

**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)

OMB No 1545-0047

**2007**

Open to Public Inspection

Form **990**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<b>B</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	<b>C</b> Name of organization <b>MID-CUMBERLAND COMMUNITY ACTION AGENCY</b>		<b>D</b> Employer identification number <b>62-0859072</b>	
		Number and street (or P.O. box if mail is not delivered to street address) <b>233 LEGEND DRIVE (P.O. BOX 310)</b>		Room/suite <b>103</b>	<b>E</b> Telephone number <b>(615) 742-1113</b>
		City or town, state or country, and ZIP + 4 <b>LEBANON, TN 37088</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)	

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number **N/A**

M Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website: **MID-CUMBERLANDCAA.COM**

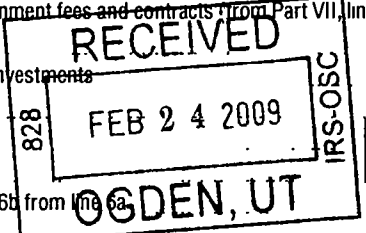
**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** 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.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **11,515,868.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	1a		
	<b>b</b> Direct public support (not included on line 1a)	1b	157,357.	
	<b>c</b> Indirect public support (not included on line 1a)	1c		
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d	10,806,921.	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>10,964,278.</b> noncash \$ _____)	1e		10,964,278.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		549,777.
	<b>3</b> Membership dues and assessments	3		
	<b>4</b> Interest on savings and temporary cash investments	4		1,813.
	<b>5</b> Dividends and interest from securities	5		
	<b>6 a</b> Gross rents	6a		
	<b>b</b> Less: rental expenses	6b		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c			
<b>7</b> Other investment income (describe _____)	7			
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	8a		
	<b>c</b> Gain or (loss) (attach schedule)	8b		
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
Revenue	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
	<b>b</b> Less: direct expenses other than fundraising expenses	9b		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	10a		
	<b>b</b> Less: cost of goods sold	10b		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11			
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		11,515,868.	
Expenses	<b>13</b> Program services (from line 44, column (B))	13		11,223,821.
	<b>14</b> Management and general (from line 44, column (C))	14		332,945.
	<b>15</b> Fundraising (from line 44, column (D))	15		
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17		11,556,766.
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		<40,898.>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,892,180.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20		0.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,851,282.



SCANNED MAR 18 2009

723001 12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

**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.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 0 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) <b>STATEMENT 1</b>	23 2,729,778.	2,729,778.		
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 269,976.	131,221.	138,755.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 4,566,219.	4,515,945.	50,274.	
27 Pension plan contributions not included on lines 25a, b, and c	27 222,394.	213,272.	9,122.	
28 Employee benefits not included on lines 25a - 27	28 1,061,210.	1,036,081.	25,129.	
29 Payroll taxes	29 425,699.	410,705.	14,994.	
30 Professional fundraising fees	30			
31 Accounting fees	31 10,175.	10,175.		
32 Legal fees	32 5,085.	5,085.		
33 Supplies	33 479,574.	465,964.	13,610.	
34 Telephone	34 243,528.	233,613.	9,915.	
35 Postage and shipping	35			
36 Occupancy	36 436,951.	384,536.	52,415.	
37 Equipment rental and maintenance	37 155,171.	154,911.	260.	
38 Printing and publications	38			
39 Travel	39 120,073.	114,499.	5,574.	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 66,678.	66,678.		
43 Other expenses not covered above (itemize):				
a <b>CONTRACT SERVICES</b>	43a 547,530.	533,140.	14,390.	
b <b>INSURANCE</b>	43b 116,198.	115,814.	384.	
c <b>OTHER/MISCELLANEOUS</b>	43c 15,074.	16,951.	<1,877.>	
d <b>RECOGNITION AND AWARDS</b>	43d 1,731.	1,731.		
e <b>TRAINING &amp; SEMINARS</b>	43e 83,722.	83,722.		
f <b>DUES &amp; REGISTRATION</b>	43f 0.			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 11,556,766.	11,223,821.	332,945.	0.

