

Return of Organization Exempt From Income Tax

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

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

For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

D	Employer identification no.	62-0923487
E	Telephone number	615-331-6033
F	Accounting method:	<input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
Name of organization MID-CUMBERLAND HUMAN RESOURCE AGENCY		
Number and street (or P.O. box if mail is not delivered to street address) 1101 KERMIT DRIVE		
City or town, state or country, and ZIP + 4 NASHVILLE TN 37217		

3	Website: N/A
1	Organization type: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(1) or 527 <input type="checkbox"/> 4947(a)(1) or 527
Check here <input type="checkbox"/> if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.	
Gross receipts: Add lines 6b, 6b, 9b, and 10b to line 12 12,217,976	
H and I are not applicable to section 527 organizations.	
H(a)	Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H(b)	If "Yes," enter number of affiliates 3
H(c)	Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H(d)	Is this a separate return filed by an organization covered by a group ruling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I	Group Exemption Number 1
M	Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue	
1	Contributions, gifts, grants, and similar amounts received:
a	Direct public support
b	Indirect public support
c	Government contributions (grants)
d	Total (add lines 1a through 1c) (cash \$ 8,195,885 noncash \$ 7,251,777)
2	Program service revenue including government fees and contracts (from Part VII, line 93)
3	Membership dues and assessments
4	Interest on savings and temporary cash investments
5	Dividends and interest from securities
6a	Gross rents
b	Less: rental expenses
c	Net rental income or (loss) (subtract line 6b from line 6a)
7	Other investment income (describe)
8a	Gross amount from sales of assets other than inventory
b	Less: cost or other basis and sales expenses
c	Gain or (loss) (attach schedule)
d	Net gain or (loss) (combine line 8c, columns (A) and (B))
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>
a	Gross revenue (not including \$ _____ of _____)
b	Less: direct expenses other than fundraising expenses
c	Net income or (loss) from special events (subtract line 9b from line 9a)
10a	Gross sales of inventory, less returns and allowances
b	Less: cost of goods sold
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)
11	Other revenue (from Part VII, line 103)
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)
13	Program services (from line 44, column (B))
14	Management and general (from line 44, column (C))
15	Fundraising (from line 44, column (D))
16	Payments to affiliates (attach schedule)
17	Total expenses (add lines 16 and 44, column (A))
18	Excess or (deficit) for the year (subtract line 17 from line 12)
19	Net assets or fund balances at beginning of year (from line 73, column (A))
20	Other changes in net assets or fund balances (attach explanation)
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)

**Part II Statement of
Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) STMT 2 <input type="checkbox"/>	23	1,341,157	1,341,157	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	86,819	86,819	
26	Other salaries and wages	26	4,500,908	4,222,828	261,653
27	Pension plan contributions	27	213,269	190,471	22,798
28	Other employee benefits	28	712,025	654,199	57,826
29	Payroll taxes	29	371,988	344,566	27,422
30	Professional fundraising fees	30			
31	Accounting fees	31	36,000	36,000	
32	Legal fees	32	42,480	14,790	27,690
33	Supplies	33	172,994	155,354	14,640
34	Telephone	34	171,434	157,140	14,294
35	Postage and shipping	35	41,796	40,682	1,114
36	Occupancy	36	255,231	203,020	52,211
37	Equipment rental and maintenance	37	162,687	151,267	11,420
38	Printing and publications	38	76,262	64,493	11,769
39	Travel	39	217,714	211,612	6,102
40	Conferences, conventions, and meetings	40	55,092	39,980	15,112
41	Interest	41	12,610	12,610	
42	Depreciation, depletion, etc. (attach schedule)	42	345,042	331,386	13,656
43a	Other expenses not covered above (itemize): SEE STATEMENT 3	43a	2,459,010	2,397,668	61,342
43b		43b			
43c		43c			
43d		43d			
43e		43e			
43f		43f			
43g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	11,274,518	10,569,223	685,868
					19,427

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$: (ii) the amount allocated to Program services \$:

(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

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

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

What is the organization's primary exempt purpose?

