Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Open to Public

OMB No. 1545-1150

Department of the Treasury

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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

nten	nal Revenu	ue Service	,	 The organization may have 	to use a copy or tris i	eturr to satisfy state rept	July requiren	1¢1113.		mapeodon	
\ 1	or the	2008 calend	ar year	, or tax year beginning	January 1	, 2008, and e	nding	Decemb	er 31	, 20 08	
3 (Check if ap	oplicable:	Please	C Name of organization				D Employ	er iden	ntification number	
	Address cl	I Ino i							1813012		
	Name cha	-	print or	Number and street (or P.C), box, if mail is not de	elivered to street address	Room/suite	E Telepho	one nu	mber	
=	Initial retur	3	type. See	P.O. Box 120864				(615		496-4962	
===	Terminatio Amended		Specific	City or town, state or cour	ntry and 7IP + 4		<u></u>	F Group			
==	Application		Instruc- tions.	Nashville, TN 37212	iniy, and an i	•		Numbe			
				ations and 4947(a)(1) non-	avamat abaritabla	turnen munt attach	G Acco	unting meth		☑ Cash ☐ Accrual	
•	• Secur	on 501(c)(3) (npleted Schedule A (Form		trusis must attach	1	r (specify)		Casii Accidai	
		luden	1440 -				H Chec	k ▶ 🕢 if	f the o	rganization is not	
		e: <u>luke</u>								edule B (Form 990,	
	Organiz	ation type (c	heck or	nly one)— 🛭 501(c) (3) -	◀ (insert no.)	4947(a)(1) or 527	990-1	Z, or 990-f	²F).		
()	Check 🟲	· 🗌 if the org	ganizatio	on is not a section 509(a)(3)	supporting organiz	ation and its gross rec	eipts are nor	mally not m	ore tha	an \$25,000. A return is	
				ization chooses to file a retu							
	Add lines			ne 9 to determine gross rece					▶\$	50,081.31	
P	art I	Revenue,	Expe	nses, and Changes	in Net Assets	or Fund Balance:	s (See the	instruction	ons fo		
	1	Contribution	ns, gifts	s, grants, and similar amo	ounts received			` <u>.</u> L	1	48,099.72	
	2	Program se	ervice i	revenue including govern	nment fees and o	contracts			2	-0-	
	3	-						L	3	-0-	
	4	Investment	′ .					L	4	1,973.59	
	5a	Gross amo	unt fro	m sale of assets other t	than inventory .	5a		-0-			
	b			er basis and sales expe		5b		-0-			
	c			•			(attach sch	edule)	5c	.0.	
Ē	6	•	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule). Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here								
ē	а						OTTOOK TIOTO				
Revenue		reported of		not including \$ of contributions 1)							
	h	reported on into 1) ,						-0-			
	İ								6c	-0-	
		Ta Gross sales of inventory, less returns and allowances								establemente di managemente della compania di managemente di della compania di managemente di managemente di m	
									7c	-0-	
	1 .								8	8.00	
	1 .								9	50,081.31	
	10								10	-0-	
	ļ	11 Benefits paid to or for members							11	-0-	
Ø	12								12	30,332.14	
benses	13	Durfacel and force and allow an account to both an adopt a solution						· · · -	13	318.75	
ĕ	14			· •	•			–	14	3213.17	
쬬	15			utilities, and maintenan					15	325.40	
	16	Other expe	nese (ons, postage, and shipp describe food, insu	Jing .	a fees, christmas c	ift	• • • •	16	23,266.35	
	17	Total expe	enses.	Add lines 10 through 16					17	57,455.81	
,					······································				18	(7,374.50)	
Net Assets		Excess or (deficit) for the year (Subtract line 17 from line 9)							-	1,	
SS	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	114,902	
*	20	Other cher	r ngure	igure reported on prior year's return).					20	751.95	
ž	20 21	Net assets	or fun	d balances at end of ye	ar Combine line	anation)	** * * *		21	108,279.45	
P.	art II			s. If Total assets on line							
	للتمد					11 VE 1000,000 OF III		ginning of ye	····	(B) End of year	
^^	(Ood the method for Fair III)							114,90			
22	casr	n, savings, a	gs, and investments						0- 23		
23	Land	and buildii	igs .				.		3- 23 3- 24		
24	Othe	er assets (de	scribe)	114,90			
25							.		3- 26	*	
26	Tota	el liabilities	describ	ne 🟲			1 1		√- ∠ 0	· · · · · · · · · · · · · · · · · · ·	

Net assets or fund balances (line 27 of column (B) must agree with line 21)

