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TRA DOCKET ROOM'

P O Box 212
Clarksville, TN 37041
931-552-INFO ☎ 800-539-6370
inacrisis@peoplepc.com

January 19, 2006

Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, Tn 37243-0505

To Whom It May Concern

06-00025

The Clarksville/Montgomery County Crisis Intervention Center requests that TRA allocate us as the 2-1-1 provider for Montgomery, Stewart and Houston Counties

The Crisis Center is a 24 hour, seven days a week crisis intervention, suicide prevention and information/referral that has been in operation since 1987 We are currently providing information/referral for Montgomery, Stewart and Houston counties through our *First Call for Help* (931-552-INFO) We also provide a School Safety Hotline to all students of Montgomery County

The CMCCIC is a partner agency of the United Way of Clarksville/Montgomery County, which provides our annual funding Additional funding is provided through local contributions and our annual fundraiser

I have enclosed 14 copies of the petition Please send me a dated copy Thank you

Sincerely,

Kay Martin
Chair, Board of Directors



United Way of Clarksville & Montgomery County

serving Houston, Montgomery,
and Stewart Counties



what matters

Board of Directors

January 9, 2006

Officers

Dr. K. Jean Beauchamp
President

Tennessee Regulatory Authority
Nashville, Tennessee

Steve Kemmer
Vice President

To Whom It May Concern

Lesia Goder
Campaign Chair

Deborah A. Bates
Secretary

Sherry Robertson
Treasurer

On behalf of the United Way of Clarksville-Montgomery County, we are pleased to submit this letter of recommendation in support of the petition submitted by the Clarksville-Montgomery County Crisis Intervention Center to receive the 2-1-1 telephone designation to handle Information and Referral services for Houston, Montgomery, and Stewart Counties. Our regional community has been fortunate to have had a centralized information and referral service for so many years.

Members

Yvette Gillespie
J. Phil Harpel
Mary Elaine Horn
Keith Jackson
Randall Kelley
Valerie Hunter Kelly
Garnett Ladd, III
Mark Nolan
Carolyn Pierce
Mike Rainey
Ed Rufo
Khandra Smalley
Shan Smith
David G. Wallace

The Crisis Intervention Center (CIC) was established in our community with the support of this United Way nearly two decades ago, and has been a strong partner agency throughout the years. The CIC has operated a 24-hour, 7-day a week Information and Referral line and Crisis Call line in these three counties comprising our service area (as well as for other contiguous counties) for over eighteen years and a School Safety Line in Montgomery County for over three years. The CIC has greatly assisted the efforts of our United Way efforts to better coordinate existing services in our community. The statistics it maintains annually are strong indicators for us and other non-profit agencies of shifts in needs that are occurring within our community. In partnership with our United Way, American Red Cross, Safehouse Domestic Violence Program, Rape and Sexual Abuse Center, and The Salvation Army, and other agencies our CIC provides individuals in this region access to critical services every hour of the day, 365 days a year. Because of its experience and expertise, the CIC was instrumental in enabling us to provide a single, comprehensive access point to the evacuees in our community from this past fall's hurricanes and to those wishing to assist in that effort.

The United Way of Clarksville-Montgomery County highly recommends and gives its approval for the Crisis Intervention Center to receive the 2-1-1 designation for Houston, Montgomery, and Stewart Counties and pledges to continue to support the efforts of CIC as they work to develop and implement the 2-1-1 system for our service region.

Sincerely,

Dr. K. Jean Beauchamp
President, Board of Directors

Lorraine A. Pratt
Executive Director

Lorraine A. Pratt
Executive Director

**BEFORE THE TENNESSEE REGULATORY AUTHORITY
NASHVILLE, TENNESSEE**

IN RE

)

)

PETITION OF CLARKSVILLE/MONTGOMERY

COUNTY CRISIS INTERVENTION CENTER TRA Docket No _____

ALLOCATION OF AN N11 NUMBER)

(ABBREVIATED DIALING CODE))

PETITION FOR ALLOCATION OF AN N11 NUMBER

The Crisis Intervention Center of Clarksville/Montgomery County ("Petitioner") respectfully submits this Petition for Allocation of an N11 Number (211) for the purpose of providing health and human services information and referral to citizens in Montgomery, Stewart & Houston Counties in middle Tennessee