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 \$ N/A ; (i) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**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? ► <u>SEE STATEMENT 2</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
<b>a HEAD START PROVIDES BENEFITS TO APPROXIMATELY 850 PRE-SCHOOL CHILDREN FROM LOW-INCOME FAMILIES THROUGH SERVICES INCLUDING EDUCATION SOCIAL SERVICES, PARENTAL INVOLVEMENT, NUTRITION, DENTAL, PHYSICAL &amp; MENTAL HEALTH, &amp; THOSE WITH DISABILITIES</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,886,046.
<b>b LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM PROVIDES BENEFITS TO 5,892 LOW-INCOME FAMILIES THROUGH ASSISTANCE WITH HOME ENERGY COSTS</b>	
(Grants and allocations \$ 1,980,981. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,119,219.
<b>c WEATHERIZATION ASSISTANCE PROGRAM PROVIDES BENEFITS TO 146 LOW-INCOME INDIVIDUALS OR FAMILIES THROUGH ASSISTANCE WITH STRUCTURAL AND RESIDENTIAL IMPROVEMENTS TO THEIR HOMES TO CONSERVE ENERGY AND REDUCE HEAT LOSS</b>	
(Grants and allocations \$ 303,144. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	389,900.
<b>d COMMUNITY SERVICE BLOCK GRANT PROVIDES BENEFITS TO 3,069 LOW-INCOME HOUSEHOLDS THROUGH VARIOUS FORMS OF FINANCIAL EDUCATIONAL ASSISTANCE INCLUDING EMERGENCIES &amp; SHELTER, NUTRITION, HEALTH, SELF SUFFICIENCY, &amp; LINKAGES W/OTHER PROG.</b>	
(Grants and allocations \$ 322,661. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	779,697.
<b>e Other program services (attach schedule) SEE STATEMENT 3</b>	
(Grants and allocations \$ 122,992. ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,048,959.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	11,223,821.

Form 990 (2007)

**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
Assets	45 Cash - non-interest-bearing	147,251.	45	436,997.
	46 Savings and temporary cash investments	117,626.	46	121,018.
	47 a Accounts receivable	47a 22,064.		
	b Less: allowance for doubtful accounts	47b	31,277.	47c 22,064.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		337,501.	49 186,344.
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		964,405.	53 895,383.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
	56 Investments - other		12,580.	56
57 a Land, buildings, and equipment: basis	57a 2,947,390.			
b Less: accumulated depreciation <b>STMT 4</b>	57b 2,294,133.	719,936.	57c 653,257.	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		2,330,576.	59 2,315,063.	
Liabilities	60 Accounts payable and accrued expenses		252,212.	60 206,563.
	61 Grants payable		14,442.	61 14,442.
	62 Deferred revenue			62
	63 Loans from officers, directors, trustees, and key employees			63
	64 a Tax-exempt bond liabilities			64a
	b Mortgages and other notes payable			64b
	65 Other liabilities (describe ▶ <b>SEE STATEMENT 5</b> )		171,742.	65 242,776.
66 <b>Total liabilities.</b> Add lines 60 through 65		438,396.	66 463,781.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		1,892,180.	67 1,851,282.
	68 Temporarily restricted			68
	69 Permanently restricted			69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,892,180.	73 1,851,282.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		2,330,576.	74 2,315,063.	

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	11722277.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): <b>NONCASH - COMMODITIES</b>	b4	206,409.	
	Add lines b1 through b4		b	206,409.
c	Subtract line b from line a		c	11515868.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d		e	11515868.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	11763175.
b	Amounts included on line a but not on Part I, line 17.			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): <b>NONCASH - COMMODITIES</b>	b4	206,409.	
	Add lines b1 through b4		b	206,409.
c	Subtract line b from line a		c	11556766.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d		e	11556766.

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
KREDA YOKLEY 2403 DELANO COURT MURFREESBORO, TN 37130	EXECUTIVE DIRECTOR 40.00	74,160.	3,708.	0.
JANET OGLES 2302 ARMSTRONG VALLEY RD MURFREESBORO, TN 37128	PROGRAM DIRECTOR 40.00	69,171.	3,459.	0.
TRINA HUNT 210 OLD HORN SPGS. RD LEBANON, TN 37087	FINANCE DIRECTOR 40.00	57,997.	2,890.	0.
JUANITA DUNHAM P.O. BOX 318 LAFAYETTE, TN 37083	FINANCE SPECIALIST 40.00	55,801.	2,790.	0.
SEE ATTACHED BOARD OF DIRECTORS LIST				
	0.00	0.	0.	0.

