Form **990**

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)

2008

OMB No. 1545-0047

2000

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2008 calenda	ar year, c	or tax year begir	nning	, 20	008, and endin	ıg	_		,	
В	Check if a	applicable:		C Name of organ	ization				D Employ	er Ident	tification Numbe	er
	Addr	ress change	Please use IRS label	Fashioned	l In His Ima	age			62-1	1750	350	
	Nam	ne change	or print or type.		reet (or P.O. box if mail		eet addr) Room/s	uite	E Telepho	ne num	nber	
	Initia	al return	See specific	858 West	Trinity Lar	ne			(61	5) 6	550-7475	j
		mination	Instruc- tions.	City, town or c			tate ZIP code + 4	1				
		ended return		Nashville	<u>,</u>	т	'N 37207		G Gross	receints	\$ 136,9	142.
	=		F Name a	and address of princi				H(a) Is this	a group retur		1 1	Yes X No
			Stephanie	Parris 101 S	St Marys Ct S	mvrna	TN 37167		affiliates incl			Yes No
ī	Tax-e	exempt status			(insert no.)	4947(a)(1) or		If 'No,'	attach a list.	(see in	structions) —	<u> </u>
J		site: ► N/Z		(1)	(1 (1)()		H(c) Group	exemption nu	_{ımber} I	-	
K	Type o	of organization:	X Corpora	ation Trust	Association Of	ther ►	L Year of Forma				legal domicile:	TN
Pa		Summa				•	,					
	1 E	Briefly describ	e the org	janization's mis	sion or most signif	icant activities:	Provide sur	port and	dassista	ince 1	to women of	f all ages
Φ												
auc	_											
Governance	_											
Šov					on discontinued its						I _	
જ					erning body (Part \						5	
ies					rs of the governing ne 2a)					<u>4</u> 5	2	
Activities &					f necessary)						100	
Ac					e from Part VIII, lir					7a		0.
					from Form 990-T,					7b		
									Prior Year	•	Currer	nt Year
4	8 C	Contributions a	and gran	ts (Part VIII, lin	e 1h)				138,2	97.		15,479.
nue					ne 2g)							
Revenue	10 Ir	nvestment inc	ome (Pa	art VIII, column	(A), lines 3, 4, and	7d)			3	34.		44.
ď	11 C											-663.
	12 T	Total revenue	– add lii	nes 8 through 1	1 (must equal Part	VIII, column (A),	, line 12)		138,6	31.	1:	14,860.
	13 G	Grants and sin	nilar amo	ounts paid (Part	IX, column (A), lir	nes 1-3)				0.		
	14 B	Benefits paid t	to or for	members (Part	IX, column (A), line	e 4)						
ø	15 S	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								48.		65 , 973.
nse	16a F	Professional fu	undraisin	g fees (Part IX,	column (A), line 1	1e)						
Expenses	b T	Total fundraisi	ng exper	nses (Part IX, co	olumn (D), line 25)	•	0.					
Ш					lines 11a-11d, 11f-				98,0	00.		38 , 581.
		•	•		equal Part IX, col	•		+	161,3			04,554.
				•	18 from line 12			+	-22,7			10,306.
or Ses									nning of Y		End o	
Net Assets or Fund Balances	20 T	Total assets (F	Part X. liı	ne 16)					29,8			94,304.
t Ase d Ba	21 T	rotal liabilities	(Part X,	line 26)						0.		54,127.
ΑĒ	22 N	Vet assets or t	· fund bala	nces Subtract	line 21 from line 2	0			29,8	73.		40,177.
Pa	rt II	Signatu			21	<u> </u>					I	
		Under penalties	of perjury,	I declare that I have	e examined this return, in parer (other than officer)	nclyding accompanying	schedules and st	atements, an	ıd, to the best	of my k	knowledge and b	pelief, it is
		true, correct, ar	ia complete	. Declaration of prep	barer (other than officer)	is based on all inform	ation of which prep	Jarer nas ang	y knowledge.			
Siç	jn							0	7/23/0	9		
He	re	Signature o	f officer					Da	ate			
				Parrish				Exec	utive	Dire	ector	
		Type or prii	nt name an	d title.						- 15	1 11 11	
D-	: al						Date		heck if elf-		reparer's identif see instructions)	ying number
Pa Pre		Preparer's							mployed ►	Ш		
	rer's	signature										
Us		Firm's name (or yours if self-										
On		employed), address, and	▶						IN ►			
		ZIP + 4						Р	hone no.			
May	the IR	S discuss this	s return v	with the prepare	er shown above? (s	see instructions).					X Yes	No

