Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury internal Revenue Service

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

Open to Public
Inspection

Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1b) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 11 Other revenue (from Part VII, line 103) 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation).	Ā	For the	e 2007 calendar year, or tax year beginning ULY 1 , 2007, and	ending JUN	E 30 , 2008
Address Camps Name change Professor Name and active for 10 bas x mail an ordivered to street address Roomstulke E Telephone number Specific Corp. See 29 N. FOWILKES STREET, SUITE 151 Specific Corp. See 29 N. FOWILKES STREET, SUITE 151 Specific Corp. See 29 N. FOWILKES STREET, SUITE 151 Specific Corp. See 29 N. FOWILKES STREET, SUITE 151 Specific Corp. See 29 N. FOWILKES STREET, SUITE 151 Specific Corp. See 29 N. FOWILKES STREET, SUITE 151 Specific Corp. See 29 N. FOWILKES STREET, SUITE 151 Specific Corp. See 29 N. FOWILKES STREET, SUITE 151 Specific Corp. See 29 N. FOWILKES STREET, SUITE 151 Specific Corp. See 29 N. FowIlk and the completed schedule A (rom 590 or 590-EZ). Holl if the agroup relicing to street Corp. See 29 N. FowIlk and the completed schedule A (rom 590 or 590-EZ). Holl if the agrociation to see 29 N. FowIlk and the see 29 N. FowIlk and t	В	heck if a	colcable Please C Name of organization		• •
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Application pending Section 501(p(1)) organizations and 4947(a)(1) nonzempt charitable Hard I ser not applicable to section 527 organizations trusts must attach a completed Schedule A (Form 990 or 990-E2). Hard I set its a group return foliate ? Yes No (MB) if Yes, reinter number of affiliates > Help I set its a group return foliate ? Yes, with the programment of affiliates > Help I yes, reinter number of yes, long and a section of affiliates > Help I yes, reinter number of number of number	=	-	Lons LDANKITH TN 37064		
Website: >	=		in pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable		
Organization type (check only one)		- 1	trusts must attach a completed Schedule A (Form 990 or 990-EZ).		
J Organization type (check only one) ► Solici (3) < (insert no.) □ 447(a)(1) or □ 527 K Check here ► □ if the organization is not a 599(a)(3) supporting organization and its gross treects at ormality not more than \$25,000 in Fations in the organization chooses to the session. Desire to the a complete return. Gross receipts Add lines \$6, 80, 9b, and 10b to line 12 ► 351, 490 L Gross receipts Add lines \$6, 80, 9b, and 10b to line 12 ► 351, 490 T Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) Total (add lines 1a through 1d) (cash \$50, 80, 90, 90, 90, 90, 90, 90, 90, 90, 90, 9	G	Website	: ▶		
K Check here ▶		Oroaniz	ation have (check only one) > [V] 501(c) (3) 4 (insert no.) [4947(a)(1) or [527]		
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17 Total expenses. Add lines 16 and 44, column (A)	9	15			15
	ù		Payments to affiliates (attach schedule)		
18 Excess or (deficit) for the year. Subtract line 17 from line 12	_		Total expenses. Add lines 16 and 44, column (A)		
Net assets or fund balances at beginning of year (from line 73, column (A))		18	Excess or (deficit) for the year. Subtract line 17 from line 12		25.500
20 Other changes in net assets or fund balances (attach explanation)	Š	19	· · · · · · · · · · · · · · · · · · ·	(A))	
2:21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	•	20	Other changes in net assets or fund balances (attach explanation)		
	_	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21 65,186

