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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

Α	For the	2009 calenda	ar year,	or tax year beginning	January 1	, 2009,	and e	nding	Decembe	r 31	, 20 09			
В	Check if a	pplicable: Please C Name of organization D Em							Employer ic	lent	ification number			
	Address	label or Crossbridge, Inc.						1	6-1	755991				
Ц	Name ch	change print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E eturn 1998.							Telephone r	iuml	per			
¥	Initial retu Terminate		type. See	335 Murfreesboro Road				- 1	615-244-5918					
片	Amended		Specific Instruc-	City or town, state or country,	and ZIP + 4			F	Group Exemption					
Ħ		on pending	tions.	Nashville, Tennessee 372	210				Number	•				
_	• Sec	tion 501(c)(3)	organiz	ations and 4947(a)(1) none	exempt charitable trust	s must attach	1	Accounti	ina Method:	Ē	Cash 🗹 Accrual			
				npleted Schedule A (Form				Other (sp	_					
										oras	anization is not			
1 1	Websit	te:▶ Cross	sbridge	inc.ora						-	edule B (Form 990,			
-					◄ (insert no.) 4947	(a)(1) or 52	77		or 990-PF).	0	adio B (i oiiii ooo;			
	Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 ☐ 990-EZ, or 990-PF). 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													
			_	turn is not required, but if the		_		-	-					
		···		9 to determine gross receipt						:	43,266.00			
_	art			enses, and Changes						s fo				
_	1			s, grants, and similar am					. 1		23,579.00			
	2			evenue including govern					. 2		19,687.00			
	3	_							. 3		0.00			
	_		•	and assessments					4	├	0.00			
	4 5-	Investment							. 4		0.00			
	5a			m sale of assets other th	•									
	b			r basis and sales expens							0.00			
ø	C	•		n sale of assets other tha	• •			•		┝	0.00			
ž	6													
Revenue	a													
ď	1 .	reported on line 1)												
	b	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)												
	С						. <u>6c</u>	ļ	0.00					
	7a	7a Gross sales of inventory, less returns and allowances												
	b	Less: cost	•											
	c	Gross profi	it or (lo:	ss) from sales of inventor	ry (Subtract line 7b fro	m line 7a) .			. <u>7c</u>	ļ	0.00			
	8	Other rever	-						_) 8_	L	0.00			
	9	Total reve	nue. Ad	dd lines 1, 2, 3, 4, 5c, 6c,	, 7c, and 8	<u> </u>		<u></u>	▶ 9		43,266.00			
	10	Grants and	l simila	amounts paid (attach se	chedule)	<i>.</i>			. 10		2,083.07			
	11			r for members					. 11		0.00			
ŝ	12	Salaries, ot	ther co	mpensation, and employ	ee benefits				. 12		7,375.00			
Su:	13	Profession	al fees	and other payments to ir	ndependent contracto	rs			. 13		395.00			
Expenses	14	Occupancy	y, rent,	utilities, and maintenanc	e				. 14		21,154.42			
Ĥ	15			ons, postage, and shippi					. 15		0.00			
	16			lescribe 🕨 Facility Furt					_) <u>16</u>		4,359.65			
	17			Add lines 10 through 16							35,367.14			
ţ	18			for the year (Subtract lin							7,898.86			
Net Assets	19			d balances at beginning										
As		-	_	reported on prior year's							5,555.76			
e	20			net assets or fund baland							4,359.65			
_	21	Net assets	or func	l balances at end of year	r. Combine lines 18 th	rough 20 .			▶ 21		17,814.27			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990						990 instea	ad o	of Form 990-EZ.						
				(See the instructions for	or Part II.)			(A) Beginn	ing of year		(B) End of year			
2:	2 Ca	ash, savings,	and in	vestments					5,555.76	22	13,454.62			
23									0.00	23	0.00			
24	4 Ot	ther assets (d	describ	e Facility Furniture ar	nd Equipment)		0.00					
2									5,555.76	25	17,814.27			
26		otal liabilities)		0.00					
2	7 Ne	et assets or	fund b	alances (line 27 of colur	nn (B) must agree wit	h line 21) .			5,555.76	27	17,814.27			