Form 990 (2008) Fashioned In His Image Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	1	.,	
2	Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			
1	for public office? If 'Yes,' complete Schedule C, Part I	3		X
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			^
,	reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
24.	Did the examination have a tay exampt hand issue with an autotanding principal amount of mare than \$100,000			
246	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25			
		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ł	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х

Form 990 (2008) Fashioned In His Image Part IV | Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х

BAA Form **990** (2008)

11 Section 501(c)(12) organizations. Enter:

Form 990 (2008) Fashioned In His Image 62-1750350 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1 a 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a Х **b** If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Х 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible?.....deductible? 7 Organizations that may receive deductible contributions under section 170(c). 7 a a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? Х 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е Х benefit contract? Х 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **q** For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7a h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ... 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a X a Did the organization make any taxable distributions under section 4966? **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b Х 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If 'Yes.' enter the amount of tax-exempt interest received or accrued during the year BAA Form 990 (2008)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11 a

11b

12a

a Gross income from other members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Form 990 (2008) Fashioned In His Image 62-1750350 Page

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u> </u>		Governing Body and Management			
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, s, or changes in Schedule O. See instructions.		Yes	No
1	,	number of voting members of the governing body			
		number of voting members that are independent			
2	2 Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relationship with any other irector, trustee or key employee?	2		Х
3	B Did the o	rganization delegate control over management duties customarily performed by or under the direct supervision s, directors or trustees, or key employees to a management company or other person?	3		х
4		rganization make any significant changes to its organizational documents	4		Х
		prior Form 990 was filed?			
5	Did the o	rganization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the	organization have members or stockholders?	6		Х
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or more members of the g body?	7a		Х
	b Are any	decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	B Did the o the follow	rganization contemporaneously document the meetings held or written actions undertaken during the year by ring:			
	a The gove	rning body?	8a	Х	
	b Each cor	nmittee with authority to act on behalf of the governing body?	8b		X
9	a Does the	organization have local chapters, branches, or affiliates?	9a		Х
	b If 'Yes,' of and bran	loes the organization have written policies and procedures governing the activities of such chapters, affiliates, ches to ensure their operations are consistent with those of the organization?	9b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed? All organizations must in Schedule O the process, if any, the organization uses to review the Form 990	10		х
11	Is there a organizat	any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		х
٠.	ction B.	Policies			
<u> </u>	Cuon b.	I UIICIGO			
<u>se</u>	CHOII D.	1 Oncies		Yes	No
		organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Yes X	No
	2a Does the b Are office	,	12a 12b		No X
	2a Does the b Are office to conflic	organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> ers, directors or trustees, and key employees required to disclose annually interests that could give rise			
12	2a Does the b Are office to conflic c Does the Schedule	organization have a written conflict of interest policy? If 'No,' go to line 13	12b		х
12	2a Does the b Are office to conflic c Does the Schedule 3 Does the	organization have a written conflict of interest policy? If 'No,' go to line 13	12b 12c	Х	х
12 13 14	b Are office to conflict C Does the Schedule Does the Does the	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy?	12b 12c 13	X	х
12 13 14	c Does the Schedule Does the Does the Does the Does the Did the ppersons, The organ	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official?	12b 12c 13 14	X	х
12 13 14	c Does the Schedule Does the Does the Does the Does the Did the ppersons, The organ	organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in O how this is done</i> organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision:	12b 12c 13 14	X	x x
12 13 14	c Does the Schedule Does the Other off	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official?	12b 12c 13 14	X	x x x x x x x x x x x x x x x x x x x
13 14 15	c Does the Schedule Does the Does Does Does Does Does Does Does Doe	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? icers of key employees of the organization?	12b 12c 13 14	X	x x x x x x x x x x x x x x x x x x x
