rader:

Enclosed is your 2006 Federal Exempt Organization Income Tax Return. The original should be signed at the bottom of page nine. No tax is payable with the filing of this return. Mail your Federal return on or before August 15, 2007 to:

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Also enclosed is your 2006 Federal Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. You will receive a refund of $100. Mail your Federal return on or before November 15, 2007 to:

INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0027

Your copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

For your convenience, we are enclosing, in a separate folder, a copy of your Form 990 that should be used for the public inspection requirements.

We recommend that the return is mailed certified, return receipt requested.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions.

Sincerely,

Frasier, Dean & Howard, PLLC

NASHVILLE RESCUE MISSION 62-6018832

	2006	2005	DIFF
REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS	9,239,472	8,527,167	712,305
PROGRAM SERVICE REVENUE	181,984	146,142	35,842
DIVIDENDS & INTEREST FROM SECURITIES	39,262	11,737	27,525
NET GAIN (LOSS) - NONINV. ASSETS/DISP	-1,782	-7,922	6,140
NET INCOME (LOSS) - SPECIAL EVENTS	-5,612	0	-5,612
OTHER REVENUE	48,355	42,836	5,519
TOTAL REVENUE	9,501,679	8,719,960	781,719
EXPENSES			
PROGRAM SERVICES	6,554,210	6,254,232	299,978
MANAGEMENT AND GENERAL	337,692	313,506	24,186
FUNDRAISING	1,482,890	1,471,427	11,463
TOTAL EXPENSES	8,374,792	8,039,165	335,627
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR	1,126,887	680,795	446,092
NET ASSETS/FUND BAL. AT BEG. OF YEAR	7,100,368	6,419,573	680,795
NET ASSETS/FUND BAL. AT END OF YEAR	8,227,255	7,100,368	1,126,887

2006 FEDERAL UNRELATED BUSINESS INCOME TAX SUMMARY PAGE 1

NASHVILLE RESCUE MISSION 62-6018832

	2006	2005	DIFF
REVENUE			
TOTAL REVENUE	0	0	0
DEDUCTIONS			
TOTAL DEDUCTIONS	0	0	0
UNRELATED BUSINESS TAXABLE INCOME			
UNRELATED BUSINESS TAXABLE INCOME	0	0	0
TAX COMPUTATION			
INCOME TAX	0	0	0
NET TAX	0	0	0
PAYMENTS AND CREDITS			
TOTAL PAYMENTS AND CREDITS	100	0	100
REFUND OR AMOUNT DUE			
TAX DUE	0	0	0
OVERPAYMENT	100	0	100
REFUND	100	0	100

NASHVILLE RESCUE MISSION 62-6018832

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, 990-T, 8913

TAX RATES

UNRELATED BUSINESS	MARGINAL	EFFECTIVE
FEDERAL	0. %	0. %

CARRYOVERS TO 2007

NONE

RENTAL INCOME WORKSHEET

LOT RENTAL-LAFAYETTE STREET, NASHVILLE

GROSS RENTAL INCOME	$	0.
EXPENSES		
TOTAL EXPENSES	$	0.
NET RENTAL INCOME OR LOSS	$	0.

PROJECTED SUPPORT SCHEDULE FOR 2007

THIS WORKSHEET PROJECTS IF THE ORGANZIATION WILL MEET THE SUPPORT TEST FOR THE TAX YEAR 2007 BASED ON THE DATA ENTERED IN SCREEN 55 FOR THE COLUMN 2006 .

