

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

RUTHERFORD COUNTY ADULT ACTIVITY CENTER, INC.

Number and street (or P.O. box if mail is not delivered to street address)

1130 HALEY ROAD

Room/suite

City or town, state or country, and ZIP + 4

MURFREESBORO, TN 37133-0733

D Employer identification number

62-0980251

E Telephone number

615-890-4389

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

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

Hand I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)

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

I Group Exemption Number ▶ **N/A**

G Website: ▶ **N/A**

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

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,600,922.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, and similar amounts received:			
	a	Direct public support	1a	9,750.	
	b	Indirect public support	1b	70,122.	
	c	Government contributions (grants)	1c	24,570.	
	d	Total (add lines 1a through 1c) (cash \$ 104,441. noncash \$)	1d	104,442.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	4,418,118.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	20.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a	42,963.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	42,963.	
7	Other investment income (describe ▶)	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	9	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 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	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		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11	Other revenue (from Part VII, line 103)	11	35,379.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,600,922.		
Net Assets	13	Program services (from line 44, column (B))	13	4,111,832.	
	14	Management and general (from line 44, column (C))	14	464,491.	
	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))	17	4,576,323.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	24,599.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	744,940.	
	20	Other changes in net assets or fund balances (attach explanation)	20	0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	769,539.	

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

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. * *	25	54,745.	0.	54,745.
26 Other salaries and wages	26	3,177,412.	3,007,821.	169,591.
27 Pension plan contributions	27			
28 Other employee benefits	28	348,563.	325,653.	22,910.
29 Payroll taxes	29	269,741.	249,301.	20,440.
30 Professional fundraising fees	30			
31 Accounting fees	31	14,755.	14,755.	
32 Legal fees	32			
33 Supplies	33	41,051.	13,545.	27,506.
34 Telephone	34			
35 Postage and shipping	35	1,541.	1,541.	
36 Occupancy	36	40,681.	36,286.	4,395.
37 Equipment rental and maintenance	37	77,882.	76,759.	1,123.
38 Printing and publications	38			
39 Travel	39	15,646.	14,688.	958.
40 Conferences, conventions, and meetings ...	40	685.	298.	387.
41 Interest	41	9,675.	9,675.	
42 Depreciation, depletion, etc. (attach schedule)	42	85,756.	61,529.	24,227.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 2	43g	438,190.	325,952.	112,238.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,576,323.	4,111,832.	464,491.

Joint Costs. Check ☐ if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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** SEE STATEMENT 3

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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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 4</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a PROVIDING VOCATIONAL AND SOCIAL SERVICES TO 111 ADULTS WITH MENTAL RETARDATION THROUGH SHELTERED WORKSHOP AND ASSISTANCE WITH DAILY LIVING ACTIVITIES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,247,703.
b PROVIDING RESIDENTIAL ASSISTANCE TO APPROXIMATELY 45 ADULTS WITH MENTAL RETARDATION THROUGH OPERATION OF ONE GROUP HOME AND 17 COMPANION HOMES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,864,129.
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	4,111,832.

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	39,142.	45	288,513.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable 47a	47,433.		
	b Less: allowance for doubtful accounts 47b		47c	47,433.
	48 a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	41,030.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation 55b		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis 57a	1,476,121.			
b Less: accumulated depreciation STMT 5 57b	824,157.			
58 Other assets (describe <input type="checkbox"/> OTHER ASSETS)	9,456.	58	9,128.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,333,989.	59	1,038,068.	
Liabilities	60 Accounts payable and accrued expenses	124,332.	60	18,186.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 6	81,248.	64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7)	383,469.	65	250,343.
66 Total liabilities. Add lines 60 through 65)	589,049.	66	268,529.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	744,940.	67	769,539.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	744,940.	73	769,539.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,333,989.	74	1,038,068.

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Yes	No
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14

75b

75c

75d

X

(A) Name and address

(B) Loans and Advances

(C) Compensation

(D) Contributions to employee benefit plans & deferred compensation plans

(E) Expense account and other allowances	
------------------------------------------	--

	Yes	No
--	-----	----

76

77

78a

N/A

78b

79

80a

N/A

81a

81b

Engr

99

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ TN	90b	180
b	Number of employees employed in the pay period that includes March 12, 2005		180
91 a	The books are in care of ▶ DENNIS MARRON Telephone no. ▶ 615-890-4389		
Located at ▶ 1130 HALEY ROAD, MURFREESBORO, TN ZIP + 4 ▶ 37130			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If "Yes," enter the name of the foreign country ▶ N/A			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
If "Yes," enter the name of the foreign country ▶ N/A			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year		92	N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a WORKSHOP INCOME					95,300.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					4,322,818.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	20.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					42,963.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					35,379.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		20.	4,496,460.
105 Total (add line 104, columns (B), (D), and (E))					4,496,480.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 9

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

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

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

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

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Betty McNeely</i>		Date <i>10/5/07</i>	Type or print name and title <i>Betty McNeely Executive Dir.</i>
Paid Preparer's Use Only	Preparer's signature <i>TIM MONTGOMERY</i>	Date <i>01/08/07</i>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>DEMPSEY VANTREASE & FOLLIS PLLC 630 S. CHURCH ST., STE 300 MURFREESBORO, TENNESSEE 37130</i>		EIN	Phone no. <i>(615) 893-6666</i>

Form 990 (2005)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2005

Name of the organization **RUTHERFORD COUNTY ADULT ACTIVITY CENTER, INC.** Employer identification number **62 0980251**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 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	0			

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
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See 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	0	

RUTHERFORD COUNTY ADULT ACTIVITY CENTER,

Schedule A (Form 990 or 990-EZ) 2005 INC.