Part V-A	Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ <u>23</u></span>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	<input checked="" type="checkbox"/>
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions.	75c	<input checked="" type="checkbox"/>
d	Does the organization have a written conflict of interest policy?	75d	<input checked="" type="checkbox"/>

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (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)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances	
NONE					
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Part VI	Other Information (See the instructions.)	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	<input checked="" type="checkbox"/>
77	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	<input checked="" type="checkbox"/>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
80 a	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	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) <span style="float: right;">81a <u>0.</u></span>		
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>

Part VI Other Information (continued)		Yes	No	
82 a	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		206,409.
83 a	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 <i>quid pro quo</i> contributions?	83b	X	
84 a	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
85 a	501(c)(4), (5), or (6). 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		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
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
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 a	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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
e	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
90 a	List the states with which a copy of this return is filed <u>TN</u>			
b	Number of employees employed in the pay period that includes March 12, 2007	90b		197
91 a	The books are in care of <u>TRINA HUNT</u> Telephone no. <u>615-742-1113</u> Located at <u>233 LEGEND DRIVE, LEBANON, TN</u> ZIP + 4 <u>37088</u>			
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 <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 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 N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a DAY CARE FEES- PARENT					
b PAID					225,764.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					324,013.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,813.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,813.	549,777.
105 Total (add line 104, columns (B), (D), and (E))					551,590.

Note: Line 105 plus line 1e, 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).
▼	SEE STATEMENT 6

**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).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: Kreda F. Yokley Signature of officer Date 02.17.2009

Type or print name and title: Kreda F. Yokley Executive Director

Paid Preparer's Use Only: Preparer's signature MARK E. FOLLIS, CPA Date 02/17/09 Check if self-employed  Preparer's SSN or PTIN (See Gen Inst X) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: DEMPSEY VANTREASE & FOLLIS PLLC EIN \_\_\_\_\_  
630 S. CHURCH ST., STE 300  
MURFREESBORO, TENNESSEE 37130 Phone no. (615) 893-6666

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2007**

Department 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 COMMUNITY ACTION AGENCY**

Employer identification number

**62 0859072**

**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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>BARBARA BETTS</u> <u>800 WILSON PIKE, BRENTWOOD, TN 37027</u>	<u>EDUCATION SPECIALIST</u> <u>40.00</u>	<u>57,520.</u>	<u>2,876.</u>	
<u>BONNIE HAYES</u> <u>3010 CREST COURT, MURFREESBORO, TN 37</u>	<u>HEALTH SPECIALIST</u> <u>40.00</u>	<u>55,811.</u>	<u>2,791.</u>	
<u>SONE-SERAE BATTEN</u> <u>1251 CREEKSIDE DRIVE, NOLENSVILLE, TN</u>	<u>STAFF DVLP SPECIALIS</u> <u>40.00</u>	<u>52,549.</u>	<u>2,627.</u>	
-----				
-----				
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
<u>NONE</u>		
-----		
-----		
-----		
-----		
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
<u>TUCKESSEE INSULATION</u> <u>703 MATLOCK ROAD, AUBURN, KY 42206</u>	<u>CONTRACT WEATHERIZATION</u>	<u>188,275.</u>
<u>RICHARDSON HOME IMPROVEMENT</u> <u>5032 BONNAMEADE DRIVE, HERMITAGE, TN 37076</u>	<u>CONTRACT WEATHERIZATION</u>	<u>146,033.</u>
<u>C_ &amp; W WEATHERIZATION</u>	<u>CONTRACT WEATHERIZATION</u>	<u>76,593.</u>
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

<b>Part III Statements About Activities</b> (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.		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets?		X
3 a	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.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	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		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966? N/A		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f	Enter the total number of separate funds or accounts owned at the end of the 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 ▶		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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
- 10  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.)
- 11a  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)(v). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11230432.	10656877.	9,904,676.	10236701.	42,028,686.
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	564,846.	801,280.	853,301.	874,741.	3,094,168.
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 organization after June 30, 1975	8,948.	4,515.	4,208.	4,834.	22,505.
19 Net income from unrelated business 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	11804226.	11462672.	10762185.	11116276.	45,145,359.
24 Line 23 minus line 17	11239380.	10661392.	9,908,884.	10241535.	42,051,191.
25 Enter 1% of line 23	118,042.	114,627.	107,622.	111,163.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 841,024.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 42,051,191.
d Add: Amounts from column (e) for lines: 18 22,505. 19 _____ 22 _____ 26b _____					26d 22,505.
e Public support (line 26c minus line 26d total)					26e 42,028,686.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.9465%
27 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: N/A	(2006)	(2005)	(2004)	(2003)	
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: N/A	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 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.