INTRODUCTION

- 1 Petitioner is a charitable not-for-profit corporation, qualified as tax exempt under Section 501(c)(3) of the Internal Revenue Code (the "Code"), with its principal place of business in Clarksville, Tennessee
- 2 Petitioner is a 24 hour, seven days a week, crisis intervention, suicide prevention and information/referral First Call for Help is our information & referral hotline

NUMBERING RESOURCE AS TO WHICH ALLOCATION IS SOUGHT

- 3 Petitioner seeks allocation of the 211 abbreviated dialing code for Montgomery, Stewart, and Houston counties (the "Proposed Coverage Area")

STANDARD FOR GRANT OF PETITION

4 In its July 31, 2000 Order (the "FCC Order"), CC Docket No 92-105, ¶ 2, the Federal Communications Commission (the "FCC") expressly reserved the 211 abbreviated dialing code for "community information and referral services "

5 Pursuant to the October 20, 1993 Order (the "TRA Order"), Docket No 92-13892, issued by the Tennessee Public Service Commission, the following factors and criteria are used to select the most qualified applicant for an allocation of N11 number resources ¹ (i) overall financial fitness, both historical and future, (ii) overall ability (technical ability and otherwise) and willingness to provide service on a permanent and continuous basis, (iii) ability and willingness to abide by Tennessee Regulatory Authority ("TRA") rules and policies, (iv) rates, services and collection practices to be utilized by petitioner in the provision of N11 service, (v) extent and duration of petitioner's service to the local community included in the N11 allocation, (vi) anticipated future uses by the community of the proposed service to be offered by the petitioner and the petitioner's overall experience providing information to the community to be served, and (vii) the type of information services to be provided by petitioner through an abbreviated dialing code, and its relative value to the public and local community In addition, a petitioner for allocation of N11 number resources must agree to abide by the terms, conditions and rates for N11 service, which shall not exceed those set forth in the applicable Tariff

REASONS SUPPORTING ALLOCATION OF N11

6 Petitioner seeks to utilize the 211 abbreviated dialing code for provision of community information and referral services, pursuant to the TRA Order and FCC Order

¹ See July 14, 2000 TRA Order, Docket No 99-00743, reallocating 211 abbreviated access code to Knoxville Information and Referral, Inc and applying factors pursuant to the TRA Order

7 Petitioner satisfies the criteria set forth in the TRA Order

(a) Overall Financial Fitness, Both Historical and Future In 1987 , CMCCIC was approved as a Clarksville,/Montgomery County United Way partner agency Clarksville/Montgomery County Crisis Intervention Center receives annual funding from the Clarksville/Montgomery County United Way as well as civic groups, churches and an annual fundraiser

The first call was taken on March 19 , 1987 In 1988, the community information line was established (552-INFO) 24 hours, seven days a week It was changed to **“First Call for Help”** in 1997 and CMCCIC established a toll free hotline for Stewart, Houston and Cheatham counties

(b) Overall Ability (Technical Ability and Otherwise) and Willingness to Provide Service on a Permanent and Continuous Basis If allocated an abbreviated dial code, Petitioner will provide N11 service on a permanent and continuous basis The Clarksville/Montgomery County Crisis Intervention Center has a long-standing relationship with Clarksville/Montgomery County United Way to provide information and referral services for people in the Clarksville area community The Crisis Intervention Center has been serving Clarksville since 1987 The Center’s core services are 24-hour crisis counseling, suicide prevention and information referral by phone The Center handles over 5,000 calls a year from people needing Information and Referral services or crisis counseling The Crisis Intervention Center is a member of the Alliance of Information and Referral Systems (AIRS) The Crisis Intervention Center’s programs are provided by 4 employees and over 25 volunteers The Crisis Intervention Center employees will process calls received pursuant to written guidelines for the handling of inquiries

(c) Ability and Willingness to Abide by TRA Rules and Policies Petitioner will comply with all present and future rules promulgated by the TRA, including without limitation those applicable to abbreviated access dialing service

(d) Rates, Services and Collection Practices to Be Utilized by Petitioner in the Provision of N11 Service As more particularly described in Paragraph 1, above, Petitioner is a not-for-profit entity committed to providing free community information and referral services to the population of the Proposed Coverage Area. Petitioner proposes to pay all charges incurred in connection with the assignment and utilization of the abbreviated access code and the costs of ongoing operation of the abbreviated access number service, other than any applicable user-generated charges resultant from access to the service by cellular phone

