Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service (77) 2007, and ending For the 2007 calendar year, or tax year beginning D Employer identification number C Name of organization Piease use IRS B Check if applicable. 62:132991 Godlettsville HelpCenter Address change label or print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change type. See lepotst Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash Accrual Termination Instruc. addlet sville TNtions. Other (specify) Amended return H and I are not applicable to section 527 organizations. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(b)** If "Yes," enter number of affiliates ▶ G Website: ▶ 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 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. Group Exemption Number ▶ Check ► ☐ if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶273356 4 6 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds 1b **b** Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) . . . 1d d Government contributions (grants) (not included on line 1a) 267,378,29 e Total (add lines 1a through 1d) (cash \$181,878,39 noncash \$85,500.00) Program service revenue including government fees and contracts (from Part VII. line 93) 3 Membership dues and assessments 3 4 Interest on savings and temporary cash investments 5 5 Dividends and interest from securities . 6a 6a Gross rents 6b **b** Less: rental expenses 6,000,00 6с c Net rental income or (loss), Subtract line 6b from line 6a Other investment income (describe > 7 (B) Other RECEIVED 8a Gross amount from sales of assets other 8a than inventory 8b **b** Less: cost or other basis and sales expenses. APR 2 8 2008 8c c Gain or (loss) (attach schedule) 8d d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here OGDEN. UT a Gross revenue (not including \$ 9b **b** Less: direct expenses other than fundraising expenses 9с c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances . . . |10a 10c c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a Other revenue (from Part VII, line 103) . 11 11 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 13 13 Program services (from line 44, column (B)) 14 14 Management and general (from line 44, column (C)) 15 15 Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) . 16 Total expenses. Add lines 16 and 44, column (A) 17 18 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)). Other changes in net assets or fund balances (attach explanation). 20 20 Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Form 990 (2007

 22a	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.					ee the instructions
22a	OD, OD, 9D, TOD, OF TO OFF ARET.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule) (cash \$					
	If this amount includes foreign grants, check here	22a				
22h	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$)					4
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals (attach schedule)	23	192,804.17	192,804.17		
24	Benefits paid to or for members (attach	24				Search Control
	schedule)					
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	12,150,00		12,150,00	
h	Compensation of former officers, directors,		3.			
D	key employees, etc listed in Part V-B	25b				
_						
С	Compensation and other distributions, not included above, to disqualified persons (as	ļ				
	defined under section 4958(f)(1)) and persons	1				
	described in section 4958(c)(3)(B)	25c				
	Salaries and wages of employees not included		77//	20,628,80	17 41086	
	on lines 25a, b, and c	26	38,037.66	20,628,80	1 1, 100,00	
27	Pension plan contributions not included on	İ		-		
	lines 25a, b, and c	27				
28	Employee benefits not included on lines					
	25a – 27	28			2555	
29	Payroll taxes	29	3,577,81		3577.81	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	1 0//		11100011	
33	Supplies	33	1,483.84		1483,84	
34	Telephone	34	2,029,98		2,02 9.98	
35	Postage and shipping	35	386.95		280,95	
36	Occupancy		23,759,13		23,759,13	
37	Equipment rental and maintenance	37	352,75		3 <i>5</i> 2.75	
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40	2/10572		5 1105 70	
41	Interest	41	2485,70		3,485,70	
42	Depreciation, depletion, etc. (attach schedule)	42	3,645,00	-	3643,00	
43	Other expenses not covered above (itemize):	120	8 23.75		823,75	
а	Dues / Fee S	43a 43b	2,245,67		2245,67	
b	vehicles	43c	213.09	-	213,09	
	volunteer/employee recognition	43d	0110,01		<u> </u>	
		43e		· · · · · · · · · · · · · · · · · · ·		
		43f				
		43g		-		
•		-3				
44	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing columns (B)-(D), carry these totals to lines					
	13–15)	44	283 889.50	213,432,97	70,456,53	
Join	Costs. Check ▶ ☐ if you are following SOP	98-2		· J	·	

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.

	hat is the organization's primary exempt purpose? Fmergency Assistance		Program Service Expenses
All of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the numb clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (er	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
οrg	ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others	, 4) 3.)	trusts, but optional for others)
а	In 2007, we Served 8,778 people. We gave clothing to 504	$ec{t}$	
	families; ted 2 865 tamilies cassisted 262 tamilies with		
	utilities, assisted 35 families with transportation; assisted 13		
	people with medical needs; provided		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶		212,172,15
b	In 2007, 5 Unlaren Darticipated in the EXpressiony S		
	To Learning literacy program		
		-	
		İ	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [1,260.8
c		十	1,0,00,00
Ī		ŀ	
	•		
		ı	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [_	
d) it this amount includes loreign grants, check here >	井	
u			
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [_	
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [Other program services (attach schedule)	4	
J	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [\neg	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	<u>-</u> 1	213,432,97
_			_ <u>, </u>