NONE

**Part V** **Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		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?		
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?		
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
35	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		

**Part VI-A** Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) N/A

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

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.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B** Lobbying Activity by Nonelecting Public Charities N/A  
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

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:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through 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 c through h.)			0.

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of:
  - (i) Cash
  - (ii) Other assets
- b** Other transactions:
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: **N/A**

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶  Yes  No

**b** If "Yes," complete the following schedule: **N/A**

(a) Name of organization	(b) Type of organization	(c) Description of relationship



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FORM 990                                  SPECIFIC ASSISTANCE TO INDIVIDUALS                                  STATEMENT    1

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DESCRIPTION	AMOUNT
HOUSING AND UTILITY ASSISTANCE THROUGH COMMUNITY SERVICE BLOCK GRANT	322,661.
UTILITY ASSISTANCE THROUGH LOW INCOME HOME ENERGY ASSISTANCE PROGRAM	1,980,981.
HOME ENERGY ASSISTANCE THROUGH WEATHERIZATION ASSISTANCE PROGRAM	303,144.
LOCAL ASSISTANCE FUNDED BY PROJECT HELP, UNITED WAY, AND OTHER LOCAL MONIES	87,746.
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC...	35,246.
TOTAL TO FORM 990, PART II, LINE 23	<u>2,729,778.</u>

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FORM 990                  STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE                  STATEMENT    2  
PART III

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EXPLANATION

TO HELP FAMILIES/INDIVIDUALS TOWARD SELF SUFFICIENCY BY PROVIDING COMPREHENSIVE SERVICES IN COLLABORATION W/ LOCAL, STATE AND FEDERAL RESOURCES

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FORM 990                                  OTHER PROGRAM SERVICES                                  STATEMENT    3

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DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
EMERGENCY FOOD ASISTANCE PROGRAM	35,246.	55,479.
CHILD AND ADULT CARE FOOD PROGRAM	0.	280,900.
HEAD START DAY CARE	0.	480,598.
VARIOUS PROGRAMS BENEFITING LOW-INCOME AND ELDERLY HOUSEHOLDS	87,746.	195,810.
EMEGENCY FOOD AND SHELTER PROGRAMS	0.	36,172.
TOTAL TO FORM 990, PART III, LINE E	<u>122,992.</u>	<u>1048959.</u>

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS	1,150,072.	635,817.	514,255.
EQUIPMENT AND FIXTURES	597,005.	570,446.	26,559.
VEHICLES	1,200,313.	1,087,870.	112,443.
TOTAL TO FORM 990, PART IV, LN 57	2,947,390.	2,294,133.	653,257.

FORM 990 OTHER LIABILITIES STATEMENT 5

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
UNAPPLIED REVENUE	926.	84,451.
ACCRUED LIABILITIES	101,442.	92,595.
ADVANCES FROM GRANTORS	69,374.	65,730.
TOTAL TO FORM 990, PART IV, LINE 65	171,742.	242,776.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 6

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	DAY CARE FEES PAID BY PARENTS OF THOSE ABLE TO AFFORD TO PAY AS DETERMINED BY STATE CALCULATIONS ARE USED TO ENABLE THE AGENCY IN PROVIDING RESOURCES TO OPERATE THE DAY CARE PROGRAM.
93G	BROKER CERTIFICATE PAYMENTS MADE BY THE STATE ON BEHALF OF FAMILIES OF CHILDREN ENROLLED IN DAY CARE PROGRAM ENABLE THE AGENCY IN PROVIDING RESOURCES TO OPERATE THE DAY CARE.

