

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008**Open to Public Inspection**Department 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 \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning , 2008, and ending

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		D Employer identification number
		CUMBERLAND REGION TOMORROW		62-1836825
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
		P.O. BOX 150902		(615) 986-2699
		City or town, state or country, and ZIP + 4		F Group Exemption Number
		NASHVILLE, TN 37215		

• 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.CUMBERLANDREGIONTOMORROW.ORG**J Organization type** (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **286,147.**

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	264,775.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	212.
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7 a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► STMT 2)	8	21,160.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	286,147.	
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	126,257.
	13 Professional fees and other payments to independent contractors	13	13,525.
	14 Occupancy, rent, utilities, and maintenance	14	34,500.
	15 Printing, publications, postage, and shipping	15	2,415.
	16 Other expenses (describe ► STMT 3)	16	65,091.
17 Total expenses. Add lines 10 through 16	17	241,788.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	44,359.
	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	119,673.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	164,032.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	84,347.	124,640.
23 Land and buildings	3,529.	2,398.
24 Other assets (describe ► STMT 5)	39,298.	41,564.
25 Total assets	127,174.	168,602.
26 Total liabilities (describe ► STMT 6)	7,501.	4,570.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	119,673.	164,032.

Expenses

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

28 SEE STATEMENT 8

159,353.

30

30a

1

31a

159,353.

(e) Expense
account and
other allowances

-0-

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

	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		X
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		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 your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		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?		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 unpaid at the start of the period covered by this return?		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 (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 L, Part I	40b	X
c 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 ▶		
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 ▶ TN		
42a The books are in care of ▶ BRIDGET JONES Telephone no ▶ 615-986-2699 Located at ▶ 511 UNION STREET, 16TH FLOOR NASHVILLE, TN ZIP + 4 ▶ 37219		
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** (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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. **46** Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** Yes No **X**
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** Yes No **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No
- b If "Yes," was the related organization(s) a section 527 organization? **49b** Yes No
- 50 Complete this table for the 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				
Total number of other employees paid over \$100,000 ▶	NONE			

- 51 Complete this table for the 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		
Total number of other independent contractors receiving over \$100,000 ▶	NONE	

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.

Sign Here **Dr. Bridget Jones** Date **8.10.2009**
Signature of officer
Type or print name and title

Paid Preparer's Use Only Preparer's signature **R. C. Bender** Date **08/06/09** Check if self-employed ☐ Preparer's Identifying Number (See instructions) **P00168898**
Firm's name (or yours if self-employed) **CROSSLIN & ASSOCIATES, P.C.** EIN **62-1336737**
address, and ZIP + 4 **2525 WEST END, SUITE 1100 NASHVILLE, TN 37203** Phone no **615-320-5500**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CUMBERLAND REGION TOMORROW

Employer identification number

62-1836825

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(I)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(II)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(III)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(III)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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 exempt 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)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 590(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 590(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 1-3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 Total support. Add lines 7 through 10						

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 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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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 type="checkbox"/>
b 33 1/3% support test - 2007. 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 - 2008. 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 "fact-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 - 2007. 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	209,407.	118,676.	231,598.	254,929.	264,775.	1,079,385.
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 1-5	209,407.	118,676.	231,598.	254,929.	264,775.	1,079,385.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	117,340.	1,667.				119,007.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.	117,340.	1,667.				119,007.
8 Public support (Subtract line 7c from line 6)						960,378.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	209,407.	118,676.	231,598.	254,929.	264,775.	1,079,385.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,912.	1,286.	1,310.	630.	212.	5,350.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,912.	1,286.	1,310.	630.	212.	5,350.
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)	NONE	NONE	NONE	6,771.	21,160.	27,931.
13 Total support. (Add lines 9, 10c, 11, and 12)						1,112,666.
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 2008 (line 8, column (f) divided by line 13, column (f))	15	86.31%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	82.02%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.48%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.74%

19a 33 1/3% support tests - 2008. 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 - 2007. 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)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
TOOL BOX TRAINING	NONE	NONE	NONE	6,625.	21,035.	27,660.
TOOL BOX SALES	NONE	NONE	NONE	146.	125.	271.
TOTALS	NONE	NONE	NONE	6,771.	21,160.	27,931.

FORM 990EZ, PART I - INVESTMENT INCOME
=====DESCRIPTION
-----AMOUNT

INTEREST INCOME

212.