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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		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

RUTHERFORD COUNTY ADULT ACTIVITY CENTER,

Schedule A (Form 990 or 990-EZ) 2005 INC.

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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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	130,217.	147,357.	97,041.	173,266.	547,881.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	27.	15.	699.	2,921.	3,662.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	130,244.	147,372.	97,740.	176,187.	551,543.
24 Line 23 minus line 17	130,244.	147,372.	97,740.	176,187.	551,543.
25 Enter 1% of line 23	1,302.	1,474.	977.	1,762.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					11,031.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					551,543.
d Add: Amounts from column (e) for lines: 18 3,662. 19 22 26b					3,662.
e Public support (line 26c minus line 26d total)					547,881.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					99.3360%
27 Organizations described on line 12: 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: N/A					
(2004) (2003) (2002) (2001)					
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: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					

RUTHERFORD COUNTY ADULT ACTIVITY CENTER,

Schedule A (Form 990 or 990-EZ) 2005 **INC.**

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Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

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

Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
-----------------	-------------------------------------------------------------------------------------------------

Exempt Organizations (See page 12 of the instructions.)

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

- a Transfers from the reporting organization to a noncharitable exempt organization of:**

Yes	No
-----	----

51a(i)		X
--------	--	---

a(ii)	X
-------	---

- b Other transactions:**

b(i)		X
------	--	---

b(ii)		X
-------	--	---

b(iii)		X
--------	--	---

b(iv)		X
-------	--	---

$b(v)$		X
--------	--	-----

b(vi)		X
-------	--	---

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

C		X
---	--	---

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

N/A

[illegible]

- 52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes ☒ No

- b. If "Yes," complete the following schedule:

N/A

[illegible]

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	AUTO/TRANSPORTATION EQUIPMENT							
9	VAN ACCESSORY							
	07/29/85	SL	5.00	16	470.		470.	0.
10	VAN ACCESSORY							
	06/22/87	SL	5.00	16	470.		470.	0.
11	WHEEL CHAIR LIFT/BLUE VAN							
	01/14/92	SL	5.00	16	6,800.		6,120.	0.
12	95 WHITE FORD VAN/WHCR #1							
	06/30/95	SL	5.00	16	26,251.		26,251.	0.
13	95 WHITE VAN/WHLCHR # 10							
	06/14/95	SL	5.00	16	26,251.		25,813.	0.
14	2001 DODGE VAN # 12							
	01/19/01	SL	5.00	16	20,115.		17,768.	2,347.
15	2001 DODGE VAN # 17							
	01/19/01	SL	5.00	16	20,115.		17,768.	2,347.
16	SIDE STEP UP RAMPS							
	08/27/01	SL	5.00	16	8,150.		6,248.	1,630.
17	2000 DODGE MAXIVAN # 20							
	12/18/02	SL	5.00	16	31,296.		15,648.	6,259.
18	2002 CHEVY VAN # 21							
	03/08/02	SL	5.00	16	19,856.		13,237.	3,971.
19	USED LIFT FOR VAN # 10							
	03/10/03	SL	5.00	16	800.		373.	160.
20	2004 FORD VAN # 25							
	06/11/04	SL	5.00	16	26,866.		5,821.	5,373.
21	2004 FORD VAN # 24							
	05/12/04	SL	5.00	16	18,372.		4,286.	3,674.
22	2004 FORD VAN # 4							
	05/12/04	SL	5.00	16	18,372.		4,286.	3,674.
23	2005 FORD VAN # 3							
	04/21/05	SL	5.00	16	18,593.		620.	3,719.
24	2005 FORD VAN/WHLCH # 26							
	05/31/05	SL	5.00	16	27,522.		459.	5,504.
113	95 WHITE FORD VAN # 5							
	03/03/95	SL	5.00	16	18,672.		18,672.	0.
114	96 WHITE DODGE VAN # 9							
	11/20/95	SL	5.00	16	19,499.		19,499.	0.
115	94 DODGE VAN # 14							
	02/26/97	SL	5.00	16	2,429.		2,429.	0.
116	95 FORD VAN # 13							
	02/26/97	SL	5.00	16	2,429.		2,429.	0.
117	96 DODGE VAN # 11							
	02/26/97	SL	5.00	16	2,429.		2,429.	0.
118	1999 DODGE RAM VAN # 8							
	02/28/99	SL	5.00	16	31,059.		31,059.	0.
119	2001 GMC # 18							
	05/22/01	SL	5.00	16	18,330.		14,970.	3,360.
120	2000 CHEVY VAN # 2							
	01/31/00	SL	5.00	16	20,005.		20,005.	0.
121	2000 CHEVY VAN # 7							
	01/31/00	SL	5.00	16	20,005.		20,005.	0.
122	2000 DODGE LIFT VAN # 16							
	02/29/00	SL	5.00	16	30,594.		30,594.	0.