	Do not include amounts reported on line 6b, 8b. 9b. 10b, or 16 of Part I.	gri j	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule)				不是	
	(cash \$)	220	0			
	If this amount includes foreign grants, check here	22a				
	Other grants and allocations (attach schedule) (cash \$)					
	If this amount includes foreign grants, check here	22b	156,398	156,398		
	Specific assistance to individuals (attach					
	schedule)	23	0			
4	Benefits paid to or for members (attach		0			
	schedule)	24				10 Art 3 Art 10 Art
5a	Compensation of current officers, directors,	25a	o			
L	key employees, etc. listed in Part V-A	254				
D	key employees, etc. listed in Part V-B	25b	0			
_	Compensation and other distributions, not			-		
U	included above, to disqualified persons (as					ŀ
	defined under section 4958(f)(1)) and persons		ا		•	
	described in section 4958(c)(3)(B)	25c	0			<u> </u>
6	Salaries and wages of employees not included	26	120,806	120,806		
_	on lines 25a, b, and c	26	120/000	120/000		
7	Pension plan contributions not included on lines 25a, b, and c	27	0			
8	Employee benefits not included on lines					
U	25a – 27	28	8,321	8,321		
9	Payroll taxes	29	8,927	8,927		
0	Professional fundraising fees	30	0		1-600	
1	Accounting fees	31	1,600		1,600	
2	Legal fees	32	0 10,197	9,219	978	
3	Supplies	33	6,112	· · · · · · · · · · · · · · · · · · ·		_ 2
4	Telephone	35	3,205			
5 6	Postage and shipping	36	8,000			
7	Occupancy	37	251		251	
8	Printing and publications	38	0			
9	Travel	39	4,479			<u> </u>
0	Conferences, conventions, and meetings	40	500		762	1
1	Interest	41	762 278		278	!
2	Depreciation, depletion, etc. (attach schedule)	42	270		270	7
3	Other expenses not covered above (itemize): Dues	43a	3,187	3,187	•	1
a b	Professional services	43b	40.000			
c	Insurance	43c	1,287		1,28	7
d	Contract services	43d	2,519		2,51	9
е		43e	0	<u> </u>		
f		43f	0			<u> </u>
g		43g	0		<u> </u>	
4	Total functional expenses. Add lines 22a			1		
	through 43g (Organizations completing					
	columns (B)-(D), carry these totals to lines 13-15)	44	347,049	337,495	9,55	4
10:-	nt Costs. Check ► 🄀 if you are following SOI			3311=30	, ,,,,,	- 1
∤te ∤oit	any joint costs from a combined educational campaigr	and fu	Indraisino solicitatio	n reported in (B) P	rogram services?	► ☐ Yes 5
	es," enter (i) the aggregate amount of these joint cos					

 ~	_	~ .	Accomplishments			
Statamant at	Llroarom.	Comicoo	A a a a m m li a h m a n t a	16.00	dha inate	

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
programs and accomplishments

٧h	nat is the organization's primary exempt purpose? ASSISTING MENTALLY RETARDED IN	Program Service
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses (Required for 501(s)(3) and
	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) ergs., and 4947(a)(*) trusts; but optional for
	anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	tithers)
а	PROVIDING SOCIAL AND RECREATIONAL ACTIVITIES FOR ADULTS WITH	
	MENTAL RETARDATION AND PROVIDING A SUPPORT GROUP FOR PARENTS	}
	OF CHILDREN WITH MENTAL RETARDATION.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	337,495
b		
	***************************************	1
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
С		
		Ì
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶]
d		
	(Grants and allocations S) If this amount includes foreign grants, check here ▶ [ור
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [ור
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	337,495

Form 990 (2007)

Pa	rt IV	Balance Sheets (See the instructions.	.)				
N	ote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within t	he description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			31,496		11,952
	46	Savings and temporary cash investments .			12,192	46	12,534
		Accounts receivable	47a 47b	20,838	13,972	47c	20,838
		Pledges receivable	48a 48b	19,250	18,500	48c	19,250
	49	0				49	
		Receivables from current and former officers, key employees (attach schedule)	, direct	ors, trustees, and		50a	
		Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section 495			NAPI.	50b	
Assets		Other notes and loans receivable (attach schedule)	51a			51c	0
		Inventories for sale or use				52	
	53				1,600	53	
	I	Investments—publicly-traded securities		Cost FMV		54a	
	1	Investments—other securities (attach schedu		Cost FMV		54b	
	1	Investments—land, buildings, and	,			1	
	i	equipment: basis	55a			- 3	
	b	Less: accumulated depreciation (attach schedule)	55b			55c	0
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis .	57a	7,517			
	b	Less: accumulated depreciation (attach schedule)	57b	6,905	890	57c	612
	58	Other assets, including program-related inve			1 250) 50	
	50	(describe ► DEPOSITS	1,250 79,900		65,186		
	59	Total assets (must equal line 74). Add lines			4,36		03,100
	60	Accounts payable and accrued expenses .			.,,,,	61	
	61	Grants payable	• •			62	
ιn.	62	Deferred revenue					
Liabilities	63	Loans from officers, directors, trustees, and schedule)				63 64a	
<u> </u>	64a	Tax-exempt bond liabilities (attach schedule				64b	
	1	o Mortgages and other notes payable (attach Other liabilities (describe ►				65	
	65			· · · · · · · · · · · · · · · · · · ·	4,36		
	,	panizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74.				1	
8	67	Unrestricted			57,03	3 67	45,936
2	68	Temporarily restricted			18,50	0 68	19,250
25	69	Permanently restricted				69	
<u>ر</u>	09	ganizations that do not follow SFAS 117, chec					-5
u.	Org	complete lines 70 through 74. Capital stock, trust principal, or current fund				70	/h
٥	70	Paid-in or capital surplus, or land, building,				71	·· ·
Ċ	71	Retained earnings, endowment, accumulate				72	
Not Accote or Find Balances	72	Total net assets or fund balances. Add lin 70 through 72. (Column (A) must equal line	nes 67	through 69 or lines			्य १४ - ३ - १
2	2	equal line 21)			75,53		
	74		ces. A	dd lines 66 and 73	79,90	0 74	4 65,186

