## **990**

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service For the 2007 calendar year, or tax year beginning . 2007, and ending 20 D Employer Identification number C Name of organization B Check if applicable: Please use IRS TENNESSEE COALITION AGAINST DOM. 58-1632437 Address change label or Number and street (or P.O. box if mail is not delivered to street address) print or Room/suite E Telephone number □ Name change type, P. O. BOX 120972 615.386.9406 Initial return See Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash Termination Instructions. NASHVILLE, TN 37212 Other (specify) > Amended return H and I are not applicable to section 527 organizations. Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H(a) Is this a group return for affiliates? Yes X No. trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ▶ H(c) Are all affiliates included? Yes X No J Organization type (check only one)  $\blacktriangleright$   $\boxtimes$  501(c) ( 3) $\blacktriangleleft$  (insert no.)  $\square$  4947(a)(1) or  $\square$  527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an K Check here ► [ ] if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? Yes X No 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. Group Exemption Number ▶ Check ► ☐ if the organization is not required 1,721,410 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 1a 42,892 1b b Direct public support (not included on line 1a) 111,215 c Indirect public support (not included on line 1a) . . . 1c 489,776 1d d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ noncash \$ 1,643,883 16 2 60, 92 Program service revenue including government fees and contracts (from Part VII, line 93) 14,9053 Membership dues and assessments . . . . . 3 4 652 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a 6b Less: rental expenses . . . . . . . . . 0 Net rental income or (loss). Subtract line 6b from line 6a 6c Other investment income (describe > 7 (A) Securities (B) Other 8a Gross amount from sales of assets other 8a than inventory . . . . . . . . . 8b b Less: cost or other basis and sales expenses. 8c 0 c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . . . 0 8d Special events and activities (attach schedule). If any amount is from gaming, check here ightharpoonupa Gross revenue (not including \$ contributions reported on line 1b) . . . . . . . . 9a b Less: direct expenses other than fundraising expenses 9Ъ 0 c Net income or (loss) from special events. Subtract line 9b from line 9a 9c 10a Gross sales of inventory, less returns and allowances . . . |10a b Less: cost of goods sold . . . . . . . . . . . . . . . . . 10b Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 1,04911 Other revenue (from Part VII, line 103) 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 1,721,410 12 1,593,091 Program services (from line 44, column (B)) 13 13 Expenses 99,035 14 Management and general (from line 44, column (C)) 14 5,140 15 Fundraising (from line 44, column (D)) . . . 15 16 Payments to affiliates (attach schedule) . . . 16 17 Total expenses. Add lines 16 and 44, column (A) 1,697,266 17 24,144 Assets 18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 249,491 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 19 Other changes in net assets or fund balances (attach explanation) . . . . 20 20 Net 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 273,635

	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 schedule)			-		
	(cash \$)	-	0			
aaL	If this amount includes foreign grants, check here	22a	0			
220	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$) If this amount includes foreign grants, check here ▶ □	22b	0			
23	Specific assistance to individuals (attach					
20	schedule)	23	0			
24	Benefits paid to or for members (attach		,			
	schedule)	24	0			
25a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A	25a	0		-	
b	Compensation of former officers, directors,	l	_			
	key employees, etc. listed in Part V-B	25b	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)	25c	l 0			
26	Salaries and wages of employees not included	2.00				
20	on lines 25a, b, and c	26	704,637	648,266	51,596	4,775
27	Pension plan contributions not included on					-7
_,	lines 25a, b, and c	27	13,871	11,740	2,131	
28	Employee benefits not included on lines					
	25a – 27	28	71,091			
29	Payroll taxes	29	53,905	49,593	3,947	365
30	Professional fundraising fees	30	0			
31	Accounting fees	31	2,500		2,500	
32	Legal fees	32	0			
33	Supplies	33	67,977	<u> </u>		
34	Telephone	34	17 <b>,</b> 054			
35	Postage and shipping	35	13,044			,
36	Occupancy	36	67,403		6,066	
37	Equipment rental and maintenance	37	24,007	22,807		
38	Printing and publications	38	51,659		2,583	
39	Travel	39	47,180			
40	Conferences, conventions, and meetings	40	61,780	61,780		
41	Interest	41	0			
42	Depreciation, depletion, etc. (attach schedule)	42	1,728	1,642	86	
43	Other expenses not covered above (itemize):		470 104	477 070		
a	contracted services	43a	478,184	471,070		
b	Insurance	43b	11,602		11,602	
C	Dues Miscellaneous	43c	7,836			
		43d	1,808	908	900	
e		43e	0	<del></del> · - <del></del> ·		
f		43f	0		<del>.</del>	
g		43g	0			
14	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines		1 607 066	1 500 00-		_
	13–15)	44	_1,697 <u>,</u> 266	<u>1,593,091</u>	99 <b>,</b> 035	5,140
ioint	: Costs. Check ▶ 🗓 if you are following SOP	98-2				