						95 =
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
Wha	t is the organization's primary exempt purpose?	Social Services			1 ' '	ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise)(3) and 501(c)(4)
manı	ner, describe the services provided, the number of	of persons benefited, and c	other relevant info	rmation for		izations and section a)(1) trusts; optional
each	program title.				for ot	
28	Restoration Transitional Housing - Counseling Rec	overy assessment and Sunne	ort Services Life s	kills	 	
مم	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Sing - Counseling, Recovery assessment and Support Services . Life skills				
	(Grants \$ 1,500.00) If this amount	includes foreign grants, chi	eck here	<u>. ▶ ⊔</u>	28a	35,367.14
29						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	29a	
30	•		1			
	(Grants \$) If this amount	includes foreign grants, ch	ook horo	► □	200	
04					Sua	
31					 	
	(Grants \$) If this amount	includes foreign grants, che	eck nere	<u> </u>	-	
						•
Par	List of Officers, Directors, Trustees, and Key		,	` `		<u>.</u>
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
	(-)	devoted to position	enter -0)	deferred compe	nsation	other allowances
Tina	R. Mitchell	Executive Director, 20 hrs				
335	Murfreesboro Road, Nashville, TN 37210	Executive Director, 20 firs	2,700.00		0.00	0.00
Nan	Casey					•
335	Murfreesboro Road, Nashville, TN 37210	Program Director, 10 hrs	2,700.00		0.00	0.00
	ht Gunter					
	Murfreesboro Road, Nashville, TN 37210	President	0.00		0.00	0.00
			0.00		0.00	0.00
	d Caldwell	Board Member				
	Murfreesboro Road, Nashville, TN 37210		0.00		0.00	0.00
	y Runyan	Board Member				
335 1	Murfreesboro Road, Nashville, TN 37210		0.00		0.00	0.00
Susa	ın Sims	Board Member				
335 I	Murfreesboro Road, Nashville, TN 37210	Board Member	0.00		0.00	0.00
	<u></u>					
		;				
				ļ		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
		· · · · · · · · · · · · · · · · · · ·				

Part	Other Information (Note the statement requirements in the instructions for Part 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? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions, ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations, Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0.00			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		_/
41	List the states with which a copy of this return is filed. ▶ Tennessee	100		
42a		615-24	4-5918	3
	Located at ► 335 Murfreesboro Road, Nashville, TN ZIP + 4 ►	372		
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		Yes	No
	account)?	42b		<b>√</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, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	40-		
C	If "Yes," enter the name of the foreign country:	42c		<u> </u>
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	• •		
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No ✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
		000		

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) i 947(a)(1) nonexempt and 51.	nonexempt cha charitable trust	aritable s must	e trusts only. A answer questio	ll sect ns 46	tion -49b
	Did the organization engage in direct or indirect						Yes No
	candidates for public office? If "Yes," complete	,				46	<del>-   1</del> /
	Did the organization engage in lobbying activiti Is the organization a school as described in sect	•	•			47 48	<del>-   \ /</del>
	Did the organization make any transfers to an e		•			40 49a	<del>-   '</del> /
	If "Yes," was the related organization a section					49b	<del>-   '</del>
50	Complete this table for the organization's five hemployees) who each received more than \$100	nighest compensated e	employees (other	than of	ficers, directors, t	rustee	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Comper	sation	(d) Contributions to employee benefit plans & deferred compensation	(e) acc	Expense ount and allowances
None							
-							<del></del>
	Total number of other employees paid over \$10		<u> </u>				
51	Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated on. If there is none, ent	I independent co ter "None."	ntracto	rs who each rece	eived i	more than
	(a) Name and address of each independent contractor	or paid more than \$100,000		(b) Type	of service	(c) Con	npensation
None							
		BBB44444444					
d ·	Total number of other independent contractors	each receiving over \$1	100,000		0		
•	rotal matther of other medipondent contractors	caciffectiving over wi	100,000				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including according necessary	ompanying schedules er) is based on all info	and state ermation o	ements, and to the bes of which preparer has a	t of my any kno	knowledge wledge.
Sign Here	Jua R miletas Signature of officer	Ų.			8-15-60		
	Tina R. Mitchell, Executive Director			Da	ate		
	Type or print name and title						
Daid	Preparer's	Dat			Preparer's identifying nur	iber (See	instructions)
Paid Prepare	signature		self- employe	d ▶ □			•
Use Onl	I FIRE STRING IDE			EIN	<u> </u>		
	address, and ZIP + 4			Pho	ne no. 🕨		
May the	e IRS discuss this return with the preparer show	n above? See instruct	ions			Yes	□ No
					For	m 990	)-EZ (2009)

## 990-EZ

## 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)

**Open to Public** Inspection

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A For the 2000 calendar year, or tay year heginning 2009 and ending

