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Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01/07 **, and ending** 6/30/08

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

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

C Name of organization: TAMMY LYNN MEMORIAL FOUNDATION, INC

Number and street (or P O box if mail is not delivered to street address): 739 CHAPPELL DRIVE — Room/suite:

City or town, state or country, and ZIP + 4: RALEIGH NC 27606

D Employer identification number: 56-0999619

E Telephone number: 919-832-3909

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

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

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

I Group Exemption Number ▶

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

G Website: ▶ WWW.TAMMYLYNNCENTER.ORG

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 872,240

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	415,384		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	150,000		
	e	**Total** (add lines 1a through 1d) (cash $ 526,803 noncash $ 38,581)			1e	565,384
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	4,383
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less. rental expenses	6b			
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: / (B) Other:	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1b)	9a	302,415		
	b	Less direct expenses other than fundraising expenses	9b	36,798		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	265,617
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	58
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	835,442
Expenses	13	Program services (from line 44, column (B))			13	711,501
	14	Management and general (from line 44, column (C))			14	53,532
	15	Fundraising (from line 44, column (D))			15	22,561
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	787,594
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	47,848
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	2,451,627
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1			20	24,977
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	2,524,452

SCANNED DEC 17 2008

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

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Form 990 (2007) TAMMY LYNN MEMORIAL FOUNDATION, INC 56-0999619 Page 2

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) STMT 2 (cash $ 468,740 non-cash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b	468,740	468,740		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	20,184			20,184
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	21,334	21,334		
42 Depreciation, depletion, etc (attach schedule)	42	246,291	193,634	51,696	961
43 Other expenses not covered above (itemize) a SEE STATEMENT 3	43a	31,045	27,793	1,836	1,416
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	787,594	711,501	53,532	22,561

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs$ ______ , **(ii)** the amount allocated to Program services $ ______ ,
(iii) the amount allocated to Management and general$ ______ , and **(iv)** the amount allocated to Fundraising$ ______

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ CARE OF CHILDREN AND ADULTS WITH DEVELOPMENTAL DISABILITIES All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a ICF/MR RESIDENTIAL - THE CENTER PROVIDES TWENTY-FOUR HOUR CARE,INCLUDING NURSING SERVICES, TO CHILDREN AND ADULTS FROM BIRTH THROUGHOUT THE LIFESPAN WHO HAVE SEVERE AND PROFOUND DEVELOPMENTAL DISABILITIES. (Grants and allocations $ 0) If this amount includes foreign grants, check here ▶ ☐	181,084
b SEE STATEMENT 4 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	32,056
c EARLY INTERVENTION - THE CENTER PROVIDES COMPREHENSIVE INDIVIDUALIZED IN-HOME THERAPIES, HOME TRAINING PROGRAMS AND FAMILY SUPPORT SERVICES TO CHILDREN BIRTH TO THREE YEARS OLD WHO HAVE DEVELOPMENTAL DISABILITIES. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	8,404
d RESPITE CARE - THE CENTER TRAINS CARE PROVIDERS TO PROVIDE CARE IN THE HOMES OF PARENTS OF CHILDREN AND ADULTS WHO HAVE DEVELOPMENTAL DISABILIES. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	3,140
e Other program services (attach schedule) SEE STMT 5 (Grants and allocations $ 468,740) If this amount includes foreign grants, check here ▶ ☐	486,817
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	711,501

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Part IV Balance Sheets (See the instructions.)

					(A) Beginning of year		(B) End of year
		Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
Assets	45	Cash—non-interest-bearing				45	
	46	Savings and temporary cash investments			307,111	46	502,187
	47a	Accounts receivable	47a	5,632			
	b	Less: allowance for doubtful accounts	47b		3,087	47c	5,632
	48a	Pledges receivable	48a	359,595			
	b	Less: allowance for doubtful accounts	48b		348,618	48c	359,595
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a	Investments—land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)				56	
	57a	Land, buildings, and equipment. basis	57a	5,588,389			
	b	Less. accumulated depreciation (attach schedule) SEE STATEMENT 6	57b	3,734,198	1,956,385	57c	1,854,191
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 7)			90,467	58	71,046
	59	**Total assets** (must equal line 74). Add lines 45 through 58			2,705,668	59	2,792,651
Liabilities	60	Accounts payable and accrued expenses			20,870	60	40,337
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET			233,113	64b	227,862
	65	Other liabilities (describe ▶ SEE STATEMENT 8)			58	65	
	66	**Total liabilities.** Add lines 60 through 65			254,041	66	268,199
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			2,020,715	67	2,051,048
	68	Temporarily restricted			430,912	68	473,404
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			2,451,627	73	2,524,452
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			2,705,668	74	2,792,651