TOTAL

212.
=====

FORM 990EZ, PART I - OTHER REVENUE
=====

TOOL BOX TRAINING

21,035.

TOOL BOX SALES

125.

TOTALS

21,160.
=====

FORM 990EZ, PART I - OTHER EXPENSES

=====

SUPPLIES	1,176.
TRAVEL	6,106.
CONFERENCES, CONVENTIONS	38,364.
DEPRECIATION	1,132.
OTHER PROFESSIONAL SERVICES	1,270.
INSURANCE	3,128.
DUES & SUBSCRIPTIONS	668.
LICENSES & PERMITS	360.
WEB SITE	997.
PARKING	4,086.
MISCELLANEOUS	50.
BANK FEES	309.
MEALS	304.
WORKSHOPS	6,166.
ADVERTISING	975.

TOTAL	65,091.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	84,347.	124,640.
TOTALS	84,347.	124,640.

=====

FORM 990EZ, PART II - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
PLEDGES RECEIVABLE	39,014.	41,280.
OTHER ASSETS	284.	284.
	-----	-----
TOTALS	39,298.	41,564.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	7,501.	4,570.
TOTALS	7,501.	4,570.

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

TO ORGANIZE CITIZENS DEDICATED TO REASONED GROWTH PLANNING, WITH EM-
PHASIS ON LAND USE, TRANSPORTATION, AND PRESERVATION OF THE RURAL
LAND SCAPE AND THE CHARACTER OF COMMUNITIES. SEEKING TO UNITE DIVERSE
INTERESTS THROUGH EDUCATION, RESEARCH, DISCUSSION AND ADVOCACY.

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

PROGRAM SERVICE ACCOMPLISHMENT 1

TO SUPPORT AND ENCOURAGE GROWTH PLANNING, WITH AN EMPHASIS ON LAND
USE, TRANSPORTATION, AND PRESERVATION OF THE RURAL LANDSCAPE AND
CHARACTER OF THE REGION'S COMMUNITIES THROUGH UNITED EFFORTS OF
PRIVATE, PUBLIC, AND CORPORATE CITIZENS OF THE MIDDLE TENNESSEE
CUMBERLAND REGION.

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
------------------	--	--------------	---	--

BRIDGET JONES
P.O. BOX 150902
NASHVILLE, TN 37215

EXECUTIVE DIRECTOR
40.

70,967.

9,062.

NONE

BOARD OF DIRECTORS LIST ATTACHED
NONE WERE COMPENSATED

GRAND TOTALS

70,967.

9,062.

NONE

CUMBERLAND REGION TOMORROW		
2008 Board Member List		
First Name	Last Name	Title
Jason	Bach	Member
William	Barnes	Member
John L	Batey	Executive Committee
Stephen	Betts	Member
Julian	Bibb	Member
Charles	Bone	Executive Committee
Christine	Bradley	Member
Martin	Brown, Jr	Member
Everett	Cowan	Member
Jeff	Carr	Executive Committee
James	Chavez	Member
Laurel	Creech	Member
Joe	Elliot	Member
Patrick	Emery	Co-Chairman
Cyril	Evers	Member
DeWitt	Ezell	Member
Dr Robert	Fisher	Executive Committee
Margot	Fosnes	Member
Debbie	Frank	Member
Sam	Franklin, III	Member
Kay	Gaston	Executive Committee
Sam	Hatcher	Member
Kim	Hawkins	Member
Julius	Johnson	Co-Chairman
Lane	Lyle	Member
Bert	Mathews	Member
Jere	McCulloch	Member
John	McDearman, III	Member
Janet	Miller	Member
Reggie	Mudd	Member
Robert	Murphy	Member
Darwin	Newton	Member
Betty	Nixon	Member
Marian	Ott	Vice-Chairman
Bob	Parks	Member
Allen	Patton	Member
Brenda	Payne	Treasurer
Mary	Pearce	Member
Keith	Pyle	Member
Wayne	Riley	Member
Lynnissee	Roehrich-Patrick	Member
Gary	Scott	Member
Steve	Schroeder	Member
Ann	Shayne	Member
Keith	Simmons	Member
Fleming	Smith	Member
John	Stern	Member
Seab	Tuck	Member
Jack	Turner	Executive Committee
Steve	Turner	Member
Quenton	White	Member
Eleanor	Willis	Member
John	Wingo	Member