Pa	rt IV-A Reconciliation of Revenue per Auc instructions.)	lited Financial Statem	ents With Reve	enue per Return (See the
a b 1 2 3 4	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line Net unrealized gains on investments	12:	b1 b2 b3	a	336,702
c d 1 2	Add lines b1 through b4	ne. a:	d1 d2	b	336,702
6	Add lines d1 and d2			d	336,702
	rt IV-B Reconciliation of Expenses per Au				
a	Total expenses and losses per audited financial s			а	347,049
b 1 2 3 4	Amounts included on line a but not on Part I, line Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify):	e 17:	b1 b2 b3		
c d 1 2	Amounts included on Part I, line 17, but not on li Investment expenses not included on Part I, line Other (specify):	ne a: 6b	d1 d2	b c	347,049 0
e Pa	Total expenses (Part I, line 17). Add lines c and lirt V-A Current Officers, Directors, Trustee	s, and Key Employees	(List each person	► e n who was an officer	
	or key employee at any time during the ye (A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	
SE	E ATTACHED LISTING	week devoted to position	-0)	compensation plans	
			0	C	0
		••			
		·-			

Pao	e	(

Par	V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)			Yes	age o
75a	Enter the total number of officers, directors, and trumeetings	ustees permitted to vot	e on organization	business at board 6			NO
b	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated pro- II-B, related to each	rofessional and o	hest compensated other independent	75b		er M
	Do any officers, directors, trustees, or key of compensated employees listed in Schedule A. Independent contractors listed in Schedule A. Independent contractors listed in Schedule A. Independent contractors listed in Schedule A. Independent contractors, whether tax exempt or taxable, that the definition of related organization." If "Yes," attach a statement that includes the information of the information o	employees listed in Part I, or highest co Part II-A or II-B, receit are related to the or	Form 990, Parimpensated profesive compensation? See	V-A, or highest ssional and other on from any other	75c		X
	V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That I	Received Comper	escribed below) during	the ve	ear. Iis	ormer at that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E)	Expension and o	other
NON	E						
			:				
					+		
						,	
		-		11-1-			
Par	VI Other Information (See the instruction	ns)				Yes	No
76	Did the organization make a change in its activition detailed statement of each change	es or methods of con			7 6		X
77	Were any changes made in the organizing or go If "Yes," attach a conformed copy of the changes	3.			77	1. Th	À.
	Did the organization have unrelated business grathis return?		or more during t	he year covered by	78a		X
79	Was there a liquidation, dissolution, termination, a statement	•	ion during the ye	ar? If "Yes," attach	79		Х
	Is the organization related (other than by associ common membership, governing bodies, trust organization?	ees, officers, etc., to	any other exer	mpt or nonexempt	80a		X
	Enter direct and indirect political expenditures. (Solid the organization file Form 1120-POL for this	and check whether i See line 81 instruction	t is exempt s.) <u>81a</u>	or nonexempt	 . 81b		

Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		_ <u>X_</u>
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.)		i Asi	÷
832	(See instructions in Part III.)	83a	X	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	() 94 2140		12
С	Dues, assessments, and similar amounts from members	37.5		1 :
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	3 5.		*
	Taxable amount of lobbying and political expenditures (line obditess 65e)	85q	1002	3
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	33.5°	r roger	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a	A. 100 图 150		
b	Gross receipts, included on line 12, for public use of club facilities		. 60	1
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	5 14		
b	Gross income from other sources. (Do not net amounts due or paid to other	X	1.1	
	sources against amounts due or received from them.)	**		
	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	925	Х
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	1002	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 12	
	persons during the year under sections 4912, 4955, and 4958	1,28	i was	,
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	89e		X
	transaction? All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Σ
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the		-	
g	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	890		X
90a	List the states with which a copy of this return is filed NONE			• • • • • • •
t	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			
91a	The books are in care of ➤ SHARON BOTTORFF Located at ➤ 129 W. FOWLKES STR., ZIP + 4 ➤ 37064	90-	581	<u>5</u>
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		[C)-	
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial	64		s No X
	account)?	. 91	D 22 (42)3±	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	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.			
	and i monoral recooning.			

	90 (2007)						Page 8
Part	VI Other Information (continued)						Yes No
С	At any time during the calendar year, did the	organization maint	ain an office o	outside of the	Inited States?	91c	
	if res, enter the name of the foreign country	•					
92	Section 4947(a)(1) nonexempt charitable trust	s filing Form 990 i	in lieu of Forn	1041—Chec	k here		▶□
	and enter the amount of tax-exempt interest re	eceived or accrued	d during the ta	x year	▶ 92	• •	
Part	VII Analysis of Income-Producing Ac	tivities (See the	instructions.)			
Note:	Enter gross amounts unless otherwise	Unrelated bus	siness income	Excluded by sect	ion 512, 513, or 514		(E)
indica		(A)	(B)	_ (C)	(D)		elated or opt function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount		income
a		_					
b		-		<u> </u>		<u> </u>	
C		-		 			
d		-			<u> </u>	ـــــ	
ę		-		- 		Ļ	
f	Medicare/Medicaid payments			 		<u> </u>	
9	Fees and contracts from government agencies			 		<u> </u>	
94	Membership dues and assessments			- 		<u> </u>	
95	Interest on savings and temporary cash investments	3		<u> </u>		<u> </u>	
96	Dividends and interest from securities		ait Milatons In the			300	S. Commercial collisions and
97	Net rental income or (loss) from real estate:			, M e		TA.	
а	debt-financed property					ļ +	
þ	not debt-financed property		·	<u> </u>	·	<u> </u>	
98	Net rental income or (loss) from personal property					<u> </u>	
99	Other investment income		_	ļ <u>.</u>		<u> </u>	
100	Gain or (loss) from sales of assets other than inventory	<i>'</i>			· 	 	
101	Net income or (loss) from special events .					 	
102	Gross profit or (loss) from sales of inventory					↓	
103	Other revenue: a	_				 	
b		_			···	-	
С		_				—	
d		_				 	
е						<u> </u>	
104	Subtotal (add columns (B), (D), and (E)) .				. 0	<u> </u>	
105	Total (add line 104, columns (B), (D), and (E))						0
	Line 105 plus line 1e, Part I, should equal the						· · · · · · · · · · · · · · · · · · ·
Part	Relationship of Activities to the Ac	complishment o	f Exempt Pui	poses (See ti	ne instructions.		
Line					mportantly to the	accom	plishment
	of the organization's exempt purposes (oth	er than by providing	g funds for such	purposes).			
			· · · · · · · · · · · · · · · · · · ·				
	1	 					
Part			regarded Ent	ities (See the	instructions.)		/F)
	Name, address, and EiN of corporation, partnership, or disregarded entity or	(B) Percentage of wnership interest	(C Nature of		(D) Total income	Er	(E) nd-of-year _assets
		%				<u> </u>	
					i		

Little	information Regarding Taxable	Subsidiaries and Disi	egarded Entitles (See the	a instructions.)	
	(A) address, and EiN of corporation, rtnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
		%			
		%			
		%			
		%			
Part X	Information Regarding Transfers	Associated with Perso	nal Benefit Contracts (Sec	the instructions.)	