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Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	920,420
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	96,799		
3	Recoveries of prior year grants	b3			
4	Other (specify) SEE STATEMENT 9	b4	24,977		
	Add lines b1 through b4			b	121,776
c	Subtract line b from line a			c	798,644
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) SEE STATEMENT 10	d2	36,798		
	Add lines d1 and d2			d	36,798
e	**Total revenue** (Part I, line 12) Add lines c and d ▶			e	835,442

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	415,653
b	Amounts included on line a but not Part I, line 17				
1	Donated services and use of facilities	b1	96,799		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines b1 through b4			b	96,799
c	Subtract line b from line a			c	318,854
d	Amounts included on Part I, line 17, but not on line a.				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) SEE STATEMENT 11	d2	468,740		
	Add lines d1 and d2			d	468,740
e	**Total expenses** (Part I, line 17) Add lines c and d ▶			e	787,594

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
SEE STATEMENT 12				

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 20			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 13 and check whether it is [X] exempt or [ ] nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b	Did the organization file **Form 1120-POL** for this year? N/A	81b		

Part VI Other Information (continued)

					Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.) SEE STMT 14	82b	96,799			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year					
c	Dues, assessments, and similar amounts from members	85c				
d	Section 162(e) lobbying and political expenditures	85d				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a				
b	Gross receipts, included on line 12, for public use of club facilities	86b				
87	501(c)(12) orgs Enter. a Gross income from members or shareholders	87a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b				
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX			88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶			88b		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0					
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶		0			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			89e		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?			89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			89g		X

90a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) | 90b | 0

91a The books are in care of ▶ MARY FREEMAN Telephone no ▶ 919-832-3909
739 CHAPPELL DRIVE
Located at ▶ RALEIGH, NC ZIP + 4 ▶ 27606-3299

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If " Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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

Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,383	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			25	265,617	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS INCOME					58
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		270,000	58

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 270,058

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103B	MISCELLANEOUS SALES, REFUNDS, & REIMBURSEMENTS ARE A NORMAL PART OF THE ORGANIZATION'S OPERATIONS.

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

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

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

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

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

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

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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 [redacted] correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

[redacted] 11-11-08

Signature of officer Date

Mary H. Freeman, President & CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature [redacted]

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

LANGDON & COMPANY, C[redacted]
223 US HIGHWAY 70 EA[redacted]
GARNER, NC 27529-40[redacted]

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization: TAMMY LYNN MEMORIAL FOUNDATION, INC

Employer identification number: 56-0999619

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 empl benefit plans & deferred comp	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

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

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

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

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Part III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶ ______

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ ______

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization.

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

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

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	710,256	821,458	309,348	391,414	2,232,476
16	Membership fees received					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	316,688	224,129	3,193	461,220	1,005,230
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,111	3,899	1,748	2,214	13,972
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					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
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets STMT 15		191		9,833	10,024
23	Total of lines 15 through 22	1,033,055	1,049,677	314,289	864,681	3,261,702
24	Line 23 minus line 17	716,367	825,548	311,096	403,461	2,256,472
25	Enter 1% of line 23	10,331	10,497	3,143	8,647	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ **26a** 45,129

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 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 320,722

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 2,256,472

d Add Amounts from column (e) for lines 18 13,972 19 ______ 22 10,024 26b 320,722 ▶ **26d** 344,718

e Public support (line 26c minus line 26d total) ▶ **26e** 1,911,754

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 84.7231 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year N/A

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year: N/A

(2006) (2005) (2004) (2003)