(e) Extent and Duration of Petitioner's Service to the Local Community Included in the N11 Allocation Since 1987, Petitioner has been committed to community service in the Clarksville/Montgomery County area and has developed a close relationship with social service providers in the Proposed Coverage Area in a cooperative effort to enhance and improve the delivery of beneficial services to the community. The Petitioner's mission is to *"provide a 24 hour, seven days a week, anonymous & confidential crisis & information/referral telephone hot-line to anyone needing crisis intervention, suicide prevention and/or information and referral"*. The provision and support of a 211 service for proposed coverage area that encompasses Montgomery, Stewart and Houston counties Tennessee residents aligns with the mission and historical service commitment of Clarksville/Montgomery County Crisis Intervention Center

(f) Anticipated Future Uses by the Community of the Proposed Service to Be Offered by the Petitioner and the Petitioner's Overall Experience Providing Information to the Community to Be Served Petitioner has a long history of providing information to the Clarksville/Montgomery

County community All organizational financial information is freely available to the public Moreover, Petitioner anticipates that its ongoing strong relationship with social services and community information concerns will continue Because the availability of a uniform telephone access number for community information and social services would significantly reduce confusion or frustration regarding services available in the Montgomery, Stewart, and Houston Counties, while enhancing the likelihood that people in need of assistance will be directed to those specific services that would be most appropriate for and responsive to their needs, it is anticipated that a significant number of residents of the proposed coverage area will utilize the abbreviated access code system proposed by Petitioner

(g) The Type of Information Services to Be Provided by Petitioner Through an Abbreviated Dialing Code, and its Relative Value to the Public and Local Community Through the abbreviated access number service, Petitioner would serve population of the Proposed Coverage Area, providing a 24 hour, seven days a week free telephone information/referral regarding community service organizations and referral guidance to individuals seeking social services and other assistance A 211 service would tend to reduce any confusion among citizens of the Proposed Coverage Area concerning the availability of social and community services from the thousands of community service organizations located therein Thus, through the institution of Petitioner's abbreviated access number service, individuals in need of social or community service would have access to an increased number of social services which would be made available on a more uniform basis

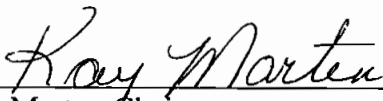
(h) Agreement to Abide by Terms, Conditions and Rates for N11 Service Petitioner agrees to abide fully by the terms, conditions and rates for N11 service set by the TRA and embodied in the Tariff. As described above in Paragraph 8(d), Petitioner expects to bear all costs of operating the N11 service, other than cellular phone connection and time charges. Therefore Petitioner's N11 rates would not exceed those set forth in the applicable Tariff.

CONCLUSION

8 Petitioner respectfully requests that the TRA allocate the 211 abbreviated dialing code for the Proposed Coverage Area which is Montgomery, Stewart and Houston counties.

Respectfully submitted,

Date
January 13, 2006



Kay Martin, Chairman
Clarksville/Montgomery County Crisis Intervention Center
1300 Madison Street/P O Box 212
Clarksville, Tn 37040
(931)648-1000 (931-552-INFO (4636)

Exhibit A Consolidated Financial Statements

Crisis Intervention Center**Balance Sheet**

As of December 31, 2005

	<u>Dec 31, 05</u>
ASSETS	
Current Assets	
Checking/Savings	
Certificate of Deposit (6,064 68
Checking	4,861 22
Savings	2,972 71
School Safety Hotline	100 00
Total Checking/Savings	<u>13,998 61</u>
Total Current Assets	<u>13,998 61</u>
TOTAL ASSETS	<u>13,998 61</u>
LIABILITIES & EQUITY	<u>0 00</u>

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

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

► For organizations with gross receipts less than \$100 000 and total assets less than \$250 000 at the end of the year