_				C Name of appointment	January I	, 2000,	ana chaing		emper		, UU		
		applicable:	Please use IRS	C Name of organization				D Empl	_		cation number		
H	Address	=	label or	Crossbridge, Inc.					16-1755991				
H	Name cl Initial ret	·	print or type.	Number and street (or P.O. box,	, if mail is not delivered to stree	t address)	Room/suite	E Telep	hone nu	ımbe	:r		
	Termina		See	335 Murfreesboro Road					61	5-24	4-5918		
Ħ	Amende	ci return	Specific Instruc-	City or town, state or country, as	nd ZIP + 4			F Grou	ıp Exer	npti	on		
_		ion pending	tions.	Nashville, Tennessee 3721	0			Number ►					
	• Sec	tion 501(c)(3)	organiz	zations and 4947(a)(1) nonex	remnt charitable trusts mi	ust attach	G Acco	untina Me	ethod:	П	Cash Accrual		
				npleted Schedule A (Form 9			I	r (specify)					
					<u>, , , , , , , , , , , , , , , , , , , </u>						nization is <b>not</b>		
	Malaa:	and Cross	sbridge	ing ove						-	ule B (Form 990,		
	Nebsi			·· · · · · · · · · · · · · · · · · · ·	4 (	D 5	<del></del>   '			nea	ule B (FOITH 990,		
				nly one) — ✓ 501(c) ( 3 ) ◀			<del></del>	EZ, or 990					
	Check F if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A												
				turn is not required, but if the	<del></del>				lete ret	urn.			
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 43,266.00												
L	art I	Revenu	e, Exp	enses, and Changes in	n Net Assets or Func	Balanc	es (See th	e instruc	ctions	to	· Part I.)		
	1	Contribution	ons, gift	ts, grants, and similar amo	unts received				1		23,579.00		
	2	Program se	ervice r	evenue including governm	nent fees and contracts				2		19,687.00		
	3	Membersh	ip dues	and assessments					3		0.00		
	4	Investment	incom	e					4		0.00		
	5a	Gross amo	unt froi	m sale of assets other than	n inventory	5a							
	b			er basis and sales expense	-								
	C			n sale of assets other than			ine 5a)		5c		0.00		
e	6	•	-				•	,					
Revenue	1												
ě	a												
Œ		reported on line 1)											
	þ		-		•		<u> </u>						
	_C			ss) from special events and	,	1	line 6a) .     .		6c		0.00		
	7a			entory, less returns and all	lowances								
	b		-										
	c	Gross profi	it or (los	ss) from sales of inventory	(Subtract line 7b from li	ne 7a) .			7c		0.00		
	8	Other reve	nue (de	scribe >				)	8		0.00		
	9	Total reve	nue. Ad	dd lines 1, 2, 3, 4, 5c, 6c, 7	7c, and 8	<u></u>	<u> </u>	. ▶	9		43,266.00		
	10	Grants and	l similaı	r amounts paid (attach sch	nedule)				10		2,083.07		
	11	Benefits pa	aid to o	r for members				[	11		0.00		
ŝ	12	Salaries, of	ther co	mpensation, and employee	e benefits				12		7,375.00		
Š	13			and other payments to ind					13		395.00		
Expenses	14			utilities, and maintenance					14		21,154.42		
Ж	15								15		0.00		
	16			olications, postage, and shipping							4,359.65		
	17			Add lines 10 through 16 .				′	16 17		35,367.14		
	18	Excess or (	deficit)	for the year (Subtract line	17 from line 9)	· · · ·	· · · ·		18		7,898.86		
ets	19			d balances at beginning of					10		1,000,00		
SS	'			e reported on prior year's re					40		E EEE 7e		
Net Assets	00								19		5,555.76		
ž	20			net assets or fund balance					20		4,359.65		
-	21 ar <b>t  </b>			d balances at end of year.					21		17,814.27		
	वार ॥	Dalatice	31166	ets. If Total assets on line 2 (See the instructions for		o,ooo or				u 01	<del></del>		
_		<b>-</b>		•	•		_ ` `	eginning of	<del></del>		(B) End of year		
22				vestments				5,5	55.76	-	13,454.62		
23									0.00		0.00		
24				e ► Facility Furniture and			)		0.00		4,359.65		
2								5,5	55.76	25	17,814.27		
26		otal liabilitie:					)		0.00		0.00		
2	<u> N</u>	et assets or	fund b	palances (line 27 of column	n (B) <b>must</b> agree with lin	e 21) .		5,5	55.76	27	17,814.27		