► **HUMAN RESOURCE AGENCY**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

- a **AGENCY PROVIDES, WITHIN A 13 COUNTY SERVICE AREA, VARIOUS TRANSPORTATION, NUTRITION, HOMEMAKER, JOB TRAINING, COMMUNITY CORRECTION AND OTHER PROGRAM SERVICES.**

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

9,607,007

- b **HOME HEALTH PROGRAM PROVIDED 5764 HOME HEALTH MEDICAL VISITS TO PATIENTS DURING THE CURRENT FISCAL PERIOD**

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

962,216

c

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

d

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

- e Other program services (attach schedule)

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

- f **Total of Program Service Expenses** (should equal line 44, column (B), Program services)

10,569,223

Form **990** (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	86,112	45	547,611
46	Savings and temporary cash investments		46	
47a	Accounts receivable	480,952		
b	Less: allowance for doubtful accounts		47c	480,952
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable	943,935	49	1,067,916
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	7,244	53	3,004
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	2,766,531		
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 4	1,667,258	57c	1,099,273
58	Other assets (describe SEE STATEMENT 5)		58	41,250
59	Total assets (must equal line 74). Add lines 45 through 58.	2,711,221	59	3,240,006
60	Accounts payable and accrued expenses	1,119,438	60	950,477
61	Grants payable	111,734	61	59,844
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	151,215	64b	
65	Other liabilities (describe)		65	
66	Total liabilities. Add lines 60 through 65	1,382,387	66	1,010,321
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted		67	
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds	301,651	70	1,130,412
71	Paid-in or capital surplus, or land, building, and equipment fund	1,027,183	71	1,099,273
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,328,834	73	2,229,685
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	2,711,221	74	3,240,006

Yes	No
-----	----

▶ ALL

75b

X


75c

X

75d

x

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

Part VI Other Information (See the instructions.)		Yes	No
6	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
7	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
8a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
0a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization  and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
1a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	
b	Did the organization file Form 1120-POL for this year?	N/A	81b

Part VI Other Information (continued)

Yes No

32a	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.)	82b		
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
34a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
35	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
6	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
7	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
8	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	88		X
9a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
0a	List the states with which a copy of this return is filed ▶ TN			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b		248
1a	The books are in care of ▶ KEVIN RYE 1101 KERMIT DRIVE Located at ▶ NASHVILLE, TN Telephone no. ▶ 615-331-6033 ZIP + 4 ▶ 37217			
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)? 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. At any time during the calendar year, did the organization maintain an office outside of the United States?	91b		X
c	If "Yes," enter the name of the foreign country ▶	91c		X
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a TRANSPORTATION					637,789
b NUTRITION					1,001,890
c OTHER PROGRAMS					923,385
d HOME HEALTH PRIVATE PAY					278,141
e					
f Medicare/Medicaid payments					443,740
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,967	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-41,380
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b SALE OF HOME HEALTH					731,952
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		3,967	3,975,517
105 Total (add line 104, columns (B), (D), and (E))					3,979,484

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 8

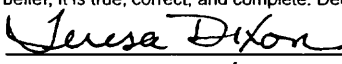
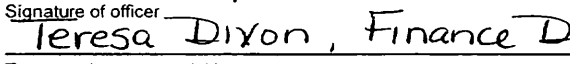
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

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

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

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

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

Please sign here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and 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		2-14-07 Date	
Paid Preparer's Use Only	 Type or print name and title.			
	Preparer's signature		Date 2/14/07	Check if self-employed <input type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP + 4		BURK, PEARLMAN, NEBBEN & HUGGINS, PLLC 7030 LEE HIGHWAY, SUITE 202 CHATTANOOGA, TN 37421		Preparer's SSN or PTIN (See Gen. Instr. W) P00627334
		EIN 62-1826521		Phone no. 423-490-8500