Form **990** (2007)

Pa	rt IV	Balance Sheets (See the instructions.	<i>)</i>			
N		Where required, attached schedules and amounts column should be for end-of-year amounts only.	within the description	(A) Beginning of year		' (B) " End of year
_	45	Cash—non-interest-bearing		71,837,90	45	33,874,66
	46	Savings and temporary cash investments .		31,787,86	46	49 795,19
		3			. 4)
	47a	Accounts receivable	47a			Q (C
		Less: allowance for doubtful accounts .	47b		47c	121.94
		,				
	48a	Pledges receivable	48a			
		Less: allowance for doubtful accounts .	48b		48c	
	49	Grants receivable			49	
		Receivables from current and former officers	directors trustees and			
	30a	key employees (attach schedule)			50a	
	h	Receivables from other disqualified persons (
		4958(f)(1)) and persons described in section 495		50b		
	51a	Other notes and loans receivable (attach	0(0)(0)(2) (4:140:1-001-042:0)		1	
ß	310	schedule)	51a			
Assets	h	Less: allowance for doubtful accounts	51b		51c	
As	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
		Investments—publicly-traded securities	► Cost FMV		54a	
		Investments—other securities (attach schedu			54b	
		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 249,489,95			
		Less: accumulated depreciation (attach	1 1	_		
		schedule)	57b 31,632,08	221,502 81	57c	217,851,81
	58	Other assets, including program-related inve	stments	//		402 29
		(describe > Utility Deposit)	493,29	58	493,29
	59	Total assets (must equal line 74). Add lines	45 through 58	325,621.92	59_	302,142,95
	60	Accounts payable and accrued expenses .		802,13	60	1,369,53
	61	Grants payable			61	
	62	Deferred revenue			62	
es	63	Loans from officers, directors, trustees, and	ł key employees (attach			
≅		schedule)			63	<u> </u>
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		42 122 =	64a	
	b	Mortgages and other notes payable (attach s	schedule)	40,198,70	64b	26,661,37
	65	Other liabilities (describe ►)		65	
		-		14 00083		20 030 90
	66_	Total liabilities. Add lines 60 through 65 .		41,000.83	66	28,030,90
	Orga	inizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74.	→ □ and complete lines			
Š	67	Unrestricted			67	
ä	68	Temporarily restricted			68	
3a	69	Permanently restricted			69	
nd Balances		nizations that do not follow SFAS 117, check				
Fund	Orga	complete lines 70 through 74.	. Here > and			
ō	70	Capital stock, trust principal, or current fund			70	
Net Assets	71	Paid-in or capital surplus, or land, building, a			71	
SS	72	Retained earnings, endowment, accumulated			72	
žt A	73	Total net assets or fund balances. Add line			3	
ž		70 through 72. (Column (A) must equal line		284,621,09		274,112,05
	74	equal line 21)			73	302 110 00
	74	Total liabilities and net assets/fund balance	es. Add lines of and /3	325,621,92	74	302,142,95