13 14 15	c Does the Schedule Does the D	organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in to how this is done</i> organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? icers of key employees of the organization? the process in Schedule O. (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? ass the organization adopted a written policy or procedure requiring the organization to evaluate its participation reputire arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt	12b 12c 13 14 15a 15b	X	x x x
13 14 15	c Does the Schedule Does the Does Does Does Does Does Does Does Doe	organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in o how this is done</i> organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? iders of key employees of the organization? the process in Schedule O. (see instructions) organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? ass the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements?	12b 12c 13 14 15a 15b	X	x x x
13 14 15	c Does the Schedule Does the Schedule Does the Organ Does The Orga	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise to: organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in the O how this is done organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? incers of key employees of the organization? the process in Schedule O. (see instructions) reganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements? Disclosures	12b 12c 13 14 15a 15b	X	x x x
13 14 15 16 <u>Se</u>	c Does the Schedule Does the D	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise to? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? icers of key employees of the organization? the process in Schedule O. (see instructions) rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements? Disclosures tates with which a copy of this Form 990 is required to be filed Fennessee	12b 12c 13 14 15a 15b	x x x	x x x x
13 14 15 16 <u>Se</u>	Pa Does the b Are office to conflice c Does the Schedule Does the List the Section C	organization have a written conflict of interest policy? If 'No,' go to line 13. ers, directors or trustees, and key employees required to disclose annually interests that could give rise to compliance or trustees, and key employees required to disclose annually interests that could give rise expected to written and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? iccers of key employees of the organization? the process in Schedule O. (see instructions) rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements? Disclosures tates with which a copy of this Form 990 is required to be filed Figure 1024 if applicable), 990, and 990-T (501(c)(3)s only) avain. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b	x x x	x x x x
13 14 15 16 <u>Se</u>	c Does the Schedule Conflict to Does the Does the Does the Does the Does the Does the Other off Describe Conflict to Does the Other off Describe to Does the Does the Other off Describe to Conflict t	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise to disclose annually interests that could give rise to how this is done. organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in o' O how this is done. organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? incers of key employees of the organization? the process in Schedule O. (see instructions) roganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year? inas the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements? Disclosures tates with which a copy of this Form 990 is required to be filed Formessee	12b 12c 13 14 15a 15b	x x x	x x x x
13 14 15 16	Pa Does the b Are office to conflice c Does the Schedule Does the List the s Section C Does the Does t	organization have a written conflict of interest policy? If 'No,' go to line 13. ers, directors or trustees, and key employees required to disclose annually interests that could give rise to compliance or trustees, and key employees required to disclose annually interests that could give rise expected to written and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? iccers of key employees of the organization? the process in Schedule O. (see instructions) rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? as the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements? Disclosures tates with which a copy of this Form 990 is required to be filed Figure 1024 if applicable), 990, and 990-T (501(c)(3)s only) avain. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a 16b	X X X	X X X X
12 13 14 15 16 17 18	Pa Does the b Are office to conflice c Does the Schedule Does the List the one Does the Does	organization have a written conflict of interest policy? If 'No,' go to line 13. ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in to how this is done organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? icers of key employees of the organization? the process in Schedule O. (see instructions) rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements? Disclosures tates with which a copy of this Form 990 is required to be filed Tennessee in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avain and the companization of the companization makes its governing documents, conflict of interest policy in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy.	12b 12c 13 14 15a 15b 16a 16b	X X X	X X X X

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	ale al	iy O		r, u c)	irector	, tru	(D)	e. (E)	(F)
Name and Title	Average	Posi	tion (that app	ly)	, ,		Estimated
	hours per week	ardividual trustee or director	anstitutional trustee	Officer	Key amployee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Kiwanis Hockett										
Board Member Chair	24.00			Х				0.	0.	0.
Allyson Young Board Member Vice Chair	1.00			х				0.	0.	0.
Shirley Clay										
Board Member Treasurer	1.00			Х				0.	0.	0.
Sherica Clark Board Member	0.50			Х				0.	0.	0.
Stephanie Parrish										
Executive Director	40.00	Х						39,528.	0.	0.