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

OMB No. 1545-0047

2005Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

MID-CUMBERLAND HUMAN RESOURCE AGENCY

Employer identification number

62-0923487**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp	(e) Expense account & other allowances
J. KELVIN RYE 1101 KERMIT DR STE 300 NASHVILLE TN 37217	DIR. OPERATIONS 40+	78,889	4,583	0
LESLIE HALLOWAY 1101 KERMIT DR STE 300 NASHVILLE TN 37217	H.H. ADMIN 40+	76,648	1,559	0
PERESA DIXSON 1101 KERMIT DR STE 300 NASHVILLE TN 37217	FINANCE DIRECTOR 40+	63,495	3,941	0
ALICE MARSHALL 1101 KERMIT DR STE 300 NASHVILLE TN 37217	40+	58,693	1,403	0
BELVA SPEARS 1101 KERMIT DR STE NASHVILLE TN 37217	ASST TRAN DIR 40+	51,813	3,156	0
Total number of other employees paid over \$50,000 ▶		0		

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MIKE BOGARD 221 BLACK ROAD DICKSON TN 37055	PHYSICAL THERAPY	102,020
Total number of others receiving over \$50,000 for professional services ▶		0

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
JOHNSONS TRANSPORTATION SERVICES 1791 41A NORTH SHELBYVILLE TN 37160	TRANSPORTATION SERV	200,322
PROSPECT INC 160 MADDOX SIMPSON PARKWAY LEBANON TN 37090	TRANSPORTATION SERV	148,209
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
	SEE STATEMENT 9			
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 0** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 1a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 1b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 2** ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 3** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 4** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
5 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,368,360	6,723,317	5,873,624	6,134,295	25,099,596
6 Membership fees received					0
7 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	3,055,990	2,090,405	1,476,693	859,641	7,482,729
8 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,821	1,774	2,707	6,687	13,989
9 Net income from unrelated business activities not included in line 18					0
10 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
11 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
12 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 10 13,425				13,425
13 Total of lines 15 through 22	9,440,596	8,815,496	7,353,024	7,000,623	32,609,739
14 Line 23 minus line 17	6,384,606	6,725,091	5,876,331	6,140,982	25,127,010
15 Enter 1% of line 23	94,406	88,155	73,530	70,006	
16 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 502,540
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 25,127,010
d Add: Amounts from column (e) for lines: 18 13,989 19 22 13,425 26b					26d 27,414
e Public support (line 26c minus line 26d total)					26e 25,099,596
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.8909%
17 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) (2003) (2002) (2001)					N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) (2003) (2002) (2001)					N/A
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
18 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
9 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		
10 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		
11 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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
2 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
3 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
4a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
5 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a

if the organization belongs to an affiliated group.

Check ☐ b

if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table-			
	If the amount on line 40 is-	The lobbying nontaxable amount is-		
	Not over \$500,000	20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B

Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

a	Volunteers	Yes	No	Amount
b	Paid staff or management (Include compensation in expenses reported on lines through c h.)			
c	Media advertisements			
d	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines through c h.)			

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

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2005
For calendar year 2005, or tax year beginning 7/01/05 , and ending 6/30/06		
Name MID-CUMBERLAND HUMAN RESOURCE AGENCY		Employer Identification Number 62-0923487

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

Name of lender	Relationship to disqualified person
1) AMSOUTH BANK-LINE OF CREDIT	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
1) 200,000	2/27/05	2/27/06		7.250
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Security provided by borrower	Purpose of loan
1) UNSECURED	WORKING CAPITAL
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
1) 0	151,215	
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
Totals	151,215	

62-0923487

Federal Statements

FYE: 6/30/2006

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc								
	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
VARIOUS ASSETS								
	PURCHASE				\$ 1,227	\$ 319,656	\$ 277,049	\$ -41,380
TOTAL					<u>\$ 1,227</u>	<u>\$ 319,656</u>	<u>\$ 277,049</u>	<u>\$ -41,380</u>