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
123	2002	TOYOTA COROLLA # 6						
	12/17/01	SL	5.00	16	13,603.		9,523.	2,721.
124	1992	DODGE VAN #19						
	02/05/02	SL	5.00	16	4,000.		2,733.	800.
164	2000	DODGE RAM						
	08/15/05	SL	5.00	16	18,344.			3,363.
165	TN	DEPT TRANSIT						
	04/25/06	SL	5.00	16	5,954.			198.
	* 990 PAGE 2 TOTAL - AUTO/TRANSPORTATION EQUIPMENT							
					477,651.	0.	319,985.	49,100.
	FURNITURE & FIXTURES							
25		CLEANING BUFFER						
	11/16/85	SL	5.00	16	900.		900.	0.
26		CONFERENCE TABLE						
	06/16/87	SL	5.00	16	768.		768.	0.
27		CABINETS & BOOKCASES						
	12/22/87	SL	5.00	16	387.		387.	0.
28		DESK & CHAIRS						
	03/04/88	SL	5.00	16	372.		372.	0.
29		DESK & CHAIRS						
	06/04/88	SL	5.00	16	158.		158.	0.
30		DESK						
	03/22/88	SL	5.00	16	297.		297.	0.
31		FILE CABINETS, CHAIRS, DESK						
	03/20/88	SL	5.00	16	1,791.		1,791.	0.
32		DESK & CHAIRS						
	05/08/88	SL	5.00	16	291.		291.	0.
33		FIRE FILE						
	06/28/89	SL	5.00	16	924.		924.	0.
34		SECRETARY DESK						
	02/02/89	SL	5.00	16	487.		487.	0.
35		EXERCISE BICYCLE						
	06/01/89	SL	5.00	16	675.		540.	0.
36		PARALLEL BARS						
	06/01/89	SL	5.00	16	1,452.		1,161.	0.
37		JVC CAMCORDER & TRIPOD						
	04/01/90	SL	5.00	16	1,068.		1,068.	0.
38		COMPUTER CABINET						
	08/08/90	SL	5.00	16	435.		435.	0.
39		PATIENT LIFT-CENTER						
	11/30/92	SL	5.00	16	1,750.		1,750.	0.
40		FAX MACHINE-CTR						
	04/06/95	SL	5.00	16	749.		749.	0.
41		AB DICK COPIER-CTR						
	03/31/95	SL	7.00	16	7,210.		7,210.	0.
42		DOG PEN FOR MICROFILM-CTR						
	12/11/94	SL	5.00	16	298.		298.	0.
43		DUMPSTER-CTR						
	12/21/94	SL	5.00	16	760.		760.	0.
44		DUMPSTER-MTCS						
	03/31/95	SL	5.00	16	795.		755.	0.
45		FORKLIFT						
	07/31/96	SL	5.00	16	1,076.		1,076.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
46	DISHWASHER							
	07/31/97	SL	5.00	16	549.		549.	0.
47	ROOM DIVIDERS							
	09/17/97	SL	5.00	16	10,729.		10,729.	0.
48	COMPUTERS -15							
	09/30/97	SL	5.00	16	15,541.		15,541.	0.
49	COMPUTERS -2							
	12/03/97	SL	5.00	16	2,292.		2,292.	0.
50	COMPUTER -1							
	05/14/98	SL	5.00	16	900.		900.	0.
51	TELEPHONE SYSTEM							
	08/31/97	SL	5.00	16	9,659.		9,659.	0.
52	WINDOW BLINDS							
	09/17/97	SL	5.00	16	602.		602.	0.
53	COMPUTER PRINTERS -5							
	06/25/98	SL	5.00	16	1,600.		1,600.	0.
54	COUNTING SCALE							
	10/16/98	SL	5.00	16	1,502.		1,502.	0.
55	LUNCHROOM CHAIRS							
	12/16/98	SL	5.00	16	2,520.		2,520.	0.
56	2 TREADMILLS							
	01/29/99	SL	5.00	16	1,422.		1,422.	0.
57	VOICE MAIL REPAIR DAMAGE							
	03/16/99	SL	5.00	16	500.		500.	0.
58	SHARP COPIER							
	06/14/99	SL	7.00	16	7,995.		6,947.	1,048.
59	2 COMPUTERS							
	04/19/01	SL	5.00	16	1,430.		1,192.	238.
60	COMPUTER							
	04/12/02	SL	5.00	16	945.		614.	189.
61	REFRIGERATOR							
	08/31/04	SL	5.00	16	503.		84.	101.
62	4 COMPUTERS-BUS OFFICE							
	05/16/05	SL	5.00	16	1,976.		33.	395.
63	CONF ROOM CHAIRS							
	05/16/05	SL	5.00	16	668.		11.	134.
	* 990 PAGE 2 TOTAL - FURNITURE & FIXTURES							
					83,976.	0.	78,874.	2,105.
	LEASEHOLD IMPROVEMENTS							
64	L'HLD IMP-CLOSETS, ELECT							
	05/01/90	SL	15.00	16	1,637.		1,637.	0.
65	L'HOLD IMP-POUR CONCRETE							
	06/01/90	SL	15.00	16	725.		725.	0.
66	COVERS-FRONT & SIDE DOORS							
	06/20/98	SL	15.00	16	2,059.		2,059.	0.
67	CARPETING IN PHY THER							
	09/28/92	SL	5.00	16	367.		367.	0.
68	L'HOLD IMP-MICROFILM ROOM							
	02/02/95	SL	15.00	16	1,708.		1,187.	114.
69	PAINTING							
	07/31/97	SL	15.00	16	1,088.		577.	73.
70	GRADING PARKING LOT							
	01/26/98	SL	15.00	16	4,400.		2,173.	293.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
71	BUILDING ADDITION/RENOV							
	09/30/97	SL	25.00	16	526,386.		163,177.	21,055.
72	PARKING LOT PAVING							
	12/10/98	SL	15.00	16	5,603.		2,462.	374.
73	CANOPY							
	12/23/03	SL	25.00	16	6,160.		369.	246.
	* 990 PAGE 2 TOTAL - LEASEHOLD IMPROVEMENTS							
					550,133.	0.	174,733.	22,155.
	BUILDINGS - IRIS							
74	IRIS AVENUE-GROUP HOME							
	12/31/94	SL	25.00	16	285,196.		119,784.	11,408.
	* 990 PAGE 2 TOTAL - BUILDINGS - IRIS							
					285,196.	0.	119,784.	11,408.
	FURNITURE & FIXTURES - IRIS							
75	BEDDING-IRIS							
	06/24/86	SL	10.00	16	973.		973.	0.
76	SLEEPER-IRIS							
	06/22/87	SL	5.00	16	578.		578.	0.
77	FURNITURE-IRIS							
	07/02/87	SL	5.00	16	2,434.		2,434.	0.
78	OUTSIDE FURN-IRIS							
	12/17/87	SL	5.00	16	290.		290.	0.
79	COFFEE & END TABLES-IRIS							
	07/01/87	SL	4.00	16	429.		429.	0.
80	BEDS-IRIS							
	10/11/88	SL	5.00	16	911.		911.	0.
81	DRESSER/CHEST/TABLE-IRIS							
	10/11/88	SL	5.00	16	600.		600.	0.
82	TABLES/CHAIRS/SOFA-IRIS							
	10/11/88	SL	5.00	16	1,841.		1,841.	0.
83	TABLES-IRIS							
	10/13/88	SL	5.00	16	297.		297.	0.
84	SLEEPER-IRIS							
	06/30/94	SL	5.00	16	908.		908.	0.
85	SOFA-IRIS							
	06/30/94	SL	5.00	16	738.		738.	0.
86	2 CHAIRS-IRIS							
	06/30/94	SL	5.00	16	646.		646.	0.
87	8 CHAIRS-IRIS							
	06/30/94	SL	5.00	16	1,096.		1,096.	0.
88	REFRIGERATOR-IRIS							
	12/07/94	SL	5.00	16	412.		412.	0.
89	DISHWASHER-IRIS							
	12/07/94	SL	5.00	16	276.		276.	0.
90	MICROWAVE-IRIS							
	12/07/94	SL	5.00	16	189.		189.	0.
91	RANGE-IRIS							
	12/07/94	SL	5.00	16	296.		296.	0.
92	2 DRESSER/MIRRORS-IRIS							
	01/19/95	SL	5.00	16	696.		696.	0.
93	2 NIGHT STANDS-IRIS							
	01/19/95	SL	5.00	16	260.		260.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
94	BED FRAME/BOX SPGS-IRIS							
	011995	SL	5.00	16	139.		139.	0.
95	MATTRESS/BED FRAME-IRIS							
	012795	SL	5.00	16	278.		278.	0.
96	TELEVISION-IRIS							
	033195	SL	5.00	16	549.		549.	0.
97	SWIVEL DESK CHAIR-IRIS							
	041295	SL	5.00	16	150.		150.	0.
98	DOUBLE PEDESTAL DESK-IRIS							
	041295	SL	5.00	16	200.		200.	0.
99	DRESSER/MIRROR-IRIS							
	010295	SL	5.00	16	338.		338.	0.
100	HEADBOARD/BED FRAME-IRIS							
	122294	SL	5.00	16	188.		188.	0.
101	DRESSER/MIRROR-IRIS							
	122294	SL	5.00	16	348.		348.	0.
102	NIGHT STAND-IRIS							
	122294	SL	5.00	16	128.		128.	0.
103	MATTRESS/BOX SPRGS-IRIS							
	122294	SL	5.00	16	298.		298.	0.
104	CHERRY END TABLE-IRIS							
	122294	SL	5.00	16	190.		190.	0.
105	OVAL CHERRY TABLE-IRIS							
	122294	SL	5.00	16	190.		190.	0.
106	2 BRASS LAMPS-IRIS							
	122294	SL	5.00	16	124.		124.	0.
107	2 FLOOR LAMPS-IRIS							
	122294	SL	5.00	16	142.		142.	0.
108	2 BRASS LAMPS-IRIS							
	122294	SL	5.00	16	92.		92.	0.
109	SLEEPER-IRIS							
	061101	SL	5.00	16	600.		490.	110.
	* 990 PAGE 2 TOTAL - FURNITURE & FIXTURES - IRIS				17,824.	0.	17,714.	110.
	IMPROVEMENTS - IRIS							
110	PAINTING/RAISING SINK-IRS							
	110295	SL	25.00	16	1,600.		619.	64.
111	HEAT & AIR UNIT-IRIS							
	060704	SL	10.00	16	2,550.		276.	255.
162	ROOF							
	111405	SL	15.00	16	7,280.			324.
163	COOK TOP & HOOD							
	062306	SL	15.00	16	587.			0.
	* 990 PAGE 2 TOTAL - IMPROVEMENTS - IRIS				12,017.	0.	895.	643.
	LAND - IRIS							
112	LAND-RIVERDALE EST-IRIS							
	032693	L			19,795.			0.
	* 990 PAGE 2 TOTAL - LAND - IRIS				19,795.	0.	0.	0.
	FURNITURE & FIXTURES - FIELD							

