

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**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)  
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2006****Open to Public  
Inspection****A** For the 2006 calendar year, or tax year beginning

, 2006, and ending

, 20

**B** Check if applicable:

- ☐ Address change 56187  
☐ Name change 0181  
☐ Initial return 0021  
☐ Final return 011  
☐ Amended return 122  
☐ Application pending

200612 031530000 29 IE  
HOME BOUND MEALS PROGRAM  
% LOREN ANDREWS  
381 W MAIN ST  
HENDERSONVILLE TN 37075-3312

**D** Employer identification number

62 1773683

**E** Telephone number

( 615 ) 824-0811

**F** Group Exemption  
Number ▶

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

**G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

**I** Website: ▶

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

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

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

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ S**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	68876
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ )	8		
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	68876	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ )	16	62889
	17	<b>Total expenses</b> (add lines 10 through 16)	17	62889
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	5987
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	21715
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	27702

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21715	27702
23 Land and buildings		
24 Other assets (describe ▶ )		
25 <b>Total assets</b>	21715	27702
26 <b>Total liabilities</b> (describe ▶ )		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	21715	27702

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2006)

**Part III Statement of Program Service Accomplishments** (See page 51 of the instructions.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	60701
29	..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	..... ..... ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) ..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) ..... <input type="checkbox"/>	32	60701

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 52 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHMENT				

**Part V Other Information** (Note the statement requirement in General Instruction V.)

Yes No

33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	<i>If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.</i>			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a			
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39	<b>501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0**b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

	Yes	No
<b>40b</b>		✓

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0**d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
<b>40e</b>		✓

**41** List the states with which a copy of this return is filed. ▶ TENNESSEE**42a** The books are in care of ▶ FRANK CHERRYTelephone no. ▶ ( 615 ) 824-7410Located at ▶ 125 BAY DRIVE, HENDERSONVILLE, TNZIP + 4 ▶ 37075-4040**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)? . . .

	Yes	No
<b>42b</b>		✓

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

	Yes	No
<b>42c</b>		✓

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43Please  
Sign  
Here

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

▶ Frank Cherry, Treasurer

Signature of officer

Date

4/17/07▶ Frank Cherry, TREASURER

Type or print name and title.

Paid  
Preparer's  
Use OnlyPreparer's  
signature ▶

Date

Check if  
self-  
employed ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4 ▶

EIN ▶

Phone no. ▶ ( )



**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

OMB No. 1545-0047

**2006**

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**

Name of the organization

HOME BOUND MEALS PROGRAM

Employer identification number

62

1773683

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of others receiving over \$50,000 for professional services . . . . . ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶

NONE

**Part III** 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.)

1 ✓

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property? . . . . . **2a** ✓

**b** Lending of money or other extension of credit? . . . . . **2b** ✓

**c** Furnishing of goods, services, or facilities? . . . . . **2c** ✓

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . **2d** ✓

**e** Transfer of any part of its income or assets? . . . . . **2e** ✓

- 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.) . . . . . **3a** ✓

**b** Did the organization have a section 403(b) annuity plan for its employees? . . . . . **3b** ✓

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . . **3c** ✓

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . . **3d** ✓

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . . **4a** ✓

**b** Did the organization make any taxable distributions under section 4966? . . . . . **4b** ✓

**c** Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . **4c** ✓

**d** Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ \_\_\_\_\_

**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 ▶ \_\_\_\_\_

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► .....
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I      ☐ Type II      ☐ Type III-Functionally Integrated      ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	59354	49070	48435	38957	195816
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1949	3269	2989	3513	11720
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18.					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	61303	52339	51424	42470	207536
<b>24</b> Line 23 minus line 17	59354	49070	48435	38957	195816
<b>25</b> Enter 1% of line 23	613	523	514	425	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 ▶					<b>26a</b>
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					<b>26c</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					<b>26d</b>
e Public support (line 26c minus line 26d total) ▶					<b>26e</b>
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					<b>26f</b> %
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 <u>195816</u> 16 _____ 17 <u>11720</u> 20 _____ 21 _____ ▶					<b>27c</b> 207536
d Add: Line 27a total _____ and line 27b total _____ ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total) ▶					<b>27e</b> 207536
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					<b>27g</b> 100 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

## HOME BOUND MEALS PROGRAM - DIRECTORY OF BOARD OF DIRECTORS - 2007

12-01-07

	Home	Work	Fax	E-mail	Term
Willie Acevedo 491 Walton Ferry Rd Hendersonville, TN 37075-4132	822-3594	824-3679 ext 3 c969-7180	824-3687	willie@ godwhy.com	May
Loren Andrews 105 S Dames Ave Gallatin, TN 37066-6056	451-2241 c584-1333		230-5685	liandrews1@ juno.com	Oct
Gary Campbell, VP 146 Evergreen Cir Hendersonville, TN 37075-2940	822-7842	826-4040 c347-0223		garycampbell@ bellsouth.net	
Frank Cherry Treasurer 125 Bay Dr Hendersonville, TN 37075-4040	824-7410	230-7740 c557-3930	230-5685	fcherry@ aci.com	Jan
Kathi Daniel 140 Rockwood Ter Gallatin, TN 37066-4201	451-9712	264-5080 c415-9933		kathi.daniel@ cornerstone financialco.org	Sept
Howard Davis, PB chair 105 Natchez Dr Hendersonville, TN 37075-4313	824-4294 c337-1954			hownbar@ msn.com	June
Tara Oliver 524 Indian Lake Rd Hendersonville, TN 37075-5205	1/18/2007 824-9434 c243-9854			taraoliver@ comcast.net	Aug
Janice Slaughter President 109 Ballentree Ct Hendersonville, TN 37075-4574	824-4261				Feb
Shirley Vaughn, Sec-comes 103 Southampton Ct Goodlettsville, TN 37072-2134	559-4289			sgvemail@ bellsouth.net	Mar
Barbara Ward Sec-records 144 Vaino Dr Hendersonville, TN 37075-4820	824-5421	822-1558	822-5539	barbiedotti@ comcast.net	Apr
10 volunteers					

## HSMP-BYLAWS Section 3.030: Election and Tenure

Directors may be nominated by any director and approved by the Board. No Director shall serve more than two (2) consecutive three (3) year terms, nor more than six (6) consecutive years under any circumstances with the exception of the immediate past president who may be extended one year. Any person may seek re-appointment after not being on the Board for at least one (1) calendar year.

Elizabeth Wallace M-CHRA Administrator 381 W Main St Hendersonville, TN 37075-3312	824-2139	824-0811 c804-2770	824-0811		
Jacqueline McEntire M-CHRA Regional Coordinator 200 E Franklin St Gallatin, TN 37066-2951	822-2112	452-1295 c504-4173	452-6625	jmcintire@ mchra.com	
		1080 S Wrights Ln Gallatin, TN 37066-8427			

ZIP codes from www.usps.com



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 14 2004

HOME BOUND MEALS PROGRAM  
381 W MAIN ST  
HENDERSONVILLE, TN 37075-3312

Employer Identification Number:  
62-1773683  
DLN:  
17053087778064  
Contact Person: DAN W BERRY ID# 31122  
Contact Telephone Number:  
(877) 829-5500  
Public Charity Status:  
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated May 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)