Federal Statements

Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals

<u>Description</u>	<u>Amount</u>
FAMILY FIRST BUS PASSES REIMBURSEME	\$ 1,268,500
YOUTH CAN PROGRAM	72,657
TOTAL	<u>\$ 1,341,157</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
EXPENSES	\$	\$	\$	\$
FOOD	1,026,361	1,026,361		
GASOLINE	275,591	275,591		
INSURANCE	287,319	282,463	4,856	
MEMBERSHIP AND SUBSCRIPTIONS	21,562	12,186	9,376	
MISCELLANEOUS	38,506	35,829	2,677	
CONTRACTED SERVICES	809,671	765,238	44,433	
TOTAL	<u>\$ 2,459,010</u>	<u>\$ 2,397,668</u>	<u>\$ 61,342</u>	<u>\$ 0</u>

Federal Statements

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
BUILDINGS FURNITURE & FIXTURES	\$ 2,780,428	\$ 1,753,245	\$ 2,766,531	\$ 1,667,258
TOTAL	<u>\$ 2,780,428</u>	<u>\$ 1,753,245</u>	<u>\$ 2,766,531</u>	<u>\$ 1,667,258</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ESCROW DEPOSITS	\$	\$ 41,250
TOTAL	<u>\$ 0</u>	<u>\$ 41,250</u>

Federal Statements

Statement 6 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
INTERNAL SERVICE FUND REVENUE/EXPENSE ELIMINATION	\$ 62,587
TOTAL	\$ 62,587

Statement 7 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

Description	Amount
INTERNAL SERVICE FUND REVENUE/EXPENSE ELIMINATION	\$ 62,587
TOTAL	\$ 62,587

Federal Statements

Statement 8 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93A	TRANSPORTATION SERVICES CHARGE PARTICIPANTS BASED ON A
93A	VOLUNTARY FEE.
93B	NUTRITION SERVICES CHARGE PARTICIPANTS BASED ON A
93B	VOLUNTARY FEE.
93C	OTHER PROGRAMS ARE FEE FOR SERVICE BASED.
93D	HOME HEALTH SERVICES ARE PROVIDED TO THOSE WHO NEED
93D	MEDICAL SERVICES IN THEIR HOMES. PARTICIPANTS OR THEIR
93D	INSURANCE PROVIDERS PAY FOR THESE SERVICES.

Federal Statements

**Statement 9 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp**

Description

SEE SCHEDULE A PART 1 AND 990 PART V-A

Federal Statements**Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income**

Description	2004	2003	2002	2001
MISCELLANEOUS INCOME	\$ 13,425	\$	\$	\$
TOTAL	\$ 13,425	\$ 0	\$ 0	\$ 0

Form **8868**

(Rev. December 2004)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)****Form 990-T corporations** requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization MID-CUMBERLAND HUMAN RESOURCE AGENCY	Employer identification number 62-0923487
	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 KERMIT DRIVE 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE TN 37217	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **KEVIN RYE**

Telephone No. ▶ **615-331-6033** FAX No. ▶

- If the organization does **not** have an office or place of business in the United States, check this box ☐

● If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **2/15/07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning **7/01/05**, and ending **6/30/06**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

\$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

\$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

\$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

Form 8868 (Rev. 12-2004)

Page 2

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization MID-CUMBERLAND HUMAN RESOURCE AGENCY	Employer identification number 62-0923487
	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 KERMIT DRIVE 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE TN 37217	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **▶ KEVIN RYE**
Telephone No. **▶ 615-331-6033** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **5/15/07**.
- 5 For calendar year **▶**, or other tax year beginning **7/01/05**, and ending **6/30/06**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions **\$**
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 **\$**
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **\$**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ [Signature]** Title **▶ CIA** Date **▶ 2/17/07****Notice to Applicant-To Be Completed by the IRS**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other **▶**

By: _____

Date: _____

Director

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name BURK, PEARLMAN, NEBBEN & HUGGINS, PLLC
	Number and street (Include suite, room, or apt. no.) or a P.O. box number 7030 LEE HIGHWAY, SUITE 202
	City or town, province or state, and country (Including postal or ZIP code) CHATTANOOGA TN 37421

DAA

Form 8868 (Rev. 12-2004)