ган	^	morniau	on ivedarami	g manaicia Aa	SOCIATED WILL	i i ciadnai	Denent	Contracts	OSE INC	11130 000
(-1	Did the	organization	during the year	raccina any funda	directly or indir	actly to nav	nramiume i	an a norconal	hanofit co	ntract?

(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
No	te: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		

Par	t XI Information Regarding T is a controlling organization	Transfers To and Fron	n Controlled Entities. Con 512(b)(13).	complete only if the organization
106	Did the reporting organization mathe Code? If "Yes," complete the	ke any transfers to a con schedule below for each o	trolled entity as defined in	section 512(b)(13) of X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a 				
b 		·		
С				
	Totals			
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"			
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
108	Did the organization have a bindi rents, royalties, and annuities des			vering the interest,
Plea Sign	and belief, it is true, correct, and complete Signature of officer	I have examined this return, include Declaration of preparer (other	er than officer) is based on all info	I statements, and to the best of my knowledge mation of which preparer has any knowledge Date
	Type or print name and title	10110177	Date Check if	Property SEN - STINGER S
•	Preparer's signature John Frm's name (or yours JOHN F	R POOLE, CPA	10.31.08 self- employed	Preparer's SSN or PTIN (See Gerains: ► ▼ 410-11-0617
Use (IRIV . if soil ampleused)	ORTHLAKE DRIVE,		Phone no ► 615.822.4177

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

		62-6019147	
			ind Trustees
(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deterred compensation	(e) Expense account and other allowances
••			
> 0			
	Contractors for	Professional Se	rvices
for paid more than \$50,000	· · · · · · · · · · · · · · · · · · ·	·	(c) Compensation
***********************	1		

	· -		ľ
,			
·			
> 0			
rmed services other than	professional ser		iividuals or
tor paid more than \$50,000		e of service	(c) Compensation
	••		
			:
			
			1
*******************			i
	List each one. If there a (b) Title and average hours per week devoted to position Ohest Paid Independent ist each one (whether indivor paid more than \$50,000 Inhest Paid Independent med services other than None." See page 2 of the	List each one. If there are none, enter " (b) Title and average hours per week devoted to position O hest Paid Independent Contractors for ist each one (whether individuals or firms). For paid more than \$50,000 (b) Type O thest Paid Independent Contractors for med services other than professional sendone." See page 2 of the instructions.)	hest Paid Employees Other Than Officers, Directors, a List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deterred compensation (e) Compensation (f) Contributions to employee benefit plans & deterred compensation (g) Compensation (hest Paid Independent Contractors for Professional Sets each one (whether individuals or firms). If there are none, each or paid more than \$50,000 (b) Type of service (c) Compensation (d) Contributions to employee benefit plans & deterred compensation (d) Contributions to employee benefit plans & deterred compensation (d) Contributions to employee benefit plans & deterred compensation (d) Contributions to employee benefit plans & deterred compensation (d) Contributions to employee benefit plans & deterred compensation (e) Compensation (f) Compensation (d) Contributions to employee benefit plans & deterred compensation (d) Contributions to employee benefit plans & deterred compensation (e) Compensation (f) Compensation (d) Contributions to employee benefit plans & deterred compensation (e) Compensation (f) Compensation (g) Contributions to employee benefit plans & deterred compensation (heart Paid Independent Contractors for Professional Set year of the plans & deterred compensation (heart Paid Independent Contractors for Other Services med services other than professional services, whether indicate the plans & deterred compensation (heart Paid Independent Contractors for Other Services med services other than professional services, whether indicate the plans & deterred compensation (heart Paid Independent Contractors for Other Services med services other than professional services, whether indicate the plans & deterred compensation (heart Paid Independent Contractors for Other Services med services other than professional services of the plans & deterred compensation (heart Paid Independent Contractors for Other Services med services of the

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		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.)		
а	Sale, exchange, or leasing of property?	 	<u> </u>
b	Lending of money or other extension of credit?	<u> </u>	Х
С	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	-	X
e	Transfer of any part of its income or assets?	 	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.)		<u> </u>
b	Did the organization have a section 403(b) annuity plan for its employees?		X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<u> </u> -	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3c	-	X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	+-	X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	:]	<u> x</u>
d	Enter the total number of donor advised funds owned at the end of the tax year		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		 • •••••••••••••••••••••••••••••••
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