SUPPORT ITEMS	2006 (A)	2005 (B)	2004 (C)	2003 (D)	TOTAL (E)
15. GIFTS, GRANTS, AND CONTRIBUTIONS	9,247,856.	8,527,167.	7,699,517.	7,051,100.	32,525,640.
16. MEMBERSHIP FEES RECEIVED					0.
17. GROSS RECEIPTS FROM ADMISSIONS, MERCHANDISE SOLD OR SERVICES PERFORMED, OR FURNISHING OF FACILITIES IN ANY ACTIVITY THAT IS RELATED TO THE ORGANIZATION'S CHARITABLE PURPOSE	181,984.	146,142.	131,153.	135,141.	594,420.
18. GROSS INCOME FROM INTEREST, DIVIDENDS, SAMOUNT RECEIVED FROM PAYMENTS ON SECURITIES LOANS, RENTS, ROYALTIES, AND UNRELATED BUSINESS TAXABLE INCOME FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFTER 6/30/1975	39,262.	11,737.	233.	339.	51,571.
19. NET INCOME FROM UNRELATED BUSINESS ACTIVITIES NOT INCLUDED IN LINE 18					0.
20. 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 FURISHED 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. DO NOT INCLUDE GAIN (OR LOSS) FROM SALE OF CAPITAL ASSETS	48,355.	42,836.	43,169.	42,204.	176,564.
23. TOTAL OF LINES 15 THROUGH 22	9,517,457.	8,727,882.	7,874,072.	7,228,784.	33,348,195.
24. LINE 23 MINUS LINE 17	9,335,473.	8,581,740.	7,742,919.	7,093,643.	32,753,775.
25. ENTER 1% OF LINE 23	95,175.	87,279.	78,741.	72,288.	

PROJECTED SUPPORT SCHEDULE FOR 2007 (CONTINUED)
THIS WORKSHEET PROJECTS IF THE ORGANZIATION WILL MEET THE SUPPORT TEST FOR THE TAX YEAR 2007 BASED ON THE DATA ENTERED IN SCREEN 55 FOR THE COLUMN 2006 .

ORGANIZATIONS DESCRIBED ON LINES 10 OR 11:

26A. 2% OF AMOUNT IN COLUMN (E), LINE 24	655,076.
26B. TOTAL OF ALL INDIVIDUAL CONTRIBUTIONS THAT EXCEED THE LINE 26A AMOUNT	0.
26C. TOTAL SUPPORT FOR SECTION 509(A)(1) TEST (LINE 24, COLUMN (E))	32,753,775.
26D. ADD THE AMOUNTS FROM COLUMN (E) FOR LINES 18, 19, 22, AND 26B	228,135.
26E. PUBLIC SUPPORT (LINE 26C MINUS LINE 26D)	32,525,640.
26F. PUBLIC SUPPORT PERCENTAGE (LINE 26E DIVIDED BY LINE 26C)	**99.30%**

FEDERAL TELEPHONE TAX PAID - ESTIMATION FORMULA

BILLING MONTH	(1) TOTAL TELEPHONE BILL	(2) FEDERAL EXCISE TAXES INCLUDED	RATIO COL (2)/COL (1)
APRIL 2006	$ 1,344.22	$ 25.14	0.018702
SEPTEMBER 2006	1,458.18	25.92	0.017776
DIFFERENCE			0.000926
CAP (BASED ON NUMBER OF EMPLOYEES)			0.020000
RATIO FOR ESTIMATION (SMALLER OF DIFFERENCE OR CAP)			0.000926

BILLING PERIODS	TOTAL PHONE EXPENSE	RATIO (FROM ABOVE)	CREDIT AMOUNT 8913, COL (D)
3/2003 - 5/2003	$ 6,819.00	0.000926	$ 6.31
6/2003 - 8/2003	6,819.00	0.000926	6.31
9/2003 - 11/2003	6,819.00	0.000926	6.31
12/2003 - 2/2004	7,538.00	0.000926	6.98
3/2004 - 5/2004	7,898.00	0.000926	7.31
6/2004 - 8/2004	7,898.00	0.000926	7.31
9/2004 - 11/2004	7,898.00	0.000926	7.31
12/2004 - 2/2005	7,090.00	0.000926	6.57
3/2005 - 5/2005	6,686.00	0.000926	6.19
6/2005 - 8/2005	6,686.00	0.000926	6.19
9/2005 - 11/2005	6,686.00	0.000926	6.19
12/2005 - 2/2006	5,900.00	0.000926	5.46
3/2006 - 5/2006	5,507.00	0.000926	5.10
6/2006 - 7/2006	3,671.00	0.000926	3.40
TOTAL (FORM 8913, LINE 15(D))			$ 86.94