; and (iv) the amount allocated to Fundraising \$

## Part III Statement of Program Service Accomplishments (See the instructions.)

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.

٩II	at is the organization's primary exempt purpose? ► PREVENTION OF DOMESTIC VIOLENCE organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	Expenses (Required for 501(c))	;
of o	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(4) orgs., and 4947( trusts; but optional others.)	(a)(1) 1 for
а	ASSIST DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS, LAW ENFORCEMENT, COURTS, COMMUNITY ORGANIZATIONS AND THE GENERAL PUBLIC: TRAINING AND TECHINAL ASSISTANCE.		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	1,593,0	091
b			
С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □		
d			
	·		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □		
е	Other program services (attach schedule)		
_	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □		
t	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,593,	091

Form 990 (2007)

P	art IV	Balance Sheets (See the instructions.)			. 195 -
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	247,064		615,342
	46	Savings and temporary cash investments	35,310	46	38,665
		1 1		, also e	
	1	Accounts receivable 47a 688	5,754	45.44 144 444	688
	d	Less, allowance for doubtful accounts .	J, /J4	4/C	000
	48a	Pledges receivable			
		Less: allowance for doubtful accounts 48b		48c	0
	49	Grants receivable	83,548	49	116,820
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	Ь	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
Assets	51a	Other notes and loans receivable (attach			
	١.	schedule)			0
ASS		Less: allowance for doubtful accounts . 51b		51c 52	0
	52 53	Inventories for sale or use		52 53	
		Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	, <u>.</u>
		Investments—other securities (attach schedule)  Cost FMV		54b	
		Investments—land, buildings, and		David.	
		equipment: basis		e Çatura E i e e e	
	Ь	Less: accumulated depreciation (attach schedule) 55b		A CATE OF THE SECOND SE	0
	56			55c 56	0
		Investments—other (attach schedule)  Land, buildings, and equipment: basis    57a   84,157		90	
		Less: accumulated depreciation (attach			
	~ ~	schedule)	2,592	57c	864
	58	Other assets, including program-related investments			
		(describe ►	<del></del>	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	374,268	59	772,379
	60	Accounts payable and accrued expenses	28,386		288,094
	61 62	Grants payable	96,391	61 62	210,650
n o	63	Loans from officers, directors, trustees, and key employees (attach	20,001		210,030
Liabilities		schedule)		63	
iab	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)	<del></del>	65	<u> </u>
	66	Total liabilities. Add lines 60 through 65	124,777	66	498,744
υņ	Orga	nizations that follow SFAS 117, check here ► 🗵 and complete lines 67 through 69 and lines 73 and 74.			
Balances	67	Unrestricted	<u>2</u> 13,005		234,970
<u>a</u>	68	Temporarily restricted	36,486	68	38,665
Ö	69	Permanently restricted		69	
Fund	Orga	nizations that do not follow SFAS 117, check here ► ☐ and complete lines 70 through 74.			
ō	70	Capital stock, trust principal, or current funds		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund	·	71	
٨ss	72	Retained earnings, endowment, accumulated income, or other funds		72	<del></del>
Net Assets	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			
Z		equal line 21)	249,491	72	273,635
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	374,268	73	772.379