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
125	FURNITURE-RANSOM STORAGE							
	02/14/86	SL	10.00	16	395.		395.	0.
126	FURNITURE-RANSOM STORAGE							
	03/06/86	SL	10.00	16	270.		270.	0.
127	3 TABLES-RANSOM STORAGE							
	06/24/86	SL	10.00	16	500.		500.	0.
128	TABLE & CHAIRS-807 MAPLE							
	06/23/93	SL	5.00	16	399.		399.	0.
129	LIVING ROOM FURN-ELLIOTT							
	06/23/94	SL	5.00	16	890.		890.	0.
130	SOFA, LOVESEAT-ELLIOTT							
	06/23/94	SL	5.00	16	698.		698.	0.
131	2 FLOOR LAMPS-ELLIOTT							
	06/23/94	SL	5.00	16	100.		100.	0.
132	WASHER/DRYER							
	06/29/94	SL	5.00	16	879.		879.	0.
133	2 SLEEPERS-ELLIOTT							
	06/30/94	SL	5.00	16	1,476.		1,476.	0.
134	2 WASHERS/DRYERS-ELLIOTT							
	06/30/94	SL	5.00	16	1,758.		1,758.	0.
135	SECURITY SYSTEM-807 N MAP							
	12/12/94	SL	5.00	16	722.		722.	0.
136	SECURITY SYSTEM-ELLIOTT							
	12/12/94	SL	5.00	16	435.		435.	0.
137	4 CHAIRS-ELLIOT							
	05/18/95	SL	5.00	16	240.		240.	0.
138	SLEEPER-ELLIOTT							
	05/18/95	SL	5.00	16	488.		481.	0.
139	OAK TABLE LAMP-ELLIOTT							
	05/18/95	SL	5.00	16	150.		150.	0.
140	BEDROOM FURN-OLYMPIA							
	10/26/95	SL	5.00	16	1,744.		1,744.	0.
141	SOFA, LOVESEAT, CHAIR-OLYM							
	10/26/95	SL	5.00	16	1,563.		1,563.	0.
142	DINING TABLE/CHAIRS-OLYM							
	10/26/95	SL	5.00	16	448.		448.	0.
143	WASHER/DRYER-OLYMPIA							
	11/26/95	SL	5.00	16	698.		698.	0.
144	TELEVISION-OLYMPIA							
	11/26/95	SL	5.00	16	499.		499.	0.
145	REFRIGERATOR-OLYMPIA							
	03/01/96	SL	5.00	16	540.		540.	0.
146	WASHER/DRYER-RANSOM							
	03/06/96	SL	5.00	16	700.		700.	0.
147	TELEVISION-RANSOM							
	03/06/96	SL	5.00	16	500.		500.	0.
148	REFRIGERATOR-RAMSON							
	03/06/96	SL	5.00	16	700.		700.	0.
149	SLEEPER SOFA-RANSOM							
	02/29/96	SL	5.00	16	600.		600.	0.
150	BEDROM FURN-RANSOM							
	02/19/96	SL	5.00	16	1,282.		1,282.	0.
151	SOFA, LOVESEAT, CHAIR-RAN							
	02/19/96	SL	5.00	16	1,265.		1,265.	0.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
IRIS GROUP HOME	1	42,963.	
TOTAL TO FORM 990, PART I, LINE 6A		42,963.	