Part VII Section A. Officers, Directors, Trust		ey ı	≞m			es,	and		•	1	•
(A)	(B)	D	<i>/</i>	()	•		l. A	(D)	(E)		(F)
Name and Title	Average hours per week			Officer	Key	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amoun comp fro orgai and	imated nt of other ensation im the nization related nizations
	-										
	-										
	-										
	_										
	-										
	-										
	-										
	-										
	-										
	-										
	-										
	-										
1b Total							>	39,528.	0.	•	0.
2 Total number of individuals (including those in 1a) w	ho recei	ived	mor	re th	an S	\$100	0,000	0 in reportable co	npensation from th	е	
organization •			—								Yes No
											ies No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										3	х
4 For any individual listed on line 1a, is the sum of reg	oortable	com	pen	sati	on a	and (othe	r compensation fr	om		
the organization and related organizations greater the individual	ıan \$150	0,000)? If	f 'Ye	s' c	omp	olete	Schedule J for su	ıch	4	х
5 Did any person listed on line 1a receive or accrue co											
rendered to the organization? If 'Yes,' complete Sch	iedule J	for s	such	n per	son			· · · · · · · · · · · · · · · · · · ·		5	Х
Section B. Independent Contractors	1: 1								#100.000 (
 Complete this table for your five highest compensate compensation from the organization. 	ea inaep	enae	ent (cont	ract	ors	tnat	received more that	an \$100,000 of		
(A) Name and business addres	S							Description () of Services	(C) Compen) Isation
			—								
2 Total number of independent contractors (including to compensation from the organization ►	those in	1) w	/ho ı	rece	ivec	l mo	ore th	han \$100,000 in			

Pai	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contribns included in Ins 1a-1f: \$				
SON	h Total. Add lines 1a-1f	115,479.			
UE	Business Code				
ROGRAM SERVICE REVEN	b c d e f All other program service revenue g Total. Add lines 2a-2f				
Δ.	Investment income (including dividends, interest and				
	other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal	44.	44.	0.	0.
	6a Gross Rents 21,419. b Less: rental expenses. 22,082. c Rental income or (loss) -663.				
	d Net rental income or (loss)	-663.	-663.	0.	0.
	7a Gross amount from sales of assets other than inventory . (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
NUE	d Net gain or (loss)				
OTHER REVENU	of contributions reported on line 1c). See Part IV, line 18				
OTI	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	c d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	114,860.	-619.	0.	0.

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp	1	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	39,528.	35,575.	3,953.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	8,919.	7,919.	1,000.	0.
7	Other salaries and wages	13,339.	12,005.	1,334.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,187.	3,783.	404.	0.
	Fees for services (non-employees)				
	Management				
) Legal		0.	10,000.	0.
	Accounting				
	Lobbying				
	e Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
10	g Other				
12	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties	10 005	11 245	1 260	
16	Occupancy	12,605. 246.	11,345.	1,260.	0.
17 18	Travel		246.	0.	0.
19	Conferences, conventions, and meetings	1,227.	423.	804.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	73.	0.	73.	0.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ā	Contract Labor	1,532.	1,532.	0.	0.
ŀ	Dues & Subscriptions	239.	35.	204.	0.
	Insurance	644.	0.	644.	0.
	Printing	391.	34.	357.	0.
•	Office Supplies	1,239.	871.	368.	0.
	All other expenses	10,385.	8,609.	1,776.	0.
25	Total functional expenses. Add lines 1 through 24f	104,554.	82,377.	22,177.	0.
26	Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2008)