INTEREST ON TELEPHONE EXCISE TAX CREDIT AMOUNTS, BY PERIOD

FORM 8913, COLUMN (E), LINE 1

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 6.31	08/01/03 - 09/30/03	61	4%	0.006706957	$ 0.04
6.35	10/01/03 - 12/31/03	92	3%	0.007589992	0.05
6.40	01/01/04 - 03/31/04	91	3%	0.007486596	0.05
6.45	04/01/04 - 06/30/04	91	4%	0.009994426	0.06
6.51	07/01/04 - 09/30/04	92	3%	0.007569177	0.05
6.56	10/01/04 - 12/31/04	92	4%	0.010104808	0.07
6.63	01/01/05 - 03/31/05	90	4%	0.009911268	0.07
6.70	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.78	07/01/05 - 09/30/05	92	5%	0.012681615	0.09
6.87	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.97	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
7.07	04/01/06 - 06/30/06	91	6%	0.015070101	0.11
7.18	07/01/06 - 09/30/06	92	7%	0.017798686	0.13
7.31	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.44	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.57	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					$ 1.39

FORM 8913, COLUMN (E), LINE 2

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 6.31	11/01/03 - 12/31/03	61	3%	0.005026081	$ 0.03
6.34	01/01/04 - 03/31/04	91	3%	0.007486596	0.05
6.39	04/01/04 - 06/30/04	91	4%	0.009994426	0.06
6.45	07/01/04 - 09/30/04	92	3%	0.007569177	0.05
6.50	10/01/04 - 12/31/04	92	4%	0.010104808	0.07
6.57	01/01/05 - 03/31/05	90	4%	0.009911268	0.07
6.64	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.72	07/01/05 - 09/30/05	92	5%	0.012681615	0.09
6.81	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.91	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
7.01	04/01/06 - 06/30/06	91	6%	0.015070101	0.11
7.12	07/01/06 - 09/30/06	92	7%	0.017798686	0.13
7.25	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.38	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.51	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					$ 1.33

FORM 8913, COLUMN (E), LINE 3

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 6.31	02/01/04 - 03/31/04	60	3%	0.004929944	$ 0.03
6.34	04/01/04 - 06/30/04	91	4%	0.009994426	0.06
6.40	07/01/04 - 09/30/04	92	3%	0.007569177	0.05
6.45	10/01/04 - 12/31/04	92	4%	0.010104808	0.07
6.52	01/01/05 - 03/31/05	90	4%	0.009911268	0.06
6.58	04/01/05 - 06/30/05	91	5%	0.012542910	0.08
6.66	07/01/05 - 09/30/05	92	5%	0.012681615	0.08
6.74	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.84	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
6.94	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
7.04	07/01/06 - 09/30/06	92	7%	0.017798686	0.13
7.17	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.30	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.43	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					$ 1.25

INTEREST ON TELEPHONE EXCISE TAX CREDIT AMOUNTS, BY PERIOD (CONTINUED)