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ **27c**

d Add Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

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 2003 through 2006, 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 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check ▶ a [ ] if the organization belongs to an affiliated group Check ▶ b [ ] if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
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-	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		

If the amount on line 40 is-	The lobbying nontaxable amount is-
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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? ▶ [X] Yes [ ] No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
TAMMY LYNN ENDOWMENT	SEC. 501(C)(3)	BROTHER-SISTER
TLC OPERATIONS, INC.	SEC. 501(C)(3)	BROTHER-SISTER

TLMFOUND

Special Events Schedule

Form **990**

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

2007

Name: TAMMY LYNN MEMORIAL FOUNDATION, INC

Employer Identification Number: 56-0999619

	(A)	(B)	(C)	Others	Total
Gross receipts	233,705	68,710	0	0	302,415
Less contributions	0	0	0	0	0
Gross revenue	233,705	68,710	0	0	302,415
Less direct expenses	21,698	15,100	0	0	36,798
Net income (loss)	212,007	53,610	0	0	265,617

Description

(A) A TOAST TO THE TRIANGLE

(B) GOLF TOURNAMENT

(C)

Others

Forms **990 / 990-PF**

Mortgages and Other Notes Payable

2007

For calendar year 2007, or tax year beginning 7/01/07 , and ending 6/30/08

Name: TAMMY LYNN MEMORIAL FOUNDATION, INC

Employer Identification Number: 56-0999619

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

	Name of lender	Relationship to disqualified person
(1)	US DEPARTMENT OF HUD	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	280,200	10/24/84	7/01/25	MONTHLY PAYMENTS OF $2,215	9.250
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	ICF/MR RESIDENCE	HOUSING FOR HANDICAPPED RESIDENTS
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

	Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		233,113	227,862
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		233,113	227,862

Federal Statements

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
CHANGE IN PV OR A/R	$ 24,977
TOTAL	$ 24,977

Federal Statements

Statement 2 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Relationship to Org	Class of Activity				
Date of Gift	**Description of Property**	**Cash Contrib**	**NonCash Contrib**	**Book Value**	**BV Expl**	**FMV Expl**
			PAYMENTS TO TLC OPERATIONS, INC. AN IRC SEC. 501(C)(3) ORGANIZATION, TO PROVIDE CARE TO DISABLED CHILDREN AND ADULTS			
		$ 468,740	$	$		
TOTAL		$ 468,740	$ 0	$ 0		

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
MISCELLANEOUS EXPENSES	2,983	631	1,836	516
FOOD / PROVISIONS	28,062	27,162		900
TOTAL	$ 31,045	$ 27,793	$ 1,836	$ 1,416

Statement 4 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

Description

DAY SERVICES - THE CENTER PROVIDES SPECIAL EDUCATION AND RELATED SERVICES, INCLUDING NURSING SERVICES, BEFORE AND AFTER SCHOOL CARE FOR CHILDREN WITH SEVERE AND PROFOUND DEVELOPMENTAL DISABILITIES AND MEDICALLY COMPLEX ISSUES, AS WELL AS A SUMMER PROGRAM FOR SCHOOL AGED CHILDREN AND SUMMER CAMP FOR YOUNG CHILDREN WITH AUTISM AND SIMILAR CONDITIONS.

Statement 5 - Form 990, Part III, Line e - Other Program Services

Description

PAYMENTS TO TLC OPERATIONS, INC., A RELATED ORGANIZATION EXEMPT UNDER IRC SEC 501(C)(3), TO PROVIDE CARE TO DISABLED CHILDREN AND ADULTS. (TOTAL $468,740)
COMMUNITY INCLUSION - A SUPERVISED-LIVING APARTMENT BUILDING (MELROSE RESIDENCE). (TOTAL $18,077)

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDINGS, IMPROVEMENTS, & EQUIPMENT	$ 5,444,292	$ 3,487,907	$ 5,588,389	$ 3,734,198
TOTAL	$ 5,444,292	$ 3,487,907	$ 5,588,389	$ 3,734,198

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
FUNDS HELD IN ESCROW	$ 62,405	$ 71,046
ASSETS HELD FOR FUTURE USE	28,062	
TOTAL	$ 90,467	$ 71,046