					(A) Beginning of year		(E End o	3) f year	
	1	Cash — non-interest-bearing			29,873.	1		40,0	20.
	2	Savings and temporary cash investments			•	2		•	
LIAB	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net		1		4			
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I	s, trustee	es, key employees,		5			
	6	Receivables from other disqualified persons (as define	d under	section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B). Comp	lete Part	II of Schedule L		6			
S	7	Notes and loans receivable, net				7			
Ĕ	8	Inventories for sale or use				8			
s	9	Prepaid expenses and deferred charges				9			
	10 a	Land, buildings, and equipment: cost basis							
	b	Less: accumulated depreciation. Complete Part VI of							
		Schedule D	10b	73.		10 c	2.	54,2	84.
	11	Investments — publicly-traded securities				11			
	12	Investments – other securities. See Part IV, line 11				12			
	13	Investments - program-related. See Part IV, line 11 .				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		29,873.	16	2	94,3	
	17	Accounts payable and accrued expenses			0.	17		4,1	27.
	18	Grants payable				18			
	19	Deferred revenue				19			
Ļ	20	Tax-exempt bond liabilities			20				
Ŗ	21	Escrow account liability. Complete Part IV of Schedule	-		21				
Ļ	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers	tees, ke	y employees,					
ŧ		of Schedule L				22			
Ė S	23	Secured mortgages and notes payable to unrelated thi		0.	23	2	50,0	00	
3	24	Unsecured notes and loans payable			<u> </u>	24		30,0	00.
	25	Other liabilities. Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			0.	26	2	54,1	27.
N		Organizations that follow SFAS 117, check here ►			<u>;.</u>			5 1 / 1	
N E T		27 through 29 and lines 33 and 34.							
A	27	Unrestricted net assets				27			
A S E T	28	Temporarily restricted net assets		T T		28			
\$	29	Permanently restricted net assets				29			
O R		Organizations that do not follow SFAS 117, check here	e ►	X and complete					
Б		lines 30 through 34.		_					
F N D	30	Capital stock or trust principal, or current funds				30			
В	31	Paid-in or capital surplus, or land, building, and equipr	nent fun	d		31			
Ľ A	32	Retained earnings, endowment, accumulated income,	or other	funds	29,873.	32		40,1	77.
BALANCES	33				29,873.	33		40,1	.77.
	34	Total liabilities and net assets/fund balances			29,873.	34	2	94,3	04.
Pa	rt XI	Financial Statements and Reporting							
								Yes	No
1			ash		Other				
		re the organization's financial statements compiled or re		•			1		_X
		re the organization's financial statements audited by an					-		X
	c If '\ rev	Yes' to 2a or 2b, does the organization have a committe iew, or compilation of its financial statements and selec	e that as	ssumes responsibility n independent accoun	tor oversight of the auditant?	ait,	2c		ì
	a As	a result of a federal award, was the organization required that Act and OMB Circular A-133?	ed to un	dergo an audit or audi	ts as set forth in the S	ingle			
		Yes,' did the organization undergo the required audit or							
ВА		1 65, and the organization undergo the required adult of	auuito:					n 990 ((2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Fashioned In His Image 62-1750350 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 5 **170(b)(1)(A)(iv).** (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 exempt 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type I Type II Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (v) Did you notify the organization in col. (i) of (i) Name of Supported Organization (vi) Is the organization in col. (i) organized in the U.S.? (iv) Is the (vii) Amount of Support rganization in col your support? governing document? Yes No Yes Yes Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line	5, 7, 01 6 01 Part	1.)			
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	66,962.	122,495.	99,590.			289,047.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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						
4	Total. Add lines 1-3	66,962.	122,495.	99,590.			289,047.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						289,047.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	66,962.	122,495.	99,590.			289,047.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	318.	664.	334.			1,316.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						·
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						290,363.
12	Gross receipts from related activi	ties, etc. (see inst	tructions)			12	
13	First five years. If the Form 990 i organization, check this box and						▶
	tion C. Computation of Pub						
	Public support percentage for 200						99.55%
15	Public support percentage for 20	07 Schedule A, Pa	art IV-A, line 26f.			15	99.63%
16 a	33-1/3 support test $-$ 2008. If the and stop here. The organization	organization did r qualifies as a publ	not check the box icly supported org	on line 13, and the particular a	ne line 14 is 33-1	/3 % or more, chec	k this box
k	33-1/3 support test $-$ 2007. If the and stop here. The organization	organization did r qualifies as a publ	not check a box or icly supported org	n line 13, or 16a, a anization.	and line 15 is 33	-1/3% or more, che	ck this box
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here	e. Explain in Part IV	how
	10%-facts-and-circumstances tes or more, and if the organization reorganization meets the 'facts-and	neets the 'facts-ar I-circumstances' t	nd-circumstances' test. The organiza	test, check this bation qualifies as a	ox and stop here a publicly suppor	e. Explain in Part IV ted organization.	' how the▶
18	Private foundation. If the organizer	ation did not chec	k a box on line, 1	ਤ, 16a, 16b, 17a,	or 17b, check thi	s box and see instr	uctions 🏲 📗