Pa	TIV-A Reconciliation of Revenue per Audinstructions.)	lited Financial Staten	nents With Rev	enue per Return	(See the
<u> </u>	Total revenue, gains, and other support per audit	ted financial statements		а	
b	Amounts included on line a but not on Part I, line				
1	Net unrealized gains on investments		b1	\$	
2	Donated services and use of facilities		b2		NILA
3	Recoveries of prior year grants		b3		N H
4	Other (specify):			(A 6)	•
·			b4		
	Add lines b1 through b4	***************************************		b	
С	Subtract line b from line a				
ď	Amounts included on Part I, line 12, but not on li				-
1	Investment expenses not included on Part I, line		d1	,	
2	Other (specify):			San San San San San San San San San San	
	(- //		d2		
	Add lines d1 and d2			d	
е	Total revenue (Part I, line 12). Add lines c and d	<u></u>		▶ e	
Pa	T IV-B Reconciliation of Expenses per Au		•		rn
a	Total expenses and losses per audited financial			<u>a</u>	
b	Amounts included on line a but not on Part I, line		b 1		
1	Donated services and use of facilities		b2		110
2	Prior year adjustments reported on Part I, line 20		b3		NIH
3	Losses reported on Part I, line 20		D3		1 1 1 2
4	Other (specify):		b4		
	Add Para by Managaria B. 4			ь	
_	Add lines b1 through b4			· · · c	
C					
d	Amounts included on Part I, line 17, but not on li		d1		
1	Investment expenses not included on Part I, line Other (specify):		 		
2	Other (specify).		d2		
	Add lines d1 and d2		•	d	
e	Total expenses (Part I, line 17). Add lines c and	d		▶ e	
Pai	t V-A Current Officers, Directors, Trustees or key employee at any time during the ye				
	or key employee at any time during the ye	(B)		(D) Contributions to employe	
	(A) Name and address	Title and average hours per	(If not paid, enter	benefit plans & deferred	and other allowances
	udy Vecchione -503 Brick	Executive Difected	-0)	compensation plans	
	purch Pk, Goodlettsville, TN 37072	50 hrs	12,150,00	0	0
7	Derry Carrett -480 Moncrief Ac	Dosident	7,100,100,100		
6,	odlettsville, TN 37072	as needed	0	0	0
<u>w</u> 1	Bill Evilcizer-1013 Valley Dr.	Vice President	,		+
اا	odletisuile TN 37072	asneeded	0	\mathcal{O}	0
100	arie Butterworth - 532 Donald Dr.	Sec/Treas			
	odle++sville, TN 37072	as needed	0	0	0
	sacro sine in sine	10 110-110			
		-			
		1			
			<u></u>		
		1	1	1	

Page	F
rage	•

Pai	t V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)			Yeş No
75a	Enter the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors, and transcriptions are the total number of officers, directors are the total number of officers are the tot	rustees permitted to vo	ote on organizatio	n business at board		
b	Are any officers, directors, trustees, or key emplo employees listed in Schedule A, Part II, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	phest compensated p	orofessional and other through	other independent family or business	75b	
	Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization" If "Yes," attach a statement that includes the info Does the organization have a written conflict of in	employees listed in Part I, or highest co Part II-A or II-B, recat are related to the o	Form 990, Par ompensated profeseive compensation rganization? See	t V-A, or highest essional and other on from any other the instructions for	75c	
	t V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comparison.	Key Employees That I	Received Comper	nsation or Other Bene escribed below) during	the y	ear, list that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expense unt and other lowances
			MA			
				-		
						•
					<u> </u>	
	t VI Other Information (See the instruction					Yes No
76	Did the organization make a change in its activiti detailed statement of each change				76	X
77	Were any changes made in the organizing or government	erning documents bu			77	X
78a	If "Yes," attach a conformed copy of the change: Did the organization have unrelated business gro	oss income of \$1,000			78a	
b	this return?				78b	
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contract	ion during the ye	ar? If "Yes," attach	79	X
80a	Is the organization related (other than by associa common membership, governing bodies, truste	ation with a statewide ees, officers, etc., to	or nationwide or any other exer	ganization) through mpt or nonexempt	00	
b	organization?				80a	
	Enter direct and indirect political expenditures (S	and check whether it	ıs 🗆 exempt o	r 🗆 nonexempt		
	Did the organization file Form 1120-POL for this				81b	X

Pa	rt VI Other Information (continued)		Yes	No No	
	•	1	162	1	
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.)				
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	メ	\vdash	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	×		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	84b			
852	gifts were not tax deductible?	85a	NI	A	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	141		
_	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	-		1	
	received a waiver for proxy tax owed for the prior year.		•		
С	Dues, assessments, and similar amounts from members				
	Section 162(e) lobbying and political expenditures				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		1	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)] .			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		1	
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			<u> </u>	
	following tax year?	85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.				
b	Gross receipts, included on line 12, for public use of club facilities			1	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				
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			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶				
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	
С	Enter: Amount of tax imposed on the organization managers or disqualified			1	
	persons during the year under sections 4912, 4955, and 4958 ▶		*		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	1			
е	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 \ Tennesse e				
b	Number of employees employed in the pay period that includes March 12, 2007 (See				
91a	The books are in care of Located at \(\lambda \) \(\lamb			06	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		-	r— <u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	<u> </u>	Yes	No	
		91b		Χ_	
	If "Yes," enter the name of the foreign country ▶	1	1		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					