Federal Statements

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
NONCANCELLABLE OPERATING LEASE OBLIG	$ 58	$
TOTAL	$ 58	$ 0

Statement 9 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
CHANGE IN PV OR A/R	$ 24,977
TOTAL	$ 24,977

Statement 10 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
RECLASSIFICATION OF INTERCOMPANY FUNDRAISING EXPENSE	$ 36,798
TOTAL	$ 36,798

Statement 11 - Form 990, Part IV-B - Other Expenses included on Return

Description	Amount
INTERCOMPANY EXPENSES ELIMINATED THROUGH CONSOLIDATION	$ 468,740
TOTAL	$ 468,740

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
CHARLES D. LEFFLER CAMPUS BOX 7201/B HOLLADAY HALL RALEIGH NC 27695	DIRECTOR	0	0	0	0
CHARLES B. SAWYER PO BOX 1551 RALEIGH NC 27602	DIRECTOR	0	0	0	0
DANA C. DORROH 2841 PLAZA PLACE, SUITE 110 RALEIGH NC 27612	DIRECTOR	0	0	0	0
DANNA BEITH 505 ANNANDALE DRIVE CARY NC 27511	DIRECTOR	0	0	0	0
JUDY H. CHARLES 207 E HARGETT ST RALEIGH NC 27601	DIRECTOR	0	0	0	0
FRANCIS W. CRAWLEY P.O. BOX 629 RALEIGH NC 27602	DIRECTOR	0	0	0	0
C. DURHAM MOORE, JR. 2102 FERNGLENN PL CARY NC 27511	DIRECTOR	0	0	0	0
MARTE THOMPSON 2600 WAKE FOREST RD RALEIGH NC 27609	DIRECTOR	0	0	0	0
DARREN DASBURG PO BOX 5592 CARY NC 27513	DIRECTOR	0	0	0	0

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
OWEN F. SMITH 419 NORTH BOYLAN AVENUE RALEIGH NC 27603	DIRECTOR	0	0	0	0
H. DEWEY YOUNG, JR. 256 W. MILLBROOK ROAD RALEIGH NC 27609	DIRECTOR	0	0	0	0
STEPHEN HENDERSON 5329 SENDERO DR RALEIGH NC 27612	DIRECTOR	0	0	0	0
DAVID LAZZO 5310 NC HWY 55, SUITE 101 DURHAM NC 27713	DIRECTOR	0	0	0	0
JAN POWELL 302 JEFFERSON ST, SUITE 110 RALEIGH NC 27605	DIRECTOR	0	0	0	0
ROSS VAUGHAN 3000 NEW BERN AVE RALEIGH NC 27610	DIRECTOR	0	0	0	0
GARY BAN 113 WHITE SANDS DR CARY NC 27513	DIRECTOR	0	0	0	0
JIM R. HARRIS 1001 WADE AVE, SUITE 300 RALEIGH NC 27605	DIRECTOR	0	0	0	0
JEFFREY D. LINK 3605 GLENWOOD AVE, SUITE 310 RALEIGH NC 27612	DIRECTOR	0	0	0	0

Federal Statements

Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
DAVID S. WHITE 15200 WESTON PKWY #103 CARY NC 27613	DIRECTOR	0	0	0	0
ZEKE CREECH PO BOX 389 RALEIGH NC 27601	DIRECTOR	0	0	0	0

Federal Statements

Statement 13 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

Name of related organization(s)	Type
ORGANIZATIONS RELATED THROUGH COMMON MEMBERSHIP, GOVERNING BODIES, TRUSTEES, OFFICERS, ETC.	
TLC OPERATIONS INC 56-1949972	EXEMPT
TAMMY LYNN ENDOWMENT, INC 56-1949971	EXEMPT
TAMMY LYNN CENTER, INC 56-1949970	EXEMPT

Statement 14 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
LEASED SPACE	$ 8,750
IN KIND SERVICES	88,049
TOTAL	$ 96,799

Statement 15 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
MISCELLANEOUS	$	$ 191	$	$ 9,833
TOTAL	$ 0	$ 191	$ 0	$ 9,833