**MID-CUMBERLAND COMMUNITY ACTION AGENCY**  
**Board Roster (Names, Addresses Only 08-09)**

<b>Board Member Name</b>	<b>Address</b>	<b>Phone Numbers</b>
Gary Norwood	102D Mars Court P.O.Box 411 Ashland City, TN 37015	615-804-3892
James Hubbard	701 Kings Drive Springfield, TN 37172	615-384-2183
Robert Farmer	4649 Lahr Drive Springfield, TN 37172	615-384-8631
Ernest Burgess	Rutherford County Courthouse Room 101 Murfreesboro, TN 37130	615-898-7745
Linda Hardymon	1510 Leaf Avenue Murfreesboro, TN 37130	615-895-1654 615-904-8096-w 615-519-8096-cell
Jean Vaughn	12630 Old Nashville Hwy Smyrna, TN 37167	615-459-4826
Peggy Young	1819 Riverview Drive Murfreesboro, TN 37129	615-896-0890
Katie Wilson	P.O.Box 11361 Murfreesboro, TN 37129	615-893-8620
Michael Snider	813 Naylor Ave, Lot 49 Murfreesboro, TN 37130	615-904-6280 615-336-8714-m
Reagan Hall	355 N. Belvedere Dr. Room 102 Gallatin, TN 37066	615-452-3604
John Alexander	780 Anthony St. Gallatin, TN 37066	615-419-8383
Bill Bassett	1054 Hartsville Pike # 14 Gallatin, TN 37066	615-452-8730
Albert Strawther	205 Witherspoon St. Gallatin, TN 37066	615-351-1840-m 615-741-3073-w 615-452-9795-h
Nita Johnson	P.O.Box 3 Gallatin, TN 37066	615-452-0103-h 615-406-0348-c 615-230-5611-w
Franklin Harper	1070 Harsh Lane Castalian Springs, TN 37031	615-452-4305
Dixie Taylor-Huff	P.O.Box 2789 932 Baddour Parkway Lebanon, TN 37087 - w	615-449-0295

# MID-CUMBERLAND COMMUNITY ACTION AGENCY

## Board Roster (Names, Addresses Only 08-09)

Mike Weber	1320 W. Main St. Suite 107 Franklin, TN 37064	615-591-8504 615-591-8529 direct
Russell J. McCann	1804 Williamson Ct. Suite 201 Brentwood, TN 37027	615-377-3319
Marlon Singletary	P.O.Box 158962 Nashville, TN 37215 (Williamson County)	615-469-4633
Carol Knight	228 E. Main St. Room 104 - Courthouse Lebanon, TN 37087	615-444-1383
Kevin Davenport	202 Cedarway Drive Lebanon, TN 37087	615-444-1935
Thomas Douglas	P.O.Box 1305 Lebanon, TN 37088-1305	615-449-4669-h