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raye	

	Other Information (continued)	organi-stien m	austain an office	autaida af tha	Linited States	91c	Yes	No.
C	At any time during the calendar year, did the If "Yes," enter the name of the foreign country	organization m	aintain an omice		United States?	0.0	-	
	Section 4947(a)(1) nonexempt charitable trusts				here			▶[
	and enter the amount of tax-exempt interest r							
	VII Analysis of Income-Producing Act							
	Enter gross amounts unless otherwise		business income		tion 512, 513, or 514		(E)	
indicat	-	(A)	(B)	(C)	(D)		elated	
93	Program service revenue:	Business code		Exclusion code			npt fun Income	
	Flogram service revenue.							
a b		-		T				
C		-						
d								
u								
f	Medicare/Medicaid payments	-						
_	Fees and contracts from government agencies		 		:	 		
g 94	Membership dues and assessments	`	<u> </u>					
95	Interest on savings and temporary cash investments	,		14	2017			
96	Dividends and interest from securities	·		 				
97	Net rental income or (loss) from real estate:							
	debt-financed property			16	6,000,00		An in the	2 10 10 10 10 10 10 10 10 10 10 10 10 10
a b	not debt-financed property		 	1	0/1000.00			
				-				
98 99	Net rental income or (loss) from personal property Other investment income		 	+ -				
	Gain or (loss) from sales of assets other than inventory	,	 	† 				
100 101	Net income or (loss) from special events .		 					
102	Gross profit or (loss) from sales of inventory		<u> </u>	†				
102	Other revenue: a	·	 	1		 		
103 b			†		-	\vdash		
C		_		†				
d		_			· · · · · · · · · · · · · · · · · · ·			
e					· · · · · · · · · · · · · · · · · · ·			
104	Subtotal (add columns (B), (D), and (E)) .	Per Taylor	×		6,002,17			
105	Total (add line 104, columns (B), (D), and (E))					,00	م ،	\overline{v} $\overline{\iota}$
	Line 105 plus line 1e, Part I, should equal the) ~ ~		
Part '				poses (See th	e instructions.)			
Line						accor	mplish	
₩	of the organization's exempt purposes (oth				,			
	NIA							
Part	IX Information Regarding Taxable Subs	sidiaries and D	isregarded Enti	ities (See the	instructions.)			
	(A)	(B)			(D)		(E) d-of-ye	
		Percentage of vnership interest	(C) Nature of a	activities	Total income	End	assets	ear
		%						
	NA	%			·			
		%						
		%						
Part	X Information Regarding Transfers Asso		rsonal Benefit Co	ontracts (See t	he instructions.)			
(a)	Did the organization, during the year, receive any funds, d						es 🗵	No.
	Did the organization, during the year, receive any longs, d Did the organization, during the year, pay pre-							
				a porsonal be	TOTAL CONTROLL	ு 16	73 <u>7</u> 2	1 140
	e: If "Yes" to (b), file Form 8870 and Form 47.						, p	

Part		J Transfers To and From ation as defined in section	Controlled Entities. Complet 512(b)(13).	e only if the org	ganız ——-	ation
106	Did the reporting organization rethe Code? If "Yes," complete to		trolled entity as defined in section controlled entity.	512(b)(13) of	Yes	No X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of	transi	fer
а			NA			
b						
С						
	Totals			200		
107	Did the reporting organization r 512(b)(13) of the Code? If "Yes		controlled entity as defined in section for each controlled entity.	ction	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of	transi	ier
a			NIA			
b					_	
c					_	
	Totals					
108	Did the organization have a bin rents, royalties, and annuities d	3	et on August 17, 2006, covering th	ne interest,	Yes	No
Pleas Sign Here	and belief, it is true, correct, and com	at I have examined this return, including the Declaration of preparer (other LOCALIONE) LONE, EXECUTIVE	ng accompanying schedules and statement than officer) is based on all information of video Date	s, and to the best of myhich preparer has an	y know	vledge vledge
Paid Prepare	Preparer's signature Firm's name (or yours)		self- employed ▶ □	reparer's SSN or PTIN (So	ee Gen	Inst X)
Use On	y if self-employed), address, and ZIP + 4		EIN Phone no			

SCHEDULE A

(Form 990 or 990-EZ)