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	,,	, ,	,,	, ,	, ,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1-5						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support		•				
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	\(\frac{1}{2}\)	(1)	(2)		(*)	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 14	Total support. (add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 i organization, check this box and	s for the organiza stop here	tion's first, second	d, third, fourth, or	r fifth tax year as	a section 501(c)(3)	▶∏
Sec	tion C. Computation of Pub						
	Public support percentage for 200			e 13, column (f))		15	%
	Public support percentage from 2	•	•				%
	tion D. Computation of Inve						
				by line 13, colum	nn (f))	17	%
17	Investment income percentage for	7 2000 (IIIIC 100,					
	Investment income percentage for Investment income percentage from the company of	· ·	* *	e 27h			%
18	•	om 2007 Schedul e organization did	e A, Part IV-A, lin	x on line 14, and	l line 15 is more th	nan 33-1/3%, and li	ne 17 is not
18 19 a	Investment income percentage fr 33-1/3 support tests – 2008. If th	om 2007 Schedul e organization dic ox and stop here. e organization dic this box and stop	e A, Part IV-A, lind in the check the booth The organization in the check a box to here. The organization	x on line 14, and qualifies as a pub on line 14 or 19a, cation qualifies as	l line 15 is more the plicly supported or and line 16 is mo a publicly support	nan 33-1/3%, and li ganization ore than 33-1/3%, a rted organization .	ne 17 is not

Schedule A	(Form 990	or 990-EZ	2008	Fashio	oned	Ιn	His	Image	:		62-1750	350	Page 4
Part IV	Supplen Part II, I	nental In ine 17a (formation	on. Comp or Part I	plete II, line	this e 12.	part t Prov	o provio	de the	explanation require additional informat	d by Part ion. (see	II, line 10; instructions)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Fashioned In His Image

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

62-1750350

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds?

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

- **b** If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenues included in Form 990, Part VIII, line 1

 (ii) Assets included in Form 990, Part X

 F\$

 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following

b Assets included in Form 990, Part X. ►\$

Part III Organizations Maintaining Co	llections	of Art, Histo	rical Treasures,	or Oth	er Similar Asse	ts (coi	ntinue	d)
3 Using the organization's accession and other that apply):	er records,	check any of the	e following that are a	a signific	cant use of its collec	tion iten	ns (che	ck all
a Public exhibition		d Loan	or exchange program	ms				
b Scholarly research		e Other						
c Preservation for future generations		<u>—</u>	-					
4 Provide a description of the organization's Part XIV.	collections	and explain how	they further the org	ganizatio	n's exempt purpose	in		
5 During the year, did the organization solicit assets to be sold to raise funds rather than	or receive to be main	donations of art	, historical treasures f the organization's	s, or oth	er similar n?	Yes	Ι	No
Part IV Trust, Escrow and Custodial A	Arranger	nents Comple	ete if organizatio				0, Pa	rt
1a Is the organization an agent, trustee, custo included on Form 990, Part X?	dian, or ot	her intermediary	for contributions or	other as	ssets not	Yes	Γ	No
b If 'Yes,' explain the arrangement in Part XI				Ī		Amount		
c Beginning balance				t	1c	Amount		
				T	1d			
d Additions during the year				T T				
e Distributions during the year				T T	1e 1f			
2a Did the organization include an amount on				1		Vac		T _N
b If 'Yes.' explain the arrangement in Part XI'		Part A, line 21?				Yes	L	No
Part V Endowment Funds Complete if		ation answere	ed 'Yes' to Form	990. F	Part IV. line 10.			
	rent year	(b) Prior year			(d) Three years back	(e) [Four years	s back
1. Designing of year belongs	,		(4)		(4)	(4)	<i>j</i>	
b Contributions								
c Investment earnings or losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
q End of year balance								
2 Provide the estimated percentage of the ye	ar end bal	ance held as:						
a Board designated or quasi-endowment ► %								
b Permanent endowment ►	8							
c Term endowment ► %	_ `							
3a Are there endowment funds not in the poss	accion of t	ha arganization t	bot are hold and ad	lminiatar	and for the			
organization by:	ession or t	ne organization	ilat are lielu aliu au	ımınster	eu for trie	Ī	Yes	No
(i) unrelated organizations						. 3a(i)		
(ii) related organizations								
b If 'Yes' to 3a(ii), are the related organizatio						. 3b		
4 Describe in Part XIV the intended uses of t		•						
Part VI Investments-Land, Buildings				X. line	e 10.			
Description of investment	(a) Cos	st or other basis nvestment)	(b) Cost or other basis (other)		(c) Depreciation	(d) E	Book Va	alue
1a Land						-	_	-
b Buildings		253,255.					253,	,255.
c Leasehold improvements								
•	d Equipment					102.		
e Other								
Total. Add lines 1a-1e (Column (d) should equal	•	Part X. column (B), line 10(c).)				254.	,357.
BAA	- 7					dule D (F		