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

OMB No 1545 1150

2004**Open to Public
Inspection**

A For the 2004 calendar year or tax year beginning January 2004 and ending December 20 04	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Clarksville/Montgomery County Crisis Intervention Center Number and street (or P O box if mail is not delivered to street address) Room/suite P O Box 212 City or town state or country and ZIP + 4 Clarksville Tn 37041-0212
D Employer identification number 58 1694616	E Telephone number (931) 648 1000
F Group Exemption Number ►	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)****G** Accounting method ☐ Cash ☒ Accrual
Other (specify) ►**I** Website ►**H** Check ☐ if the organization is not required to attach Schedule B (Form 990 990-EZ or 990-PF)**J** Organization type (check only one)—☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization's gross receipts are normally not more than \$25 000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Add lines 5b, 6b, and 7b to line 9 to determine gross receipts. If \$100 000 or more, file Form 990 instead of Form 990-EZ. ► \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	68 696 00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	29 00
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
Expenses	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ►)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	68 624 00
	10	Grants and similar amounts paid (attach schedule)	10	- - - -
	11	Benefits paid to or for members	11	- - - -
	12	Salaries, other compensation, and employee benefits	12	59,738 00
	13	Professional fees and other payments to independent contractors	13	- - - -
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	5,909 00
	15	Printing, publications, postage, and shipping	15	350 00
	16	Other expenses (describe ► Bd Ins -Art Auction exp Fees-payroll taxes-supplies)	16	5 370 00
	17	Total expenses (add lines 10 through 16) ►	17	71,367 00
	18	Excess or (deficit) for the year (line 9 less line 17)	18	(2 443 00)
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19,700 00
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ►	21	17 257 00

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

(See page 40 of the instructions)

	(A) Beginning of year	(B) End of year
22	19 700 00	22 17,257 00
23	- - - -	23 - - - -
24	- - - -	24 - - - -
25	19 700 00	25 17,257 00
26	- - - -	26 - - - -
27	19 700 00	27 17 257 00

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

Cat No 10642i

Form **990-EZ** (2004)

Part III Statement of Program Service Accomplishments (See page 41 of the instructions)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
What is the organization's primary exempt purpose? telephone crisis hotline 24 hours/ 7 days a week		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	Provides 24 hour/7 days a week crisis intervention, suicide prevention & First Call for Help community information hotline 24 hours/ 7 days a week Operates the School Safety Hotline for Montgomery County elementary Middle & high school students (Grants \$ 61 930 00)	28a 71 367 00
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a) ▶ 32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid enter 0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Terrie Williams 424 Lillian Drive Clarksville Tn 37040	Executive Director (40)	31,518 00		none
Bill Ogles 6 Katie Court Clarksville Tn 37040	Chair hours vary	-0	-0	-0-
Margaret Brannon 578 Chesterfield Clarksville Tn 37043	Vice chair vary	-0	-0-	-0-

Part V Other Information (Note the attachment requirement in General Instruction V page 14)		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		<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes attach a conformed copy of the changes		<input type="checkbox"/>	<input checked="" type="checkbox"/>
35 If the organization had income from business activities such as those reported on lines 2-6 and 7 (among others) but not reported on Form 990-T attach a statement explaining your reason for not reporting the income on Form 990-T		<input type="checkbox"/>	<input type="checkbox"/>
a Did the organization have unrelated business gross income of \$1 000 or more or 6033(e) notice reporting and proxy tax requirements?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If Yes has it filed a tax return on Form 990-T for this year?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Was there a liquidation dissolution termination or substantial contraction during the year? (If Yes attach a statement)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures direct or indirect as described in the instructions ▶ 37a		<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a Did the organization borrow from or make any loans to any officer director trustee or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If Yes attach the schedule specified in the line 38 instructions and enter the amount involved 38b		<input type="checkbox"/>	<input type="checkbox"/>
39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a		<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts included on line 9 for public use of club facilities 39b		<input type="checkbox"/>	<input type="checkbox"/>
40a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶		<input type="checkbox"/>	<input type="checkbox"/>
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes attach an explanation		<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912 4955 and 4958 ▶			n/a
d Enter Amount of tax on line 40c above reimbursed by the organization ▶			n/a
41 List the states with which a copy of this return is filed ▶			
42 The books are in care of ▶ Terrie Williams Telephone no ▶ (931) 648-1000			
Located at ▶ 1300 Madison Street Clarksville Tn ZIP + 4 ▶ 37040 3822			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>			
and enter the amount of tax exempt interest received or accrued during the tax year ▶ 43			

Please Sign Here	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Signature of officer	Date		
	Terrie Williams Executive Director			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self employed)	EIN ▶		Phone no ▶ ()
	address and ZIP + 4			

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions)

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

OMB No 1545-0047

2004

Name of the organization

Clarksville/Montgomery County Crisis Intervention Center

Employer identification number

58 1694616

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none	n/a	n/a	n/a	n/a
Total number of other employees paid over \$50,000	0			

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

(a) Name and address of each independent contractor	(b) Title and average hours per week devoted to position	(c) Compensation

Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1** During the year has the organization attempted to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38 Part VI-A or line I of Part VI-B)

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

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

- a** Sale exchange or leasing of property?
b Lending of money or other extension of credit?
c Furnishing of goods services or facilities?
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
e Transfer of any part of its income or assets?