5	A church, convention of churches, A school Section 170(b)(1)(A)(ii). A hospital or a cooperative hospital A federal, state, or local government A medical research organization of and state An organization operated for the be (Also complete the Support School An organization that normally receing 170(b)(1)(A)(vi). (Also complete the	(Also complete Parallel service organization of a college of dule in Part IV-A.)	churches. Section 170(b) art V.) ation. Section 170(b)(1)(atal unit. Section 170(b)(1)ction with a hospital. Section university owned or operant of its support from a general section and support from a general section.	b)(1)(A)(i). A)(iii).)(A)(v). tion 170(b)(1)(A	A)(iii). Enter the	Section 170(b)(1)(A)(iv)
6	A school Section 170(b)(1)(A)(ii). A hospital or a cooperative hospital of a cooperative hospital of federal, state, or local government of the decidate state. A medical research organization of and state. An organization operated for the beginning to the decidate of the Support School of the organization that normally received.	(Also complete Parallel (Also complete Parallel (Also complete Parallel (Also conjunction)) A perated in conjunction (Also college of a college of a college of alle in Part IV-A.) The perated in conjunction (Also college of a college of alle in Part IV-A.)	art V.) ation. Section 170(b)(1)(all unit. Section 170(b)(1) ction with a hospital. Section university owned or operator of its support from a general control of the support from a general control of its support from a general of its support from a general control of its support from a general control its support from a general c	A)(iii).)(A)(v). tion 170(b)(1)(A	ernmental unit.	Section 170(b)(1)(A)(iv)
7	A hospital or a cooperative hospital A federal, state, or local government of the federal research organization of the beginning of the beginning of the Support Scheool An organization that normally received the support scheool organization that normally received the support scheool organization that normally received.	al service organization or government perated in conjugations of a college of the in Part IV-A.)	ation. Section 170(b)(1)(at unit. Section 170(b)(1)ction with a hospital. Section university owned or operant of its support from a general control of the support from a general control of the support from a general control of its support from a general contro)(A)(v). tion 170(b)(1)(A	ernmental unit.	Section 170(b)(1)(A)(iv)
9 🗍	A federal, state, or local government A medical research organization of and state An organization operated for the beginning the support Scheol An organization that normally receives	perated in conjunctions of a college college in Part IV-A.)	tal unit. Section 170(b)(1 ction with a hospital. Section with a hospital section of the control)(A)(v). tion 170(b)(1)(A	ernmental unit.	Section 170(b)(1)(A)(iv)
9 🗍	A medical research organization of and state An organization operated for the be (Also complete the Support Sched	perated in conjunctions of a college of a college of a live in Part IV-A.)	or university owned or ope	tion 170(b)(1)(A	ernmental unit.	Section 170(b)(1)(A)(iv)
10 🗆	An organization operated for the be (Also complete the Support Sched An organization that normally recei	enefit of a college of the in Part IV-A.)	or university owned or ope part of its support from a g	erated by a gove	ernmental unit.	Section 170(b)(1)(A)(iv)
	(Also complete the Support Sched An organization that normally recei	fule in Part IV-A.) ves a substantial p	part of its support from a g			
44 55				governmental u	init or from the g	
			lule in Part IV-A.)	-		general public. Section
11b 🗀	A community trust. Section 170(b)	(1)(A)(vi). (Also c	omplete the Support Sc	hedule in Part	: IV-A.)	
-	An organization that normally receifrom activities related to its charital from gross investment income an organization after June 30, 1975.	ble, etc., functions d unrelated busin	s—subject to certain exceess taxable income (les	eptions, and (2 s section 511 t	t) no more than tax) from busin	n 33%% of its support esses acquired by the
	An organization that is not control requirements of section 509(a)(3).					d otherwise meets the
	☐ Type II	□Туре	III-Functionally Integrate	ed \square	Type III-Other	r
	Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the instr	uctions.)
Name(s	(a) 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?		(e) Amount of support
				Yes	No	
Total .	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · ·	<u>, , , ▶ </u>	