OH	1 990-E2 (2006)					rage 🕰
Pa	rt III Statement of Program Service Accom	plishments (See the insti	ructions for Part	III.)		Expenses
۷h	at is the organization's primary exempt purpose? <u></u>	oup kitchen				quired for 501(c)(3) (4) organizations
)es	cribe what was achieved in carrying out the organization	ation's exempt purposes. In	a clear and conc	ise manner,	and	4947(a)(1) trusts:
	cribe the services provided, the number of persons be				optio	onal for others.)
28	Luke 14:12 serves a dinner-style meal at noon or					
	and serve coffe plus snack prior to the dinner. V		**************	snack		
	and dinner-a week for a total of approximately 30	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	(Grants \$) If this amount inclu	udes foreign grants, check	here	<u>. </u>	28a	57,455.81
29	~~~~ <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>					
		****		*********		

	(Grants \$) If this amount inclu	<u>udes foreign grants, check</u>	<u>here</u>	<u>.`▶□</u>	29a	
30		**********				
					30a	
	(Grants \$) If this amount inclu				31a	
	Total program service expenses (add lines 28a th				32	5.400
۲ê	IT IV List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	d. (See the ins		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
1-1	he Dutter Chair Highfield Dond Mallon Ann	devoted to position	enter -0)	deferred comper	sation	other allowances
	hn Butler, Chris Highfield Brad Walker, Ann			k .		
	cher Davis, Steve Brickner, J. Lee Bonnet, y Gooch, Tom Elmlinger, Stephanie Freudenthal,					
· ·						
	d McEachern, Jan Ramsey, Danny Rhodes,					
	Ily Simpkins, Jeanie White, George Hays	Volunteer Board of	-0-		-0-	-0-
۲.	O. Box 120864, Nashville, TN 37212	Directors			-0-	-v-
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Δ	ar Callanhau					20.000
	ny Gallagher D. Box 120864, Nashville, TN 37212	Ex. Director/20hrs/wk	15,000 /year			
۳.(			15,000 /year			
	***************************************					
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Fal	Other information (Note the statement requirements in the instructions for Part VI.)		Yes	No
		Г	103	-140
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>✓</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		$\checkmark$
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
	Enter amount of political expenditures, direct or indirect, as described in the instructions.     37a   -0-    Did the organization file Form 1120-POL for this year?	37b		<b>√</b>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?  If "You " complete School to L. Part II and onter the total amount involved	38a		✓
	in res, complete schedule L, Fart if and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	initiation rees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	40b		
	L, Part I	100		-
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	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		1
41	List the states with which a copy of this return is filed. ▶ Tennessee			*********
42a	The books are in care of ► Amy Gallagher  Located at ► 423 Wandering Trail  ZIP + 4 ►	49 370	)6=49 67	62
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		Yes	No
	account)?	42b		✓
	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.			1.11 1.11
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			-0-
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
17	Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	45		1
	"Yes," Form 990 must be completed instead of Form 990-EZ		0.EZ	/0000

Form **990-EZ** (2008)

Part	VI Section 501(c)(3) organizations only and complete the tables for lines 50 a	. All section 501(c)(3) ond 51.	organizations	must answer quest	ions 46–4	19	
46	Did the organization engage in direct or indirect p	n direct or indirect political campaign activities on behalf of or in opposition				es No	
	candidates for public office? If "Yes," complete Schedule C, Part I					<u> </u>	
47	Did the organization engage in lobbying activities	? If "Yes," complete,Sch	edule C, Part II		47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.						
	Did the organization make any transfers to an exe	•	ed organization	?	49a	<del></del>	
	If "Yes," was the related organization(s) a section				49b		
	Complete this table for the five highest compensate each received more than \$100,000 of compensation.				y employe	es) who	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	tion (d) Contributions to employee benefit plans & deferred compensation	(e) Exp account other allo	t and	
None	)						
	0						
			-				
Total	number of other employees paid over \$100,000	-0-					
	Complete this table for the five highest compensation from the organization. If there is no	one, enter "None."	tors who each	received more than \$	100,000 of		
	(a) Name and address of each independent contractor	paid more than \$100,000		b) Type of service	(c) Compe	nsation	
None	)					-	
Total	number of other independent contractors each re	eceiving over \$100,000 .	. ►	-0-			
	Under penalties of perjury, I declare that I have examinand belief, it is truet correct, and complete. Declarati	ned this return, including accom on of preparer (other than offic	panying schedules er) is based on all	information of which prepar	er has any kr	nowledge nowledge.	
Sign	6-16-09						
Here	7						
	Type or print name and title.						
Paid Prepa	Preparer's signature	Date	Check self- employ	r topas s tourismying	y Number (See i	nstructions)	
Prepa Use 0	Firm's name (or spurs			EIN ►	991 4 17 Adv. Atta. 17 11 14 14 14 14 14 14 14 14 14 14 14 14		
V00 U	if self-employed), address, and ZIP + 4			Phone no. ► ( )			
May t	the IRS discuss this return with the preparer show	vn above? See instruction	ns , , , .		☐ Yes	☐ No	