FORM 990	OTHER EXPENSES		STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	7,452.	7,452.		
INSURANCE	34,516.	34,516.		
DUES & SUBSCRIPTION	200.	200.		
TELEPHONE/PAGERS	34,343.	34,343.		
ADVERTISING	2,887.	2,887.		
FUEL	106,616.	106,616.		
UTILITIES	37,015.	37,015.		
FOOD	71,746.	71,746.		
MISCELLANEOUS	5,030.	5,030.		
CLIENT - SUPPLEMENTS	12,557.	12,557.		
CLIENT - STRAP	13,590.	13,590.		
CONTRACT SERVICES	34,259.		34,259.	
INSURANCE	26,377.		26,377.	
BONUS FINDERS FEE	1,766.		1,766.	
BACKGROUND EXPENSE	12,670.		12,670.	
DUES & SUBSCRIPTIONS	7,647.		7,647.	
TAXES & LICENSES	2,062.		2,062.	
TELEPHONES/PAGERS	8,585.		8,585.	
ADVERTISING	2,329.		2,329.	
UTILITIES	5,182.		5,182.	
FOOD	4,523.		4,523.	
MISCELLANEOUS	2,017.		2,017.	
BANK CHARGES	4,821.		4,821.	
TOTAL TO FM 990, LN 43	438,190.	325,952.	112,238.	

FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	3
	PART II, LINE 25		

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BETTY MCNEELY	54,745.			54,745.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	54,745.			54,745.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES

TOTAL MANAGEMENT AND GENERAL	54,745.
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TOTAL FUNDRAISING

TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	54,745.
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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	4
	PART III		

EXPLANATION

TO PROVIDE INDEPENDENT LIVING AND VOCATIONAL TRAINING ASSISTANCE TO ADULTS
WITH MENTAL RETARDATION

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VAN ACCESSORY	470.	470.	0.
VAN ACCESSORY	470.	470.	0.
WHEEL CHAIR LIFT/BLUE VAN	6,800.	6,120.	680.
95 WHITE FORD VAN/WHCR #1	26,251.	26,251.	0.
95 WHITE VAN/WHLCHR # 10	26,251.	25,813.	438.
2001 DODGE VAN # 12	20,115.	20,115.	0.
2001 DODGE VAN # 17	20,115.	20,115.	0.
SIDE STEP UP RAMPS	8,150.	7,878.	272.

2000 DODGE MAXIVAN # 20	31,296.	21,907.	9,389.
2002 CHEVY VAN # 21	19,856.	17,208.	2,648.
USED LIFT FOR VAN # 10	800.	533.	267.
2004 FORD VAN # 25	26,866.	11,194.	15,672.
2004 FORD VAN # 24	18,372.	7,960.	10,412.
2004 FORD VAN # 4	18,372.	7,960.	10,412.
2005 FORD VAN # 3	18,593.	4,339.	14,254.
2005 FORD VAN/WHLCH # 26	27,522.	5,963.	21,559.
CLEANING BUFFER	900.	900.	0.
CONFERENCE TABLE	768.	768.	0.
CABINETS & BOOKCASES	387.	387.	0.
DESK & CHAIRS	372.	372.	0.
DESK & CHAIRS	158.	158.	0.
DESK	297.	297.	0.
FILE CABINETS, CHAIRS, DESK	1,791.	1,791.	0.
DESK & CHAIRS	291.	291.	0.
FIRE FILE	924.	924.	0.
SECRETARY DESK	487.	487.	0.
EXERCISE BICYCLE	675.	540.	135.
PARALLEL BARS	1,452.	1,161.	291.
JVC CAMCORDER & TRIPOD	1,068.	1,068.	0.
COMPUTER CABINET	435.	435.	0.
PATIENT LIFT-CENTER	1,750.	1,750.	0.
FAX MACHINE-CTR	749.	749.	0.
AB DICK COPIER-CTR	7,210.	7,210.	0.
DOG PEN FOR MICROFILM-CTR	298.	298.	0.
DUMPSTER-CTR	760.	760.	0.
DUMPSTER-MTCS	795.	755.	40.
FORKLIFT	1,076.	1,076.	0.
DISHWASHER	549.	549.	0.
ROOM DIVIDERS	10,729.	10,729.	0.
COMPUTERS -15	15,541.	15,541.	0.
COMPUTERS -2	2,292.	2,292.	0.
COMPUTER -1	900.	900.	0.
TELEPHONE SYSTEM	9,659.	9,659.	0.
WINDOW BLINDS	602.	602.	0.
COMPUTER PRINTERS -5	1,600.	1,600.	0.
COUNTING SCALE	1,502.	1,502.	0.
LUNCHROOM CHAIRS	2,520.	2,520.	0.
2 TREADMILLS	1,422.	1,422.	0.
VOICE MAIL REPAIR DAMAGE	500.	500.	0.
SHARP COPIER	7,995.	7,995.	0.
2 COMPUTERS	1,430.	1,430.	0.
COMPUTER	945.	803.	142.
REFRIGERATOR	503.	185.	318.
4 COMPUTERS-BUS OFFICE	1,976.	428.	1,548.
CONF ROOM CHAIRS	668.	145.	523.
L'HLD IMP-CLOSETS, ELECT	1,637.	1,637.	0.
L'HOLD IMP-POUR CONCRETE	725.	725.	0.
COVERS-FRONT & SIDE DOORS	2,059.	2,059.	0.
CARPETING IN PHY THER	367.	367.	0.
L'HOLD IMP-MICROFILM ROOM	1,708.	1,301.	407.
PAINTING	1,088.	650.	438.