FORM 8913, COLUMN (E), LINE 4

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 6.98	05/01/04 - 06/30/04	61	4%	0.006688572	$ 0.05
7.03	07/01/04 - 09/30/04	92	3%	0.007569177	0.05
7.08	10/01/04 - 12/31/04	92	4%	0.010104808	0.07
7.15	01/01/05 - 03/31/05	90	4%	0.009911268	0.07
7.22	04/01/05 - 06/30/05	91	5%	0.012542910	0.09
7.31	07/01/05 - 09/30/05	92	5%	0.012681615	0.09
7.40	10/01/05 - 12/31/05	92	6%	0.015236961	0.11
7.51	01/01/06 - 03/31/06	90	6%	0.014903267	0.11
7.62	04/01/06 - 06/30/06	91	6%	0.015070101	0.11
7.73	07/01/06 - 09/30/06	92	7%	0.017798686	0.14
7.87	10/01/06 - 12/31/06	92	7%	0.017798686	0.14
8.01	01/01/07 - 03/31/07	90	7%	0.017408410	0.14
8.15	04/01/07 - 06/29/07	90	7%	0.017408410	0.14
					$ 1.31

FORM 8913, COLUMN (E), LINE 5

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 7.31	08/01/04 - 09/30/04	61	3%	0.005012315	$ 0.04
7.35	10/01/04 - 12/31/04	92	4%	0.010104808	0.07
7.42	01/01/05 - 03/31/05	90	4%	0.009911268	0.07
7.49	04/01/05 - 06/30/05	91	5%	0.012542910	0.09
7.58	07/01/05 - 09/30/05	92	5%	0.012681615	0.10
7.68	10/01/05 - 12/31/05	92	6%	0.015236961	0.12
7.80	01/01/06 - 03/31/06	90	6%	0.014903267	0.12
7.92	04/01/06 - 06/30/06	91	6%	0.015070101	0.12
8.04	07/01/06 - 09/30/06	92	7%	0.017798686	0.14
8.18	10/01/06 - 12/31/06	92	7%	0.017798686	0.15
8.33	01/01/07 - 03/31/07	90	7%	0.017408410	0.15
8.48	04/01/07 - 06/29/07	90	7%	0.017408410	0.15
					$ 1.32

FORM 8913, COLUMN (E), LINE 6

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 7.31	11/01/04 - 12/31/04	61	4%	0.006688572	$ 0.05
7.36	01/01/05 - 03/31/05	90	4%	0.009911268	0.07
7.43	04/01/05 - 06/30/05	91	5%	0.012542910	0.09
7.52	07/01/05 - 09/30/05	92	5%	0.012681615	0.10
7.62	10/01/05 - 12/31/05	92	6%	0.015236961	0.12
7.74	01/01/06 - 03/31/06	90	6%	0.014903267	0.12
7.86	04/01/06 - 06/30/06	91	6%	0.015070101	0.12
7.98	07/01/06 - 09/30/06	92	7%	0.017798686	0.14
8.12	10/01/06 - 12/31/06	92	7%	0.017798686	0.14
8.26	01/01/07 - 03/31/07	90	7%	0.017408410	0.14
8.40	04/01/07 - 06/29/07	90	7%	0.017408410	0.15
					$ 1.24

INTEREST ON TELEPHONE EXCISE TAX CREDIT AMOUNTS, BY PERIOD (CONTINUED)

FORM 8913, COLUMN (E), LINE 7

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 7.31	02/01/05 - 03/31/05	59	4%	0.006486345	$ 0.05
7.36	04/01/05 - 06/30/05	91	5%	0.012542910	0.09
7.45	07/01/05 - 09/30/05	92	5%	0.012681615	0.09
7.54	10/01/05 - 12/31/05	92	6%	0.015236961	0.11
7.65	01/01/06 - 03/31/06	90	6%	0.014903267	0.11
7.76	04/01/06 - 06/30/06	91	6%	0.015070101	0.12
7.88	07/01/06 - 09/30/06	92	7%	0.017798686	0.14
8.02	10/01/06 - 12/31/06	92	7%	0.017798686	0.14
8.16	01/01/07 - 03/31/07	90	7%	0.017408410	0.14
8.30	04/01/07 - 06/29/07	90	7%	0.017408410	0.14
					$ 1.13