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.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization

dottsville Help Center

Employer identification number

COOCIETION	1 (0),10.		100:1004	116
Part I Compensation of the Five High (See page 1 of the instructions.			ers, Directors, a	
(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
	NA			
Total number of other employees paid over \$50,000 .				
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis	est Paid Independent C t each one (whether indiv	Contractors for iduals or firms). If	Professional Se there are none, e	rvices enter "None.")
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
N/A	,			
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five Highe (List each contractor who perform firms. If there are none, enter "No	ned services other than p	professional serv	Other Services ices, whether inc	lividuals or
(a) Name and address of each independent contractor	· · · · · · · · · · · · · · · · · · ·		of service	(c) Compensation
			·	
NA			4,11	
Total number of other contractors receiving over \$50,000 for other services				

Pai	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 \$\Bigsim \text{\text{\text{\text{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			, 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14
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.)			
а	Sale, exchange, or leasing of property?	2a		<u>X</u> _
b	Lending of money or other extension of credit?	2b		X
С	Furnishing of goods, services, or facilities?	2c_		$\frac{\lambda}{\lambda}$
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		χ_
е	Transfer of any part of its income or assets?	2e		X
За	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		<u>X</u>
С	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	3с		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		<u>X</u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		1
d	Enter the total number of donor advised funds owned at the end of the tax year			<u> </u>
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .		<u>Ĉ</u>)
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		C)
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		\bigcirc	

Par	t IV	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 c	of the instruct	ions.)		
l cert	-	t the organization is not a priva		•		plicable box.)			
-	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		n organization operated for the billion complete the Support Scheo		or university owned or o	perated by a go	overnmental uni	it. Section 170(b)(1)(A)(ıv		
11a	⊠ Ar 17	n organization that normally rece (0(b)(1)(A)(vi). (Also complete the	ives a substantial Support Sched	part of its support from a ule in Part IV-A)	a governmenta	l unit or from the	e general public. Section		
11b	□ A	community trust. Section 170(b)(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	t IV-A.)			
12	An organization that normally receives (1) more than 33%% 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%% 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	re	n organization that is not controquirements of section 509(a)(3).	Check the box the	hat describes the type o	of supporting o	rganization:			
		Type II		III-Functionally Integrat		Type III-Othe			
		Provide the following info			1				
Name(s) of su		(a) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported on listed in upporting zation's documents?	(e) Amount of support		
				·	Yes	No			
				<u></u>					
		4							
Total		<u>. ,</u>	<u> </u>			▶			
14	An	organization organized and op	erated to test for	public safety. Section 5	509(a)(4) (See	page 8 of the ir	nstructions)		

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Schedule A (Form 990 or 990-EZ) 2007 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 (e) Total Gifts, grants, and contributions received. (Do 338,570 289,950 not include unusual grants. See line 28.). 360,260 16 Membership fees received 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 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 10 organization after June 30, 1975 19 Net income from unrelated business 6,000 activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. 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 22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets 23 Total of lines 15 through 22 24 Line 23 minus line 17 25 Enter 1% of line 23 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 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 26b amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26c Total support for section 509(a)(1) test Enter line 24, column (e) Add Amounts from column (e) for lines: 18 26d 26e Public support (line 26c minus line 26d total) . . . Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified 27 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: 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. (2006) (2004) c Add. Amounts from column (e) for lines 15 27d and line 27b total Add: Line 27a total 27e Public support (line 27c total minus line 27d total). . . . Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . Lagrange 27f Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . 27g % Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶

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)

^^	Describe agreement on house a vesselly anadysemment on relieu to used at ideate by statement in its abouter bylouse		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.)			i	
					
32	Does the organization maintain the following:	32a			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	024			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b			
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	00.			
	with student admissions, programs, and scholarships?	32c 32d			
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32U			
	16				
	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				
		33a			
а	Students' rights or privileges?	30a			
h	Admissions policies?	33b			
	Admissions policies:				
С	Employment of faculty or administrative staff?	33c			
Campoymone of taounty of authinostative staff					
d	Scholarships or other financial assistance?	33d			
				ļ	
е	Educational policies?	33e			
f	Use of facilities?	33f			
		33g			
g	Athletic programs?	Jog	-		
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			
- 7a					
b	Has the organization's right to such aid ever been revoked or suspended?	34b	<u> </u>		
_	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 4.01 through 4.05		ļ	1	
	of Rev. Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35			