Par	Statement of Program Service Accom	nlighments (Coe the instr	ustions for Dort II	1.\	_	rage =
		<u> </u>	uctions for Part II	1.)	ا	Expenses
	t is the organization's primary exempt purpose? cribe what was achieved in carrying out the orc	Social Services				uired for section (3) and 501(c)(4)
	ner, describe the services provided, the number of					nizations and section
	program title.	or persons benefited, and t	other relevant into	mation for		(a)(1) trusts; optional
	· · · · · · · · · · · · · · · · · · ·				loroi	hers.)
28	Restoration Transitional Housing - Counseling, Rec					
	training, employment skills training and family supp for 24 Clients. Other clients utilized recovery assists					
29		includes foreign grants, ch			28a	35,367.14
29						
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	(Comba &					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ ⊔	29a	
30	24%					
	44-4		*			
	/O		***************************************			
~4		includes foreign grants, ch			30a	
31						
20	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶	31a	
32 Pan	Total program service expenses (add lines 28a t	inrough 31a),		, , >	32	35,367.14
Fall	List of Officers, Directors, Trustees, and Key	(b) Title and average				· · · · · · · · · · · · · · · · · · ·
	(a) Name and address	hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	plans &	
<u></u>		devoted to position	enter -0)	deferred compe	nsation	other allowances
	R. Mitchell	Executive Director, 20 hrs				
	flurfreesboro Road, Nashville, TN 37210	, , , , , , , , , , , , , , , , , , ,	2,700.00		0.00	0.00
	Casey	Program Director, 10 hrs				
	Murfreesboro Road, Nashville, TN 37210		2,700.00		0.00	0.00
	ht Gunter	President				
	lurfreesboro Road, Nashville, TN 37210		0.00		0.00	0.00
	d Caldwell	Board Member				
335 1	flurfreesboro Road, Nashville, TN 37210		0.00		0.00	0.00
	y Runyan	Board Member				
	flurfreesboro Road, Nashville, TN 37210	Dourd Member	0.00		0.00	0.00
	n Sims	Board Member				
335 N	furfreesboro Road, Nashville, TN 37210	Dog G Wellber	0.00		0.00	0.00
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
		}				
	· · · · · · · · · · · · · · · · · · ·				1	

Part	V Other Information (Note the statement requirements in the instructions for Part V.)		•	цус С
			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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	Manage Committee	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL 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 outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
70u	section 4911 ► 5.00 ; section 4912 ► 0.00 ; section 4955 ► 0.00		49 (4) 4	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		al Andrews	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			✓
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		'
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed. ▶ Tennessee			
42a		615-24	4-5918	B
	Located at ► 335 Murfreesboro Road, Nashville, TN ZIP + 4 ►	372	10	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		./
-	If "Yes," enter the name of the foreign country:	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	•		
		[	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ ,	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		✓
	-	000	_ = 7	(0000

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	<b>xempt charit</b> itable trusts n	table trusts only. Anust answer question	All section ons 46–49b
46	Did the organization engage in direct or indirect	political campaign activiti	es on behalf o	f or in opposition to	Yes No
	candidates for public office? If "Yes," complete s	Schedule C, Part I			46 ✓
	Did the organization engage in lobbying activities				47 ✓
	Is the organization a school as described in section	, ,, ,, ,, ,	•		48 ✓
	Did the organization make any transfers to an ex	•	•		49a ✓
	If "Yes," was the related organization a section 5 Complete this table for the organization's five high				49b  ✓
	employees) who each received more than \$100,0				
		(b) Title and average	(c) Compensati	on (d) Contributions to	(e) Expense
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans 8 deferred compensation	
None					
			-		
f	Total number of other employees paid over \$100	,,000 ▶	0		
None	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Compensation
d	Total number of other independent contractors e	ach receiving over \$100,00	00▶	0	
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules and pased on all informa	statements, and to the beation of which preparer has	st of my knowledge any knowledge.
Sign Here	Sine R. mitelell			19-15-10	
	Signature of officer			Ďate	
	Tina R. Mitchell, Executive Director Type or print name and title				
Paid Prepare	Preparer's signature	Date	Check if self- employed >	Preparer's identifying nur	mber (See instructions)
Use Onl	1 FIGURE INC.			EIN ►	
	address, and ZIP + 4			Phone no. ►	3
iviay the	e IRS discuss this return with the preparer shown	above? See instructions		<u> , . ▶ </u>	1 100 110
				Fo	rm <b>990-EZ</b> (200