Pai	t IV-A Reconciliation of Revenue per Audinstructions.)	dited Financial Statem	ents With Rev	enue pe	r Return (	See the
	Total revenue, gains, and other support per audi	ted financial statements			a	1,721,410
b	Amounts included on line a but not on Part I, line				4 F5.2	· · · · · · · · · · · · · · · · · · ·
1	Net unrealized gains on investments		b1			
2	Donated services and use of facilities		b2			
3	Recoveries of prior year grants		b3			
4	Other (specify):	•••••				
			b4			
	Add lines b1 through b4				b	0
C	Subtract line b from line a				С	1,721,410
d	Amounts included on Part I, line 12, but not on Ii					
1	Investment expenses not included on Part I, line	6b	d1			
2	Other (specify):	••••		1		
			d2		14 1. June 1	0
_	Add lines d1 and d2				d	0 701 410
e Par	Total revenue (Part I, line 12). Add lines c and c t IV-B Reconciliation of Expenses per At	Idited Einensiel State	monto With Ex	<u></u> ►		1,721,410
				•		1,697,266
a	Total expenses and losses per audited financial				a .	1,037,200
b	Amounts included on line a but not on Part I, line		61			
1	Donated services and use of facilities		b2			
2 3	Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20		b3			
4	Other (specify):		100			
•	C (CP CO)		b4		-: :::::::::::::::::::::::::::::::::::	
	Add lines b1 through b4		L <del>. ~ 1</del>		Ь	0
С	Subtract line b from line a		• • • • •		С	1,697,266
d	Amounts included on Part I, line 17, but not on li				18235	
1	Investment expenses not included on Part I, line		d1			
2	Other (specify):					
			d2			
	Add lines d1 and d2				d	0
ę	Total expenses (Part I, line 17). Add lines c and					1,697,266
Pai	t V-A Current Officers, Directors, Trustee	s, and Key Employees	(List each perso	n who was	an officer,	director, trustee,
	or key employee at any time during the ye					
	(A) Name and address	(B) Title and average hours per	(if not paid, enter	benefit plar	ins to employee is & deferred	(E) Expense account and other allowances
See	attached listing	week devoted to position	-0)	compens	ation plans	,
			l o		0	0
						<u> </u>
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				-		
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	***	-				
						<del>_</del> .
		-				
			· .			
		-				
		1		I		

Pa	t V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No	
75a	75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings							
b	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)							
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."								
Pa	t V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of compe	ceived compensation or	r other benefits (de	escribed below) during	the v	ear. li	former st 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	accou	) Exper int and lowance	other	
МОИ	VE							
					<u> </u>			
				<del></del>				
					_			
Pat	t VI Other Information (See the instruction	) 	'			Yes	No	
76	Did the organization make a change in its activities	<del></del>	-	If "Yes," attach a	76	103	X	
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes.	erning documents but		the IRS?	77		Х	
	Did the organization have unrelated business grothis return?	ss income of \$1,000 o			78a		X	
b 79	b If "Yes," has it filed a tax return on Form 990-T for this year?							
80a	a statement	es, officers, etc., to	any other exem	pt or nonexempt	79		X	
b	organization?	· · · · · · · · ·			80a	,,	Х	
81a b	Enter direct and indirect political expenditures. (Set Did the organization file Form 1120-POL for this	and check whether it se line 81 instructions, year?	\ 81a	•	81b			
		· · · · · · · ·	<del>- · · · · · · · · · · · · · · · · · · ·</del>	<u> </u>	1010		<u> </u>	

Par	t VI Other Information (continued)		Yes	No
			, 55	
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	• • • •	X
b	If "Yes," you may indicate the value of these items here. Do not include this			Certain.
	amount as revenue in Part I or as an expense in Part II.			unavara. Program
	(See instructions in Part III.)			
83a	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	Χ	
84a	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	10	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
	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	jarak Tarak		
	received a waiver for proxy tax owed for the prior year.			
_	Dues, assessments, and similar amounts from members			M (1)
d	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g		85g		1
_	· · · · · · · · · · · · · · · · · · ·	1376		15. 5
п	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	Takenan r	
95	laa l		13.7	71.
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
	or (s)(12) significant a stock mount from thembold of analysis and	la gi⊋di) Gia iy		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
-	and a second results are a sec			2
вва	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			7.0
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	Gr. J. J. San	Χ
ь	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
Ü	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	ļ	Χ.
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	#4. 7F	4.1.1	FitT
	section 4911 ► ; section 4912 ► ; section 4955 ►			
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
ע	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			Aug 1
•	persons during the year under sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
_	transaction?	89e		Χ
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	illi i		
9	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	89g		X
90a	tintale reader with within a reason father returned to the MONTO	-		
	Number of employees employed in the pay period that includes March 12, 2007 (See	• • • • • •	• • • • • •	• • • • • • •
U	instructions.)			
91a	instructions.) Instructions.) The books are in care of $\blacktriangleright$ TANA KIMBRO Telephone no. $\blacktriangleright$ 615.36	6 0	406	
UIU				
L.				
D	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	Yes	No X
	10 10 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		100	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Form	aan	/2007

