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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FRIENDS OF MUR-CI HOMES, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 2984 BABY RUTH LANE City or town, state or country, and ZIP + 4 ANTIOCH, TN 37013	D Employer identification number 62-1550063
	E Telephone number (615) 641-6446		
	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: ▶ WWW.MURCI.ORG

J Tax-exempt status (check only one) - ☒ 501(c) (3) (insert no.) 4947(a)(1) or 527

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . ▶ \$ 45,307.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	41,089.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2.
	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 (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G, if any amount is from gaming, check here)		
	6a	Gross revenue (not including \$ 7,365. of contributions reported on line 1)	6a	4,170.
	6b	Less: direct expenses other than fundraising expenses	6b	1,243.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,927.
	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 (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ ATCH 5)	8	46.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	44,064.
	Expenses	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	0.
13		Professional fees and other payments to independent contractors	13	950.
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ▶ ATCH 7)	16	5,239.
17		Total expenses. Add lines 10 through 16	17	37,345.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,719.
	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	560,450.
	20	Other changes in net assets or fund balances (attach explanation)	20	44,869.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	612,038.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	560,450.	612,038.
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	560,450.	612,038.
26	Total liabilities (describe ▶)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	560,450.	612,038.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 ATTACHMENT 11

(Grants \$	31,156.) If this amount includes foreign grants, check here	<input type="checkbox"/>
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28a

31,156.

29

(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

31,156.

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ JIMMY MYATT Telephone no ▶ 615-641-6446		
Located at ▶ 2984 BABY RUTH LANE ANTIOCH, TN ZIP + 4 ▶ 37013		
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)?	42b	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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country ▶		
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes** **No**
 46 ☐ ☒ X
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **Yes** **No**
 47 ☐ ☒ X
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **Yes** **No**
 48 ☐ ☒ X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **Yes** **No**
 49a ☐ ☒ X
- b If "Yes," was the related organization a section 527 organization? **Yes** **No**
 49b ☐ ☒ X
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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				

f Total number of other employees paid over \$100,000 NONE

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 NONE

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 Bob Blair - Treasurer		Date 3/29/11	
Paid Preparer's Use Only	Type or print name and title Bob Blair - Treasurer			
	Preparer's signature Richard M. Instead	Date 3-28-11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) P00231865
	Firm's name (or yours if self-employed), address, and ZIP + 4 CROSSLIN & ASSOCIATES, P.C. 2525 WEST END, SUITE 1100 NASHVILLE, TN 37203		EIN 62-1336737	Phone no 615-320-5500
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Form 990-EZ (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	28,253	32,883	34,549	19,105	41,089	155,879
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.	28,253	32,883	34,549	19,105	41,089	155,879
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						155,879

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	28,253	32,883	34,549	19,105	41,089	155,879
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,617	10,029	9,528	54	2	28,230
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	32,254	34,083	19,935	1,423	2,927	90,622
11 Total support. Add lines 7 through 10						274,731
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	56.74 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	48.59 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
GOLF TOURNAMENT REVENUE	32,254	34,083	19,935	1,360	0.	87,632
50TH ANNIVERSARY CELEBRATION	0	0	0	0.	2,927	2,927
OTHER	0.	0	0	63.	46.	109
TOTALS	<u>32,254</u>	<u>34,083</u>	<u>19,935</u>	<u>1,423</u>	<u>2,973</u>	<u>90,668</u>

ATTACHMENT 2FORM 990EZ, PART I - INVESTMENT INCOMEDESCRIPTIONAMOUNT

INTEREST INCOME

2.

TOTAL

2.

ATTACHMENT 3FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONSDESCRIPTIONAMOUNT

7,365.

TOTAL

7,365.

ATTACHMENT 4

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GOLF TOURNAMENT	0.	0.	0.
50TH ANNIVERSARY CELEBRATION	4,170.	1,243.	2,927.
TOTALS	<u>4,170.</u>	<u>1,243.</u>	<u>2,927.</u>

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS INCOME

46.

TOTALS

46.

ATTACHMENT 6

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
MUR-CI HOMES, INC 2984 BABY RUTH LANE ANTIOCH, TN 37013	RELATED NOT-FOR-PROFIT ORGANIZATION NOT-FOR-PROFIT	TO PROVIDE FUNDS FOR MURCI-HOMES	31,156.
		TOTAL CONTRIBUTIONS PAID	<u>31,156.</u>

ATTACHMENT 7FORM 990EZ, PART I - OTHER EXPENSES

BANK CHARGES	215.
BUSINESS EXPENSES	25.
CONTRACTED SERVICES	3,900.
FOM LUNCHEON	430.
DUES AND SUBSCRIPTIONS	140.
MISC EXPENSES	529.
TOTAL	<u>5,239.</u>

ATTACHMENT 8FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCESINCREASES IN FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS

44,869.

TOTAL

44,869.

ATTACHMENT 9FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	34,419.	41,138.
SAVINGS	0.	
INVESTMENTS - OTHER	526,031.	570,900.
TOTALS	<u>560,450.</u>	<u>612,038.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE FUNDING FOR MUR-CI HOMES, INC - A 501(C)(3) ORG.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 11

PROGRAM SERVICE ACCOMPLISHMENT 1

RESTRICTED FUNDING IS GIVEN TO MUR-CI HOMES, INC - A
501(C)(3) ORGANIZATION THAT PROVIDES RESIDENTIAL CARE &
PROGRAM SERVICES FOR SEVERELY/PROFOUNDLY MENTALLY
HANDICAPPED INDIVIDUALS.

FRIENDS OF MUR-CI HOMES, INC.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

62-1550063

ATTACHMENT 12

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
BILL ROCHFORD 2984 BABY RUTH LANE ANTIOCH, TN 37013	PRESIDENT 2.00	0.
BETTY TIESLER 2984 BABY RUTH LANE ANTIOCH, TN 37013	VICE-PRESIDENT 1.00	0.
MARVA BICKNELL 2984 BABY RUTH LANE ANTIOCH, TN 37013	SECRETARY 2.00	0.
BOB BLAIR 2984 BABY RUTH LANE ANTIOCH, TN 37013	TREASURER 2.00	0.
BRUCE ANSTEY 2984 BABY RUTH LANE ANTIOCH, TN 37013	BOARD MEMBER 1.00	0.
HANS GRASMAN 2984 BABY RUTH LANE ANTIOCH, TN 37013	BOARD MEMBER 1.00	0.
BRUCE KARCHER 2984 BABY RUTH LANE	BOARD MEMBER 1.00	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 12 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>
ANTIOCH, TN 37013		
BRANDEN MILLER 2984 BABY RUTH LANE ANTIOCH, TN 37013	BOARD MEMBER 1.00	0.
PAULA NANCE 2984 BABY RUTH LANE ANTIOCH, TN 37013	BOARD MEMBER 1.00	0.
MICHAEL PUGH 2984 BABY RUTH LANE ANTIOCH, TN 37013	BOARD MEMBER 1.00	0.
DWIGHT SMITH 2984 BABY RUTH LANE ANTIOCH, TN 37013	BOARD MEMBER 1.00	0.
BOB WINGFIELD 2984 BABY RUTH LANE ANTIOCH, TN 37013	BOARD MEMBER 1.00	0.
PAT WAGGONER 2984 BABY RUTH LANE ANTIOCH, TN 37013	BOARD MEMBER 1.00	0.
GRAND TOTALS		<u>0.</u>