DEPREC SCHEDULE

CLASS	ASSET CODE	DESCRIPTION	LOCATION	ACQUIRED	PURCHASE COST	SALVAGE VALUE	2006 DEPREC	2007 DEPREC	2008 DEPREC	A/D 2007	A/D 2008	BOOK VALUE
M C C A		FIXED ASSETS BY CLASS CODE										
		FYE 06/30/2006										
1	BUILDINGS, 15 & 30 YEAR PROPERTY											
		1 MOBILE CLASSROOM	JOHN COLEMAN-S	1/1/1973	21,777.08	2,177.71	19,599.37	19,599.37	19,599.37	19,599.37	2,177.71	2,177.71
		5 FLOOR LEBANON HEAD START	LEBANON HEAD S	7/1/1986	1,882.00	188.20	1,693.80	1,693.80	1,693.80	1,693.80	188.20	188.20
		4 FENCE SMYRNA HEAD START	SMYRNA HEAD ST	9/1/1986	1,480.91	148.00	1,332.91	1,332.91	1,332.91	1,332.91	148.00	148.00
		2 MODULAR CLASSROOM BLDG	JOHN COLEMAN-S	12/1/1980	27,000.00	2,700.00	24,300.00	24,300.00	24,300.00	24,300.00	2,700.00	2,700.00
		3 FENCING	SMYRNA HEAD ST	9/1/1991	1,563.92	156.39	1,407.53	1,407.53	1,407.53	1,407.53	156.39	156.39
		6 DOUBLE WIDE TRAILER	ASHLAND CITY P	3/20/1995	87,713.00	-	5,847.53	5,847.53	5,847.53	71,632.16	77,479.69	10,233.31
		12 MODULAR BUILDING	LEBANON	7/6/1995	36,000.00	-	1,200.00	1,200.00	1,200.00	14,400.00	15,600.00	20,400.00
		8 MODULAR BLDG	JOHN COLEMAN	9/5/1995	88,329.00	-	5,888.60	5,888.60	5,888.60	63,793.24	75,570.44	12,758.56
		9 MODULAR BUILDING	BRANSFORD ELEI	9/5/1995	89,513.00	-	5,967.53	5,967.53	5,967.53	64,648.17	76,593.24	12,929.76
		10 BUILDING	MURFREESBORO	2/1/1996	503,356.72	-	16,778.56	16,778.56	16,778.56	174,776.59	208,333.71	295,023.01
		7 BUILDING	LEBANON	6/1/1996	194,223.40	-	6,474.11	6,474.11	6,474.11	65,280.64	78,228.87	115,994.53
		BUILDING ADDITIONS		6/30/2000	57,970.00	-	1,932.33	1,932.33	1,932.33	14,492.50	16,424.84	41,545.16
		BUILDOUT LEBANON OFFICE	XCF-LEBANON	11/21/2002	27,524.00	-	5,504.80	5,504.80	5,504.80	22,019.20	27,524.00	-
		CLOSET IN LEBANON OFFICE	XCF-LEBANON	12/1/2002	2,591.00	-	518.20	518.20	518.20	2,072.80	2,591.00	-
		CUBICLE WALLS IN LEB OFFICE	XCF-LEBANON	12/1/2002	1,950.00	-	390.00	390.00	390.00	1,560.00	1,950.00	-
		CABINETS IN LEB/HARTS OFFICE	XCF-LEBANON	12/31/2002	7,197.95	-	1,439.59	1,439.59	1,439.59	5,758.36	7,197.95	-
		Disposed	TOTAL CLASS 1 BUILDINGS		1,150,071.98	5,370.30	51,941.26	51,941.26	51,941.26	539,787.41	591,728.67	514,254.64
2	EQUIPMENT, 7 YEAR PROPERTY											
		91 BELL TONE AUDIOMETER	MURFREESBORO	4/1/1977	650.00	65.00	585.00	585.00	585.00	585.00	65.00	65.00
		92 HOBART DISHWASHER (2)	HARTSVILLE BEA	4/1/1978	2,097.00	209.70	1,887.30	1,887.30	1,887.30	1,887.30	209.70	209.70
		201 LAMINATOR	TEFAP	11/1/1984	1,096.32	109.63	986.69	986.69	986.69	986.69	109.63	109.63
		181 REFRIGERATOR	WOODBURY COM	9/1/1985	500.00	50.00	450.00	450.00	450.00	450.00	50.00	50.00
		50 ROYAL TYPEWRITER	SMYRNA ADMIN	11/1/1985	699.00	69.90	629.10	629.10	629.10	629.10	69.90	69.90
		87 TOT TOWER	SMYRNA HEAD ST	11/1/1985	1,543.00	154.30	1,388.70	1,388.70	1,388.70	1,388.70	154.30	154.30
		85 LIGHTS FOR LEBANON HEAD S	LEBANON HEAD S	7/1/1986	628.00	62.80	565.20	565.20	565.20	565.20	62.80	62.80
		89 HEATING A/C SYSTEM	SMYRNA HEAD ST	7/1/1988	3,400.00	340.00	3,060.00	3,060.00	3,060.00	3,060.00	340.00	340.00
		185 COMPUTER KEYBOARD	CENTRAL OFFICE	11/1/1989	11,310.45	1,131.05	10,179.40	10,179.40	10,179.40	10,179.40	1,131.05	1,131.05