☐ Yes ☒ No

☐ Yes ☒ No

Part A	is a controlling organiza	i Transfers To and From Ition as defined in section	n Controlled Entitles, Complete n 512(b)(13).	only if the orga	anıza	аиоп
106		nake any transfers to a cor	ntrolled entity as defined in section 51	⊢	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tr	ransf	er
а						
b						
С					-	
	Totals				v 1	N-
107	Did the reporting organization r 512(b)(13) of the Code? If "Yes		a controlled entity as defined in section in	}	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of to	ransf	er
a						
b						
с						
	Totals					
108	rents, royalties, and annuities d	escribed in question 107 ab		nterest,	Yes	No X
Please	and belief, it is true, correct, and com	at I have examined this return, inclu piete. Declaration of preparer (othe	ding accompanying schedules and statements, in than officer) is based on all information of whi	and to the best of my ch preparer has any	/ know / know	/ledge /ledge.
Sign Here	Signature of officer  Type or print name and title		Date			
Paid Preparer's	Preparer's signature	R. Pool, CPA	l lealt. i	arer's SSN or PTIN (Se 0 – 11 – 0617	e Gen	. Inst. X
Use Only	if self-employed)	R. POOLE, CPA ORTHLAKE DRIVE	EIN ► Phone no. ► 6	515.822.43	177	

## **SCHEDULE A** (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

Department of the Treasury Internal Revenue Service

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ 2007

OMB No. 1545-0047

Name of the organization			Employer identificat	ion number
TENNESSEE COALITION AGAINST			<u>58-1632437</u>	
Part I Compensation of the Five High (See page 1 of the instructions.)	nest Paid Employees Of List each one. If there ar	ther Than Offic e none, enter "N	ers, Directors, a lone.")	nd Trustees
(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 & deferred compensation	(e) Expense account and other allowances
TANA KIMBRO	40+			
NASHVILLE, TENNESSEE		55,914	1,118	0
ROBIN KIMBROUGH	40+			
HENDERSONVILLE, TENNESSEE		59,796	1,196	0
KATHY WALSH	40+	07 066	1 (27)	0
LEBANON, TENNESSEE		81,866	1,637	0
	-			
Total number of other employees paid over \$50,000 .	3			
Part II-A Compensation of the Five High				
(See page 2 of the instructions. Lis		iduals or firms). If	there are none, e	
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
			. —	
			,	
	<u> </u>			
Total number of others receiving over \$50,000 for professional services	- 0			
Part II-B Compensation of the Five High	nest Paid Independent C	Contractors for	Other Services	
(List each contractor who perform			ices, whether ind	ividuals or
firms. If there are none, enter "No		nstructions.)		
(a) Name and address of each independent contractor	r paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE	**	-		
	~			
•		-		
	· · · · · · · · · · · · · · · · · · ·			
		-		
				-
		•		
Total number of other contractors receiving over	<del></del>	De l <b>e literat</b> e Verbeion	n war et et etatione	
\$50,000 for other services	0			
For Paperwork Reduction Act Notice, see the Instructions for F	orm 990 and Form 990-EZ.		Schedule A (For	m 990 or 990-EZ) 2007

Pai	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    S	1	Х
	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?	la l	X
b	Lending of money or other extension of credit?	!b	X
С	Furnishing of goods, services, or facilities?	lc	Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	!d	X
е	Transfer of any part of its income or assets?	le l	Х
3а	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.)	Sa Sa	Х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Х
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	Bc	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a		a	Х
þ	Did the organization make any taxable distributions under section 4966?	b	X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	lc	X
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		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