Schedule **D** (Form 990) 2008

Schedule D (10111 990) 2008 FasiiTolled III H	IS IMage	02-17	70330 Fage :
Part VII Investments—Other Securities Sec			12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial derivatives and other financial products			
Closely-held equity interests	·		
Other			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)	<u>-</u>		
Part VIII Investments-Program Related (Se		3)	
(a) Description of investment type	(b) Book value	(c) Method of valua	tion
(, h	(1)	Cost or end-of-year mar	ket value
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)	<u> </u>		
Part IX Other Assets (See Form 990, Part	•		
(i	a) Description		(b) Book value
Total. Column (b) Total (should equal Form 990, Part X		······	
Part X Other Liabilities (See Form 990, P			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Total, Column (b) Total (should equal Form 990, Part X, col. (B) line 2	25) ▶		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

		()		0	

	e D (Form 990) 2008 Fashioned In His Image	62-1750350	Page 4
Part X	■ Reconciliation of Change in Net Assets from Form 990 to Financial Statements	;	
1 To	tal revenue (Form 990, Part VIII,column (A), line 12)		
2 To	tal expenses (Form 990, Part IX, column (A), line 25)		
3 Ex	ccess or (deficit) for the year. Subtract line 2 from line 1		
4 Ne	et unrealized gains (losses) on investments		
5 Do	onated services and use of facilities		
6 Inv	vestment expenses		
7 Pr	ior period adjustments		
8 Ot	her (Describe in Part XIV)		
9 To	tal adjustments (net). Add lines 4-8		
10 Ex	ccess or (deficit) for the year per financial statements. Combine lines 3 and 9		
Part X	II Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1 To	tal revenue, gains, and other support per audited financial statements	1	
2 An	nounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Ne	et unrealized gains on investments		
b Do	onated services and use of facilities		
c Re	ecoveries of prior year grants		
d Ot	her (Describe in Part XIV)		
e Ac	ld lines 2a through 2d	2e	
3 Su	ubtract line 2e from line 1	3	
4 An	nounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Inv	vestments expenses not included on Form 990, Part VIII, line 7b		
b Ot	her (Describe in Part XIV)		
c Ac	Id lines 4a and 4b	4c	
5 To	tal revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	
Part X	III Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1 To	tal expenses and losses per audited financial statements	1	
2 An	nounts included on line 1 but not on Form 990, Part IX, line 25:		
a Do	onated services and use of facilities		
b Pr	ior year adjustments		
c Lo	sses reported on Form 990, Part IX, line 25		
d Ot	her (Describe in Part XIV)		
e Ac	dd lines 2a through 2d	2e	
3 St	ubtract line 2e from line 1	3	
4 An	nounts included on Form 990, Part IX, line 25, but not on line 1:		
a Inv	vestments expenses not included on Form 990, Part VIII, line 7b		
b Ot	her (Describe in Part XIV)		
c Ac	dd lines 4a and 4b	4c	
	tal expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5	
Part X	IV Supplemental Information		
Complet line 4; F	te this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part Art X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	t IV, lines 1b and 2b; Pa	art V,

Schedule D	(Form 990) 2008	Fashioned In	His Image			62-1750350	Page 5
Part XIV	Supplemental	Fashioned In Information (con	ntinued)				
		•	<u> </u>				
		- – – – – – – – -					
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Employer identification number Name of the organization 62-1750350 Fashioned In His Image Pt_XI, Line 3b Receive no federal awards Pt VI-C, Line 19 Posted on Giving Matters website Pt VI-A, Line 10 Posted on Giving Matters website Pt_VI-A, Line 8 The Board of Directors is the governing body and minutes are maintained

Form **8879-EO**

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginn	ning , 2008, and ending

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning _ _ _ _ , 2008, and endir

2008

▶ Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► See instructions. Employer identification number Name of exempt organization 62-1750350 Fashioned In His Image Name and title of officer Executive Director Stephanie Parrish Part I Tax Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only to enter my PIN Enter five numbers, but do not enter all zeros ERO firm name on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date ► 07/23/2009 Officer's signature Part III | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 62629410011 I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that L am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. Date **08/11/2009** ERO's signature ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2008)