FORM 8913, COLUMN (E), LINE 8

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 6.57	05/01/05 - 06/30/05	61	5%	0.008390597	$ 0.06
6.63	07/01/05 - 09/30/05	92	5%	0.012681615	0.08
6.71	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.81	01/01/06 - 03/31/06	90	6%	0.014903267	0.10
6.91	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
7.01	07/01/06 - 09/30/06	92	7%	0.017798686	0.12
7.13	10/01/06 - 12/31/06	92	7%	0.017798686	0.13
7.26	01/01/07 - 03/31/07	90	7%	0.017408410	0.13
7.39	04/01/07 - 06/29/07	90	7%	0.017408410	0.13
					$ 0.95

FORM 8913, COLUMN (E), LINE 9

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 6.19	08/01/05 - 09/30/05	61	5%	0.008390597	$ 0.05
6.24	10/01/05 - 12/31/05	92	6%	0.015236961	0.10
6.34	01/01/06 - 03/31/06	90	6%	0.014903267	0.09
6.43	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
6.53	07/01/06 - 09/30/06	92	7%	0.017798686	0.12
6.65	10/01/06 - 12/31/06	92	7%	0.017798686	0.12
6.77	01/01/07 - 03/31/07	90	7%	0.017408410	0.12
6.89	04/01/07 - 06/29/07	90	7%	0.017408410	0.12
					$ 0.82

FORM 8913, COLUMN (E), LINE 10

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 6.19	11/01/05 - 12/31/05	61	6%	0.010077008	$ 0.06
6.25	01/01/06 - 03/31/06	90	6%	0.014903267	0.09
6.34	04/01/06 - 06/30/06	91	6%	0.015070101	0.10
6.44	07/01/06 - 09/30/06	92	7%	0.017798686	0.11
6.55	10/01/06 - 12/31/06	92	7%	0.017798686	0.12
6.67	01/01/07 - 03/31/07	90	7%	0.017408410	0.12
6.79	04/01/07 - 06/29/07	90	7%	0.017408410	0.12
					$ 0.72

INTEREST ON TELEPHONE EXCISE TAX CREDIT AMOUNTS, BY PERIOD (CONTINUED)

FORM 8913, COLUMN (E), LINE 11

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 6.19	02/01/06 - 03/31/06	59	6%	0.009745009	$ 0.06
6.25	04/01/06 - 06/30/06	91	6%	0.015070101	0.09
6.34	07/01/06 - 09/30/06	92	7%	0.017798686	0.11
6.45	10/01/06 - 12/31/06	92	7%	0.017798686	0.11
6.56	01/01/07 - 03/31/07	90	7%	0.017408410	0.11
6.67	04/01/07 - 06/29/07	90	7%	0.017408410	0.12
					$ 0.60

FORM 8913, COLUMN (E), LINE 12

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 5.46	05/01/06 - 06/30/06	61	6%	0.010077008	$ 0.06
5.52	07/01/06 - 09/30/06	92	7%	0.017798686	0.10
5.62	10/01/06 - 12/31/06	92	7%	0.017798686	0.10
5.72	01/01/07 - 03/31/07	90	7%	0.017408410	0.10
5.82	04/01/07 - 06/29/07	90	7%	0.017408410	0.10
					$ 0.46

FORM 8913, COLUMN (E), LINE 13

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 5.10	08/01/06 - 09/30/06	61	7%	0.011766192	$ 0.06
5.16	10/01/06 - 12/31/06	92	7%	0.017798686	0.09
5.25	01/01/07 - 03/31/07	90	7%	0.017408410	0.09
5.34	04/01/07 - 06/29/07	90	7%	0.017408410	0.09
					$ 0.33

FORM 8913, COLUMN (E), LINE 14

BASE AMOUNT	INTEREST PERIOD	DAYS IN PERIOD	INTEREST RATE	RATE FACTOR	INTEREST
$ 3.40	11/01/06 - 12/31/06	61	7%	0.011766192	$ 0.04
3.44	01/01/07 - 03/31/07	90	7%	0.017408410	0.06
3.50	04/01/07 - 06/29/07	90	7%	0.017408410	0.06
					$ 0.16