- 3a** Do you make grants for scholarships fellowships student loans etc? (If "Yes" attach an explanation of how you determine that recipients qualify to receive payments)

- b** Do you have a section 403(b) annuity plan for your employees?

- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

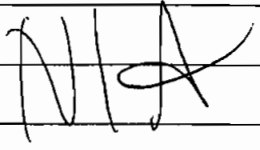
- b** Do you provide credit counseling debt management credit repair or debt negotiation services?

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

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** ☐ A church convention of churches or association of churches Section 170(b)(1)(A)(i)
6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 ☐ A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)
9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees and gross receipts from activities related to its charitable etc functions—subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6) if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

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

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	69,619 00	67,942 00	64,258 00	64,536 00	266,355 00
16 Membership fees received	0-	-0-	0	0	-0-
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	0	-0-	0	-0-	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	380 00	124 00	514 00	235 00	1,253
19 Net income from unrelated business activities not included in line 18	0	0	0	-0-	0-
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	-0-	-0-	-0-	0	-0-
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	-0-	-0-	0	-0-	-0-
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	-0-	0-	-0-	-0-	-0-
23 Total of lines 15 through 22	69,999 00	68,062 00	66,772 00	64,771 00	269,604 00
24 Line 23 minus line 17	69,999 00	68,062 00	66,772 00	64,771 00	269,604 00
25 Enter 1% of line 23	699 99	680 62	667 72	647 71	
26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24. ▶					26a 5,392 08
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶					26b n/a
c Total support for section 509(a)(1) test. Enter line 24, column (e). ▶					26c n/a
d Add amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f n/a %
27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a disqualified person, prepare a list for your records to show the name of and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) -0- (2002) -0- (2001) 0- (2000) -0-					
b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) -0- (2002) -0- (2001) -0- (2000) -0-					
c Add amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c -0-
d Add line 27a total N/A and line 27b total N/A ▶					27d -0-
e Public support (line 27c total minus line 27d total) ▶					27e -0-
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws or other governing instrument or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If Yes please describe if No please explain (If you need more space attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body faculty and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues brochures announcements and other written communications to the public dealing with student admissions programs and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered No to any of the above please explain (If you need more space attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered Yes to any of the above please explain (If you need more space attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered Yes to either 34a or b please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50 1975-2 C.B. 587 covering racial nondiscrimination? If "No" attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
45 Lobbying nontaxable amount						
46 Lobbying ceiling amount (150% of line 45(e))						
47 Total lobbying expenditures						
48 Grassroots nontaxable amount						
49 Grassroots ceiling amount (150% of line 48(e))						
50 Grassroots lobbying expenditures						

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

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

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions)

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

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

(i) Cash

(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities equipment or other assets

- (iv) Reimbursement arrangements**

- (v) Loans or loan guarantees**

- (vi) Performance of services or membership or fundraising solicitations**

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

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

	Yes	No
51a(i)		
a(ii)		
b(i)		
b(ii)		
b(iii)		
b(iv)		
b(v)		
b(vi)		
c		

[illegible]

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

► ☐ Yes ☐ No

b If Yes complete the following schedule

[illegible]

Exhibit B Budget for First Two Years of Operation

Personnel	2005/2006	2006/2007
Executive Director	32 383	33 354
Crisis Coordinator	9 907	10 204
Weekend Crisis Coordinator	7 904	8,141
Support Staff (10 hours per week)	4 908	5 125
Total Salary	55 102	56 824
Health Ins /Retirement	7 896	9 047
Total Personnel	62 998	65 871
Office Supplies	300	300
Printing/Copying	100	100
Postage	200	200
Travel/Prof Development	\$	1 500
Phone	4 500	5 000
System Maintenance		
Language Line		
School Safety Hotline	2 000	2,000
Resource House		
Misc (occupancy/Prof fee	3 328	3 328
Marketing	\$	
Total Non-Personnel	\$ 10 248	12 428
Total	\$ 73 426	78 299