Sch	edule A (Form 990 or 990-EZ) 2007						Page 6	
Pa	Lobbying Expenditures by Ele (To be completed ONLY by an					nstructions	s.)	
Che	eck ▶ a ☐ if the organization belongs to an affilia	ted group. Ch	eck ▶ b 🗌 ıf	you checked	" a" and "	limited contro	l" provisions apply.	
	Limits on Lobbyir (The term "expenditures" mear				A	(a) ffiliated group totals	(b) To be completed for all electing organizations	
36	Total lobbying expenditures to influence public			·- ·	36			
37	Total lobbying expenditures to influence a legis	37						
38	Total lobbying expenditures (add lines 36 and 3	obbying expenditures (add lines 36 and 37)						
39	Other exempt purpose expenditures		[.] .] .[H-:	39			
40	Total exempt purpose expenditures (add lines t	38 and 39)	🗸 🚶	1 ! .	40		1	
41	Lobbying nontaxable amount Enter the amount If the amount on line 40 is— The lo		-					
	Not over \$500,000 20% c		able amount is—		İ			
	Over \$500,000 but not over \$1,000,000 . \$100,0							
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	-		- ,	41			
	Over \$1,500,000 but not over \$17,000,000 \$225,0	000 plus 5% of th	e excess over \$1,5	500,000				
				.				
42 43	Grassroots nontaxable amount (enter 25% of li Subtract line 42 from line 36 Enter -0- if line 42				42		 	
44	Subtract line 42 from line 38. Enter -0- if line 4.			.	44			
•								
	Caution: If there is an amount on either line 43	or line 44, you	must file Form 47	720.	 			
	(Some organizations that made a section See the instructions for	n 501(h) election	d Under Section do not have to one of the desired the	complete all	of the fivuctions.)	e columns	below.	
		Lot	obying Expenditu	ures During	4-Year /	Averaging F	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 •25	Grassroots lobbying expenditures Int VI-B Lobbying Activity by Nonelec	ting Public C	harities					
	(For reporting only by organiza			Part VI-A) (See pa	ge 14 of t	he instructions.)	
Duri	ing the year, did the organization attempt to influ	ence national, st	tate or local legis	lation, includ	ing any	Yes No	Amount	
atte	mpt to influence public opinion on a legislative m	atter or reference	lum, through the	use of.			1	
	a Volunteers							
b	· · · · · · · · · · · · · · · · · · ·	· ·	•	c through h.)			+	
d								
e								
f								
g			_	•				
h	, , , , , , , , , , , , , , , , , , , ,		•					
•	Total lobbying expenditures (Add lines c throug If "Yes" to any of the above, also attach a state		etailed description					

Par	t VII		n Regarding T i ganizations (Se				nd Relati	onships	With	Nonc	harit	able
51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in sec 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									ection		
a Transfers from the reporting organizatio		orting organization	to a nonchar		organization of	=			51a(i)	Yes	No	
(ii) Other assets						· · ·		•	a(ii)			
	(ii)	Purchases of asse	es of assets with a ets from a nonchari s, equipment, or oth	table exempt	organization			· · · · · · · · · · · · · · · · · · ·		b(i) b(ii) b(iii)		
	(v)	Loans or loan gua	rrangements arantees ervices or members							b(iv) b(v) b(vi)		
c d	If the	answer to any of	quipment, mailing lis the above is "Yes," or services given by irrangement, show in	complete the	following sched	dule. Column (b If the organiza	tion receive	ays show	n fair n	c market narket v	value i	of the
Line	a) · no	(b) Amount involved	Name of nonc	(c) haritable exemp	ot organization	Description	n of transfers	(d) transactions	s, and sh	anng am	angeme	ents
												
								-				
	desc	ribed in section 5	rectly or indirectly a 01(c) of the Code (a following schedule	other than se					tions . ►	☐ Yes	· [No
		(a) Name of organiz	zation	Туре с	(b) of organization		Desc	(c) cription of re	lationship	•	•	
	· -				***		. <u>. </u>					
									-			
								_				

GOODLETTSVILLE HELP CENTER 62-1329916 FORM 990, ATTACHMENT December 31, 2007

PART I, LINE 6a:

Goodlettsville Help Center purchased our building. At the time of the purchase, there were two tenants. One tenant remains. This tenant will continue to rent until his lease expires, at which time we will occupy the entire building.

PART II, LINE 23:

Christmas Food Boxes & Toy Store	\$ 3,361.04
Expressways To Learning	1,260.82
Lodging	6,950.52
Medical	736.57
Tornado Assistance	54,240.08
Transportation	519.20
Utilities	40,235.94
AWG Salvage Food Distributed	79,500.00
DG Sample Mdse Distributed	<u>6,000.00</u>
	\$192,804.17

PART II, LINE 42:

Real Estate purchase: Land \$100,000.00

Building 142,194.95

2007 depreciation: \$142,194.95 * 2.563% = \$3,645.00