DEPRECIATION SCHEDULE
990, PART II, LINE 42

LAND, BUILDINGS AND EQUIPMENT ARE RECORDED AT COST. EXPENDITURES FOR ORDINARY MAINTENANCE AND REPAIRS ARE CHARGED TO OPERATIONS. RENEWALS AND BETTERMENTS THAT MATERIALLY EXTEND THE LIFE OF THE ASSET ARE CAPITALIZED. DEPRECIATION IS PROVIDED IN AMOUNTS NECESSARY TO ALLOCATE THE COST OF THE VARIOUS CLASSES OF ASSETS OVER THEIR ESTIMATED USEFUL LIVES USING THE STRAIGHT-LINE METHOD. ESTIMATED USEFUL LIVES OF ALL MAJOR CLASSES OF ASSETS ARE AS FOLLOWS:

BUILDINGS AND IMPROVEMENTS	20-40 YEARS
EQUIPMENT AND VEHICLES	5 YEARS
FURNITURE, FIXTURES AND EQUIPMENT	3-10 YEARS

REQUEST FOR TETR CREDIT

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2006 or other tax year beginning ________, 2006, and ending ________, ____

► **See separate instructions.**

OMB No. 1545-0687

2006

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

(☐ Check box if name changed and see instructions.)

NASHVILLE RESCUE MISSION
639 LAFAYETTE
NASHVILLE, TN 37203-7535

D **Employer identification number** (Employees' trust, see instructions for Block D.)
62-6018832

E **Unrelated business activity codes** (See instructions for Block E.)

C Book value of all assets at end of year 8,404,375.

F Group exemption number (See instructions for Block F.) . ►

G Check organization type . . . . . ► ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity.
►

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ► ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation . . . . ►

J The books are in care of ► DAVID SAGRAVES Telephone number . ► (615) 312-1540

Part I Unrelated Trade or Business Income

		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales . . .				
b Less returns and allowances . . . . c Balance ►	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule.)	12			
13 **Total.** Combine lines 3 through 12	13	0.	0.	0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			14	
15 Salaries and wages			15	
16 Repairs and maintenance			16	
17 Bad debts			17	
18 Interest (attach schedule)			18	
19 Taxes and licenses			19	
20 Charitable contributions (See instructions for limitation rules.)			20	
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23 Depletion			23	
24 Contributions to deferred compensation plans			24	
25 Employee benefit programs			25	
26 Excess exempt expenses (Schedule I)			26	
27 Excess readership costs (Schedule J)			27	
28 Other deductions (attach schedule)			28	
29 **Total deductions.** Add lines 14 through 28			29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	
31 Net operating loss deduction (limited to the amount on line 30)			31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	0.
33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)			33	
34 **Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	0.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ► ☐. **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): **(1)** $ **(2)** $ **(3)** $		
b	Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $ **(2)** Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ►	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ►	36	
37	**Proxy tax.** See instructions ►	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Check here and indicate which forms are attached: ☐ Form 3800 ☐ Form(s) (specify) ►	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	0.
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	**Payments:** A 2005 overpayment credited to 2006	44a			
b	2006 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for federal telephone excise tax paid (attach Form 8913)	44f	100.		
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ►	44g			
45	**Total payments.** Add lines 44a through 44g			45	100.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ►			47	
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ►			48	100.
49	Enter the amount of line 48 you want: **Credited to 2007 estimated tax** ► **Refunded** ►			49	100.

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

		Yes	No
1	At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ►		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see the instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ► $ 0.		