Schedule A (Form 990 or 990-EZ) 2007

Par Note	t IV-A Support Schedule (Complete only You may use the worksheet in the instructions	r if you checked a	box on line 10,	11, or 12.) Use of	cash method of	f accounting.
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(-) T!
15	Gifts, grants, and contributions received. (Do	(4) 2000	(8) 2003	(0) 2004	(u) 2003	(e) Total
	not include unusual grants. See line 28.)	298,465	307,353	272,932	156 727	,035,477
16	Membership fees received .	2307103	307,333	805	270	1,075
17	Gross receipts from admissions, merchandise			003		1,0/5
	sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	965		2,899	935	4,799
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	523	715	225	132	
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		i			0
23	Total of lines 15 through 22	299,953	308,068	276,861	158,064	1,042,946
24	Line 23 minus line 17	298,988	308,068	273,962	157,129	1,038,147
25	Enter 1% of line 23	3,000	3,081	2,769	1,581	. Lat
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24 .	. ▶ 26	20,763
c d	Prepare a list for your records to show the nan governmental unit or publicly supported organiz amount shown in line 26a. Do not file this list w Total support for section 509(a)(1) test: Enter I Add: Amounts from column (e) for lines: 18	ation) whose total rith your return. E ine 24, column (e 1, 595	gifts for 2003 the Enter the total of a)	rough 2006 exceed all these excess and these excess and the excess	eded the mounts ► 26 ► 26 26	cl,038,147
	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numer	ator) divided by	line 26c (denom	ninator))	▶ 26	99.85%
27	Organizations described on line 12: a Fe person," prepare a list for your records to show Do not file this list with your return. Enter t	the name of, and t he sum of such a	otal amounts recommounts for each	eived in each yea year:	r from, each "dis	qualified per son."
b	(2006) (2005) For any amount included in line 17 that was received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2006) (2005)	ived from each per year, that was mon 5 through 11b, as we the larger amount	son (other than "d re than the larger well as individuals. t described in (1)	lisqualified person of (1) the amount) Do not file this or (2), enter the	s"), prepare a list on line 25 for the list with your ref sum of these diff	t for your records to e year or (2) \$5,000 turn. After computing ferences (the excess
С	Add: Amounts from column (e) for lines: 15		16		▶ 27	/c
d	Add: Line 27a total			· · ·		'd
e	Public support (line 27c total minus line 27d to				▶ 27	'e
f	Total support for section 509(a)(2) test: Enter				- 10.00	
q	Public support percentage (line 27e (numer					/g %
h h					· · · · —	7h %
28	Unusual Grants: For an organization describ	ed in line 10, 11	or 12 that recei	ived any unusual	grants during	2003 through 2006
-0	prepare a list for your records to show, for ear description of the nature of the grant. Do not	ach year, the nam	ne of the contribu	utor, the date and	d amount of the	grant, and a brief

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

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes No
	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
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31
	Does the organization maintain the following:	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b
С	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
е	Educational policies?	33e
f	Use of facilities?	33f
g	Athletic programs?	33g
h	Other extracurricular activities?	33h
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	
		82
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?	346
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