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	ions.)			
cei	rtify t	hat the organization is not a private	e foundation beca	use it is: (Please check	only ONE ap	plicable box.)				
5		A church, convention of churches,	or association of	f churches. Section 170(I	b)(1)(A)(i).					
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
7		A hospital or a cooperative hospital	al service organiz	ation. Section 170(b)(1)(	A)(iii).					
8		A federal, state, or local government	ent or governmen	tal unit. Section 170(b)(1	I)(A)(v).					
9		A medical research organization o and state ▶		ction with a hospital. Sec						
10		An organization operated for the be (Also complete the Support Sched		or university owned or ope	erated by a go	vernmental unit	Section 170(b)(1)(A)(iv).			
11a	区	An organization that normally receit 170(b)(1)(A)(vi). (Also complete the			governmental	unit or from the	general public. Section			
11b		A community trust. Section 170(b)	(1)(A)(vi). (Also c	omplete the Support So	chedule in Par	rt IV-A.)				
12		An organization that normally receives: (1) more than 33½% 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 33½% 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 control requirements of section 509(a)(3).  Type I Type II	Check the box ti		supporting or					
		Provide the following info			T					
(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)	Is the s organizati the sup organi	d) upported on listed in oporting zation's documents?	(e) Amount of support			
					Yes	No.				
		<b></b>								
						·				
n+-	 II .				<u> </u>					
ota			<u> </u>	<u> </u>	<u></u>	<u></u> ►	<u> </u>			
14		An organization organized and op	erated to test for	public safety. Section 50	)9(a)(4). (See	page 8 of the	instructions.)			

Schedule A (Form 990 or 990-EZ) 2007

	rt IV-A Support Schedule (Complete only: You may use the worksheet in the instructions					accounting.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do	(-,	(-1	(0) 200 .	(4) 2000	(5) 15107
	not include unusual grants. See line 28.) .	.404.8421	. 686.3541	,293,511	911,499	5,296,206
16	Membership fees received	39,034				65,627
17	Gross receipts from admissions, merchandise	.,				1 00/02:
	sold or services performed, or furnishing of facilities in any activity that is related to the					-
	organization's charitable, etc., purpose	21,283	30,886	30,022	27,834	110,025
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	739	650	306	648	2,343
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					0
23	Total of lines 15 through 22	,465,898	.,736,2331	,332,089	939,981	5,474,201
24	Line 23 minus line 17	,444,615	1,705,347	,302,067	912,147	5,364,176
25	Enter 1% of line 23	14,659	17,362	13,321	9,400	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e). line 24	▶ 26a	107,284
d o	Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list was Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18	ne of and amount ation) whose total ith your return. I ne 24, column (e	contributed by e gifts for 2003 the Enter the total of a	ach person (other ough 2006 excee	eded the	5,364,176
u	• •	0	26b	<del></del>	▶ 26d	2,343
е	Public support (line 26c minus line 26d total)					5,361,833
f	Public support percentage (line 26e (numera	tor) divided by	line 26c (denom	inator))		
27	Organizations described on line 12: a For person," prepare a list for your records to show to not file this list with your return. Enter the	he name of, and t	otal amounts rece	eived in each year	vere received fro from, each "disq	m a "disqualified
b	(2006) (2005)  For any amount included in line 17 that was received show the name of, and amount received for each of (Include in the list organizations described in lines to the difference between the amount received and amounts) for each year:  (2006) (2005)	ved from each personers, that was more of through 11b, as we the larger amount	son (other than "di e than the larger vell as individuals.) described in (1)	squalified persons of (1) the amount o Do not file this li or (2), enter the si	"), prepare a list fon line 25 for the st with your return of these differ	or your records to year or (2) \$5,000. rn. After computing rences (the excess
					_ (2003)	•••
¢	Add: Amounts from column (e) for lines: 15	<del>-</del>	21		▶ 27c	i
д	Add: Line 27a total		۲۱		► 27c ► 27d	<del></del>
d						<del>                                     </del>
e f	Public support (line 27c total minus line 27d tot Total support for section 509(a)(2) test: Enter a	mount from line "	· · · · · ·		> 278	
g	Public support percentage (line 27e (numera					
	Investment income percentage (line 18, colu	ımn (e) (numerat	or) divided by li	ine 27f (denomin	nator)) > 27h	

%

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

Pa	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,	20	Yes	No
30	other governing instrument, or in a resolution of its governing body?  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		\$ 1 T
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 b	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
ď	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:			
а	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	19 T.	
	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		
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		