GRADING PARKING LOT	4,400.	2,466.	1,934.
BUILDING ADDITION/RENOV	526,386.	184,232.	342,154.
PARKING LOT PAVING	5,603.	2,836.	2,767.
CANOPY	6,160.	615.	5,545.
IRIS AVENUE-GROUP HOME	285,196.	131,192.	154,004.
BEDDING-IRIS	973.	973.	0.
SLEEPER-IRIS	578.	578.	0.
FURNITURE-IRIS	2,434.	2,434.	0.
OUTSIDE FURN-IRIS	290.	290.	0.
COFFEE & END TABLES-IRIS	429.	429.	0.
BEDS-IRIS	911.	911.	0.
DRESSER/CHEST/TABLE-IRIS	600.	600.	0.
TABLES/CHAIRS/SOFA-IRIS	1,841.	1,841.	0.
TABLES-IRIS	297.	297.	0.
SLEEPER-IRIS	908.	908.	0.
SOFA-IRIS	738.	738.	0.
2 CHAIRS-IRIS	646.	646.	0.
8 CHAIRS-IRIS	1,096.	1,096.	0.
REFRIGERATOR-IRIS	412.	412.	0.
DISHWASHER-IRIS	276.	276.	0.
MICROWAVE-IRIS	189.	189.	0.
RANGE-IRIS	296.	296.	0.
2 DRESSER/MIRRORS-IRIS	696.	696.	0.
2 NIGHT STANDS-IRIS	260.	260.	0.
BED FRAME/BOX SPGS-IRIS	139.	139.	0.
MATTRESS/BED FRAME-IRIS	278.	278.	0.
TELEVISION-IRIS	549.	549.	0.
SWIVEL DESK CHAIR-IRIS	150.	150.	0.
DOUBLE PEDESTAL DESK-IRIS	200.	200.	0.
DRESSER/MIRROR-IRIS	338.	338.	0.
HEADBOARD/BED FRAME-IRIS	188.	188.	0.
DRESSER/MIRROR-IRIS	348.	348.	0.
NIGHT STAND-IRIS	128.	128.	0.
MATTRESS/BOX SPRGS-IRIS	298.	298.	0.
CHERRY END TABLE-IRIS	190.	190.	0.
OVAL CHERRY TABLE-IRIS	190.	190.	0.
2 BRASS LAMPS-IRIS	124.	124.	0.
2 FLOOR LAMPS-IRIS	142.	142.	0.
2 BRASS LAMPS-IRIS	92.	92.	0.
SLEEPER-IRIS	600.	600.	0.
PAINTING/RAISING SINK-IRS	1,600.	683.	917.
HEAT & AIR UNIT-IRIS	2,550.	531.	2,019.
LAND-RIVERDALE EST-IRIS	19,795.	0.	19,795.
95 WHITE FORD VAN # 5	18,672.	18,672.	0.
96 WHITE DODGE VAN # 9	19,499.	19,499.	0.
94 DODGE VAN # 14	2,429.	2,429.	0.
95 FORD VAN # 13	2,429.	2,429.	0.
96 DODGE VAN # 11	2,429.	2,429.	0.
1999 DODGE RAM VAN # 8	31,059.	31,059.	0.
2001 GMC # 18	18,330.	18,330.	0.
2000 CHEVY VAN # 2	20,005.	20,005.	0.
2000 CHEVY VAN # 7	20,005.	20,005.	0.
2000 DODGE LIFT VAN # 16	30,594.	30,594.	0.