hec	(To be completed ONLY by an if the organization belongs to an affilia					d control* r	provisions apply.
711001	Limits on Lobbyi		<u> </u>	ou checked a	Affiliat	(a) ed group	(b) To be completed for all electing
	(The term "expenditures" mean	is amounts paid o	r incurred.)		to	itals	organizations
6	Total lobbying expenditures to influence public	opinion (grassroot	s lobbying) .	36	5		
17	Total lobbying expenditures to influence a legis			37	7		
8	Total lobbying expenditures (add lines 36 and 3	37)		38	В		!
9	Other exempt purpose expenditures			1			
10	Total exempt purpose expenditures (add lines 3	38 and 39)		40	0	is cancer	No. 444 Marian
1	Lobbying nontaxable amount. Enter the amount	from the followin	g tabl e—		•		
		obbying nontaxa		E-c-C-s			
	Not over \$500,000			1.35			
	Over \$500,000 but not over \$1,000,000 . \$100,0	•					On the second
	Over \$1,000,000 but not over \$1,500,000 . \$175,0				1	SUPER TO SERVICE	Manager 1
	Over \$1,500,000 but not over \$17,000,000 \$225,0			Park.	a au	-	
_		0,000		1 .	(Markey SE)		Harry Harris
12	Grassroots nontaxable amount (enter 25% of li	•		\cdots	3		
13	Subtract line 42 from line 36. Enter -0- if line 4			· · ·	4		
4	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than line	e 38	275	30 C. C.	5 3 5 T.C	SATATION SALES SA
	Caution: If there is an amount on either line 43	3 or line 44. vou n	nust file Form 47.	20.	* ****		
		eraging Period	-		111111111111111111111111111111111111111	47-4-	
	(Some organizations that made a section				the five c	olumns he	elow
	See the instructions f					Diaming De	51011.
		·					
		Lob	bying Expenditu	res During 4	-Year Ave	eraging P	eriod
			bying Expenditu	τ	-Year Ave		
	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	Calendar year (or fiscal year beginning in) ►			τ			
	fiscal year beginning in) ▶	(a)	(b)	(c)		(d)	(e)
45	• •	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	(a)	(b)	(c)		(d)	(e)
45 46	fiscal year beginning in) ► Lobbying nontaxable amount	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ► Lobbying nontaxable amount	(a)	(b)	(c)		(d)	(e)
46	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	(a)	(b)	(c)		(d)	(e)
46 47	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	(a)	(b)	(c)		(d)	(e)
16	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	(a)	(b)	(c)		(d)	(e)
46 47 48	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	(a) 2007	(b)	(c)		(d)	(e)
46 47 48	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	(a) 2007	(b)	(c)		(d)	(e)
46 47 48 49	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	(a) 2007	(b) 2006	(c)		(d)	(e)
46 47 48 49	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonele	(a) 2007	(b) 2006	(c) 2005		(d) 2004	(e) Total
46 47 48 49	fiscal year beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	(a) 2007	(b) 2006	(c) 2005		(d) 2004	(e) Total
46 47 48 49 50 Pa	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	(a) 2007 ecting Public Cations that did	(b) 2006 Charities not complete Fate or local legisl	(c) 2005 Part VI-A) (S	ee page	(d) 2004	(e) Total
146 17 148 149 Pa	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activity by Nonele (For reporting only by organize)	(a) 2007 ecting Public Cations that did	(b) 2006 Charities not complete Fate or local legisl	(c) 2005 Part VI-A) (S	ee page	(d) 2004 14 of th Yes No	(e) Total ne instructions Amount
146 147 148 149 150	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	(a) 2007 ecting Public Cations that did	(b) 2006 Charities not complete Fate or local legisl	(c) 2005 Part VI-A) (S	ee page	(d) 2004 14 of th Yes No	(e) Total ne instructions Amount
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46 47 48 50 Pa Duri atter	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures **IVI-B** Lobbying Activity by Nonele (For reporting only by organizing the year, did the organization attempt to influence public opinion on a legislative in Volunteers Paid staff or management (Include compensate)	ecting Public Cations that did	Charities not complete F ate or local legislum, through the understanding the unders	Part VI-A) (S ation, including use of:	ee page	14 of th Yes No X X X X	ne instructions Amount
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Par	t VII			ansfers To and Transac e page 14 of the instruction		hips With Noncharitable
51		e reporting organ	ization directly or in	ndirectly engage in any of the fo (c)(3) organizations) or in section	llowing with any other org	organizations?
а	Transf	ers from the repo	orting organization to	o a noncharitable exempt organi	zation of:	Yes No
	(i) C	ash , , , .				51a(i) X
	(ii) C	Other assets				a(ii) X
b	Other	transactions:				
	(i) S	ales or exchange	es of assets with a r	noncharitable exempt organization	on	b(i) X
	(ii) P	urchases of asse	ets from a noncharit	able exempt organization		b(ii) X
	(iii) R	lental of facilities,	equipment, or othe	er assets		b(iii) X b(iv) X
						b(v) X
				nip or fundraising solicitations		b(vi) X
С				s, other assets, or paid employe	es	<u>c X</u>
d	goods,	other assets, or	r services given by	complete the following schedule. (the reporting organization. If the column (d) the value of the goods	e organization received les	s than fair market value in any
(a Line		(b) Amount involved	Name of nonch	(c) naritable exempt organization	Description of transfers, trans	(d) sactions, and sharing arrangements
	1					
-	1					
	1					
	— <u>—</u>					

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			1		<u> </u>	
	descr	ibed in section 56 s," complete the	•	offiliated with, or related to, one other than section 501(c)(3)) or in	• •	▶ ☐ Yes ⊠ No
		(a) Name of organi	zation	(b) Type of organization	Descripti	(c) ion of relationship
-						
-						
					 	
				-	ļ 	