Pa	t VI-A Lobbying Expenditures by E (To be completed ONLY by a	lecting Public n eligible organ	Charities (Se	ee page 11 of the ded Form 5768)	he instruc	tions	.)
Che	ck ▶ a ☐ if the organization belongs to an affili	ated group. Che	eck ▶ b ☐ if	you checked "a" ar	nd "limited co	ontrol"	provisions apply.
	Limits on Lobby			-	(a) Affiliated g Iotals		(b) To be completed for all electing
			<del></del>				organizations
36	Total lobbying expenditures to influence public	36					
37 38	Total lobbying expenditures to influence a legi	siative body (dired	it lobbying)	37			
39	Total lobbying expenditures (add lines 36 and	37)		38			
40	Other exempt purpose expenditures Total exempt purpose expenditures (add lines	40					
41	Lobbying nontaxable amount. Enter the amount	· · · · · · · · · · · · · · · · · · ·		3.0171			
71		lobbying nontaxa					
	Not over \$500,000 20%						
	Over \$500,000 but not over \$1,000,000 . \$100						
	Over \$1,000,000 but not over \$1,500,000 . \$175			no non   41	ina Santelli ne ariinda it ni.		Community of the Community
		,000 plus 5% of the				Mulie	
			•	200 km in			
42	Grassroots nontaxable amount (enter 25% of				1000 According to		
43	Subtract line 42 from line 36. Enter -0- if line 4				-		
44	Subtract line 41 from line 38. Enter -0- if line 4						
					ridgettern fan en Geffiniske tier	ar inker Erikliy	
	Caution: If there is an amount on either line 4	3 or line 44, you i	must file Form 47	720.		like:	
	(Some organizations that made a section See the instructions	for lines 45 throug	do not have to o h 50 on page 13	complete all of the	s.)		
							1 7-3
	fiscal year beginning in) ▶	(a) 2007	(a) (b) (c) 2007 2006 2005		(d) 2004		(e) Total
							10181
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount	144 ° N. (145 ° L.) (1.) (1.) (1.)					
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
	Lobbying Activity by Nonele (For reporting only by organiza	cting Public C	harities	lest VI AV (Coo	d.4	_ £ 4	
					, , , , , , , , , , , , , , , , , , , ,	or tite	instructions.)
ouri etter	ng the year, did the organization attempt to influ	ence national, sta	ite or local legisla	ation, including an	y Yes	No	Amount
	npt to influence public opinion on a legislative m	latter or referendu	ım, through the u	se of:		Х	
a	Volunteers	• • • • • •			•	X	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.).  Media advertisements						la le este l'est.
d		•	X				
e	Mailings to members, legislators, or the public Publications, or published or broadcast statem.	·   <del></del>	X	<u> </u>			
f	Grants to other organizations for lobbying purp	•	X				
9		Acac					
_			ar a Ingialativa be		•		·
h	Direct contact with legislators, their staffs, gove	ernment officials, o				X	· · · · · · · · · · · · · · · · · · ·
n i		ernment officials, o , speeches, lectur ah h.)	res, or any other	means			

Pai	t VII	Information Exempt Or	n Regarding Tr ganizations (Se	r <mark>ansfers</mark> e page 14	To and of the in	Transaction	ctions and	Relationships	With	None	chari	table
51		id the reporting organization directly or indirectly engage in any of the following with any other organization described in section 01(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?										
а	Trans	fers from the rep	orting organization	to a noncha	aritable exe	mpt organ	ization of:				Yes	No
		•								51a(i)	<u> </u>	X
									, ,	a(ii)		X
b		ther transactions:							}			
		(i) Sales or exchanges of assets with a noncharitable exempt organization							.	b(i)		X
			ets from a nonchari							<u> </u>		X
			, equipment, or oth				.	b(iii)		X		
			rrangements							b(iv)		X
	(v) l	oans or loan gua	arantees							b(v) b(vi)		X
												X
		-								C		
a 	d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value goods, other assets, or services given by the reporting organization. If the organization received less than fair market value transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:											
	a)	(b) (c)					(d)					
Line	no.	Amount involved	Name of nonc	haritable exer	npt organizati	on	Description o	f transfers, transaction	s, and sha	aring arra	angeme	ints
									<del></del>	<u>.</u>		
					••••							
	<del>-</del>  -											
						<del></del>						
		<u></u> .	1									
								<del></del>				
								*				<del></del> -
				•				<b>.</b>				
	descr	ibed in section 50 s," complete the t	ectly or indirectly a 01(c) of the Code (of following schedule:		ection 501					Yes	s [X	] No
(a) Name of organization				Туре	(b) of organizati	ion		(c) Description of re	lationship	ı		
-					-							
								-				
												_
			· · · · · · · · · · · · · · · · · · ·									
			· · · · · · · · · · · · · · · · · · ·									
			<del></del>									_