2002 TOYOTA COROLLA # 6	13,603.	12,244.	1,359.
1992 DODGE VAN #19	4,000.	3,533.	467.
FURNITURE-RANSOM STORAGE	395.	395.	0.
FURNITURE-RANSOM STORAGE	270.	270.	0.
3 TABLES-RANSOM STORAGE	500.	500.	0.
TABLE & CHAIRS-807 MAPLE	399.	399.	0.
LIVING ROOM FURN-ELLIOTT	890.	890.	0.
SOFA, LOVESEAT-ELLIOTT	698.	698.	0.
2 FLOOR LAMPS-ELLIOTT	100.	100.	0.
WASHER/DRYER	879.	879.	0.
2 SLEEPERS-ELLIOTT	1,476.	1,476.	0.
2 WASHERS/DRYERS-ELLIOTT	1,758.	1,758.	0.
SECURITY SYSTEM-807 N MAP	722.	722.	0.
SECURITY SYSTEM-ELLIOTT	435.	435.	0.
4 CHAIRS-ELLIOT	240.	240.	0.
SLEEPER-ELLIOTT	488.	481.	7.
OAK TABLE LAMP-ELLIOTT	150.	150.	0.
BEDROOM FURN-OLYMPIA	1,744.	1,744.	0.
SOFA, LOVESEAT, CHAIR-OLYM	1,563.	1,563.	0.
DINING TABLE/CHAIRS-OLYM	448.	448.	0.
WASHER/DRYER-OLYMPIA	698.	698.	0.
TELEVISION-OLYMPIA	499.	499.	0.
REGRIGERATOR-OLYMPIA	540.	540.	0.
WASHER/DRYER-RANSOM	700.	700.	0.
TELEVISION-RANSOM	500.	500.	0.
REFRIGERATOR-RAMSON	700.	700.	0.
SLEEPER SOFA-RANSOM	600.	600.	0.
BEDROM FURN-RANSOM	1,282.	1,282.	0.
SOFA, LOVESEAT, CHAIR-RAN	1,265.	1,265.	0.
DINING TABLE/CHAIRS-RAN	588.	588.	0.
BEDROOM FURN-RANSOM	700.	700.	0.
BEDROOM FURN-ELLIOTT	506.	506.	0.
LAZBOY CHAIRS/CHEST-BRAXT	944.	944.	0.
DINING TABLE/CHAIRS-BRAXT	448.	448.	0.
SLEEPER, CHEST, TABLE-BRAXT	948.	948.	0.
COLOR TELEVISION	500.	500.	0.
WASHER/DRYER-RANSOM	700.	700.	0.
KITCHEN TABLE/CHAIRS-MCFA	548.	548.	0.
KING SIZE SOFA-ELLIOTT	600.	600.	0.
ROOF	7,280.	324.	6,956.
COOK TOP & HOOD	587.	0.	587.
2000 DODGE RAM	18,344.	3,363.	14,981.
TN DEPT TRANSIT	5,954.	198.	5,756.
COMPUTERS - 6	2,434.	365.	2,069.
REFRIGERATOR	675.	68.	607.
TOTAL TO FORM 990, PART IV, LN 57	1,476,122.	824,353.	651,769.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT	6
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LENDER'S NAME	TERMS OF REPAYMENT
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BANK OF AMERICA

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	09/ /06	0.	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
NONE	LINE OF CREDIT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
PAYABLE TO CLIENTS	45,923.
ACCRUED LEAVE PAYABLE	91,190.
ACCRUED SALARIES	66,288.
ACCRUED PAYROLL TAXES	32,474.
OTHER PAYROLL WITHHOLDINGS	14,467.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	250,343.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, STATEMENT 8
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BETTY MCNEELY P.O. BOX 733 MURFREESBORO, TN 37133	EXECUTIVE DIRECTOR 40.00	54,745.	0.	0.
MIKE USSERY 420 N. UNIVERSITY ST. MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
SUE NEVAR 2526 WYTHE CLOSE DR. MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
SANDRA WILSON, RN 1903 WREN ST. MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
DAVID BAXTER 220 N.W. BROAD ST. MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
DR. JAMES CALDER 2011 RIVERVIEW DR. MURFREESBORO, TN 37129	BOARD MEMBER 1.00	0.	0.	0.
DAVID JONES 13219 HWY 99 EAGLEVILLE, TN 37060	BOARD MEMBER 1.00	0.	0.	0.
JOE CHRISTIAN 2207 RIVERBEND DR. MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
MARY WATKINS 1715 CELTIC CT. MURFREESBORO, TN 37129	BOARD MEMBER 1.00	0.	0.	0.
JOE MARLIN 2706 CHOCHISE CT MURFREESBORO, TN 37127	BOARD MEMBER 1.00	0.	0.	0.
JOHN W. GREEN 6 N. PUBLIC SQUARE MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.

BETTY DAVIS 1911 ESTES RUN MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
MARY BETH WILSON 214 W. COLLEGE ST. MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
HUBERT (ROCKY) AKINS 115 N. WALNUT #115 MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
JOHN RODGERS 503 N. MAPLE ST. MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		54,745.	0.	0.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	9
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	FUNDS RECEIVED FROM LOCAL BUSINESSES PAID TO CENTER UNDER CONTRACTS TO PERFORM TASKS THAT THE DEVELOPMENTALLY DISABLED CAN PERFORM IN DEVELOPING VOCATIONAL SKILLS.
93G	FUNDS RECEIVED UNDER CONTRACT WITH THE TN DIVISION OF MENTAL RETARDATION WHICH ARE USED TO ASSIST THE ADULTS SERVED THROUGH DEVELOPMENT OF LIFE SKILLS.
97B	ROOM AND BOARD RECEIVED FROM MENTALLY RETARDED ADULTS WHO LIVE IN THE CENTER'S GROUP HOME
103A	INCOME PROVIDED FROM MISCELLANEOUS SOURCES USED TO SUPPLEMENT SERVICES TO THE CLIENTS SERVED BY THE CENTER.