Schedule A — Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		**6**	Inventory at end of year	6	
2	Purchases	2		**7**	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a				**Yes**	**No**
b	Other costs (attach sch)	4b		**8**	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		
5	**Total.** Add lines 1 through 4b	5					

Sign Here

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

► Signature of officer Date ► Title

May the IRS discuss this return with the preparer shown below (see instructions)? X Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ►	Date	Check if self-employed X	Preparer's SSN or PTIN P00231119
Firm's name (or yours if self-employed), address, and ZIP code ►	FRASIER, DEAN & HOWARD, PLLC 3310 WEST END AVENUE, STE. 550 NASHVILLE, TN 37203	EIN 62-1073578	Phone no. (615) 383-6592

Schedule C — Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property

(1)	
(2)	
(3)	
(4)	

	2 Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	**3** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total		Total	
Total income. Add totals of columns 2(a) and 2(b). Enter here and on page1, Part I, line 6, column (A) . . . ►			**Total deductions.** Enter here and on page 1, Part I, line 6, column (B) . . . ►

Schedule E — Unrelated Debt-Financed Income (see instructions)

	1 Description of debt-financed property	**2** Gross income from or allocable to debt-financed property	**3** Deductions directly connected with or allocable to debt-financed property: **(a)** Straight line depreciation (attach sch)	**3 (b)** Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	**5** Average adjusted basis of or allocable to debt-financed property (attach schedule)	**6** Column 4 divided by column 5	**7** Gross income reportable (column 2 x column 6)	**8** Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals . . . ►					
Total dividends-received deductions included in column 8 . . . ►					

Schedule F — Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Exempt Controlled Organizations

	1 Name of Controlled Organization	**2** Employer Identification Number	**3** Net unrelated income (loss) (see instructions)	**4** Total of specified payments made	**5** Part of column 4 that is included in the controlling organization's gross income	**6** Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations

	7 Taxable Income	**8** Net unrelated income (loss) (see instructions)	**9** Total of specified payments made	**10** Part of column 9 that is included in the controlling organization's gross income	**11** Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).
Totals . . .					

Schedule G — Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	**2** Amount of income	**3** Deductions directly connected (attach schedule)	**4** Set-asides (attach schedule)	**5** Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals ►	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I — Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	**2** Gross unrelated business income from trade or business	**3** Expenses directly connected with production of unrelated business income	**4** Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	**5** Gross income from activity that is not unrelated business income	**6** Expenses attributable to column 5	**7** Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ►	Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J — Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	**2** Gross advertising income	**3** Direct advertising costs	**4** Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	**5** Circulation income	**6** Readership costs	**7** Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) **Totals from Part I**						
Totals, Part II (lines 1-5) ►	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K — Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	**2** Title	**3** Percent of time devoted to business	**4** Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14 ►			

Form **8913**

Department of the Treasury
Internal Revenue Service

Credit for Federal Telephone Excise Tax Paid

► **Attach to your income tax return.**

OMB No. 1545-XXXX

2006

Attachment Sequence No. **63**

Name(s) shown on your income tax return: NASHVILLE RESCUE MISSION

Identifying number: 62-6018832

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

	Amount of federal excise tax on long distance or bundled service only			
(a) Bills dated during:	**(b) Long distance service**	**(c) Bundled service**	**(d) Tax credit or refund (add columns (b) and (c))**	**(e) Interest** (see instructions)
1 March, April, and May of 2003	$	$	$ 6.31	$ 1.39
2 June, July, and August of 2003			6.31	1.33
3 September, October, and November of 2003			6.31	1.25
4 December of 2003; January and February of 2004			6.98	1.31
5 March, April, and May of 2004			7.31	1.32
6 June, July, and August of 2004			7.31	1.24
7 September, October, and November of 2004			7.31	1.13
8 December of 2004; January and February of 2005			6.57	0.95
9 March, April, and May of 2005			6.19	0.82
10 June, July, and August of 2005			6.19	0.72
11 September, October, and November of 2005			6.19	0.60
12 December of 2005; January and February of 2006			5.46	0.46
13 March, April, and May of 2006			5.10	0.33
14 June and July of 2006			3.40	0.16
15 Add lines 1 - 14 in columns (d) and (e)			$ 86.94	$ 13.01
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns ►				$ 100.