		120 ROEPER REFRIGERATOR	AUBURNTOWN	2/1/1991	750.00	75.00	675.00	675.00	675.00	675.00	75.00	75.00
		177 TREEHOUSE	AUBURNTOWN	2/1/1991	795.00	79.50	715.50	715.50	715.50	715.50	79.50	79.50
		178 SLIDE CRAWL THROUGH	AUBURNTOWN	2/1/1991	695.00	69.50	625.50	625.50	625.50	625.50	69.50	69.50
		179 SWING SET 4 UNIT	AUBURNTOWN	2/1/1991	564.00	56.40	507.60	507.60	507.60	507.60	56.40	56.40
		95 DORMCALL REFRIGERATOR	H/S SMYRNA JOH	3/1/1991	1,950.00	195.00	1,755.00	1,755.00	1,755.00	1,755.00	195.00	195.00
		53 AUDIT ADJUSTMENT	SMYRNA ADMIN	4/1/1991	977.58	-	-	-	-	-	977.58	977.58
		45 OKIDATA PRINTER	SMYRNA ADMIN	6/1/1991	1,450.00	145.00	1,305.00	1,305.00	1,305.00	1,305.00	145.00	145.00
		183 TREEHOUSE	WOODBURY COM	8/1/1991	795.00	79.50	715.50	715.50	715.50	715.50	79.50	79.50
		182 DISHWASHER	WOODBURY COM	9/1/1991	600.00	60.00	540.00	540.00	540.00	540.00	60.00	60.00
		97 HEAT & AIR CONDITIONER UN	FAIRVIEW HEAD	10/1/1991	1,659.00	165.90	1,493.10	1,493.10	1,493.10	1,493.10	165.90	165.90
		117 CIRCLE CYCLE	SHORT MOUNTAIN	10/1/1991	895.00	89.50	805.50	805.50	805.50	805.50	89.50	89.50
		118 DOUBLE TREE HOUSE	SHORT MOUNTAIN	10/1/1991	795.00	79.50	715.50	715.50	715.50	715.50	79.50	79.50
		119 SPRING ABOUT	SHORT MOUNTAIN	10/1/1991	750.00	75.00	675.00	675.00	675.00	675.00	75.00	75.00
		99 CANNON FAX MACHINE	MURFREESBORO	12/1/1991	1,378.00	137.80	1,240.20	1,240.20	1,240.20	1,240.20	137.80	137.80
		100 AB DICK COPIER MACHINE	MURFREESBORO	12/1/1991	1,403.00	140.30	1,262.70	1,262.70	1,262.70	1,262.70	140.30	140.30
		101 SIMPLEX ALARM SYSTEM	GALLATIN HEAD	12/1/1991	1,150.00	115.00	1,035.00	1,035.00	1,035.00	1,035.00	115.00	115.00
		107 TOSHIBA NOTE BOOK COMPUTE	MURFREESBORO	12/1/1991	3,500.00	350.00	3,150.00	3,150.00	3,150.00	3,150.00	350.00	350.00
		190 ROLL LAMINATOR	HEAD ST GEN OF	10/27/95	1,027.75	102.78	924.97	924.97	924.97	924.97	102.78	102.78
		115 AMANA HEAT A/C UNIT	MURFREESBORO	1/1/1992	691.00	69.10	621.90	621.90	621.90	621.90	69.10	69.10
		46 TWINHEAD LAPTOP COMPUTER	SMYRNA ADMIN	6/1/1992	1,795.00	179.50	1,615.50	1,615.50	1,615.50	1,615.50	179.50	179.50
		69 5 ADVANCED BUILDER SETS	HEAD START CEN	10/1/1992	3,495.00	349.50	3,145.50	3,145.50	3,145.50	3,145.50	349.50	349.50
		98 OAK CABINETS	EPIPHANY CHURC	10/1/1992	1,623.00	162.30	1,460.70	1,460.70	1,460.70	1,460.70	162.30	162.30
		70 6 REST COT ACTIVITY CENTER	HEAD START CEN	1/1/1993	5,099.70	509.97	4,589.73	4,589.73	4,589.73	4,589.73	509.97	509.97
		71 KITCHEN UNIT FOR CHILDREN	HEAD START CEN	1/1/1993	520.00	52.00	468.00	468.00	468.00	468.00	52.00	52.00

DEPREC SCHEDULE

CLASS	ASSET CODE	DESCRIPTION	LOCATION	ACQUIRED	PURCHASE COST	SALVAGE VALUE	2006 DEPREC	A/D 2006	2007 DEPREC	A/D 2007	2008 DEPREC	A/D 2008	BOOK VALUE
M C C A													
FIXED ASSETS BY CLASS CODE													
FYE 06/30/2006													
73	GARLAND STOVE	GALLATIN HEAD	1/1/1993	2,308 50	256 50	2,308 50		2,308 50		2,308 50		2,308 50	256 50
74	DISHWASHER	GALLATIN HEAD	1/1/1993	4,375 00	437 50	3,937 50		3,937 50		3,937 50		3,937 50	437 50
75	REFRIGERATOR 2-DOOR	GALLATIN HEAD	1/1/1993	2,056 50	228 50	2,056 50		2,056 50		2,056 50		2,056 50	228 50
76	KENMORE UPRIGHT FREEZER	GALLATIN HEAD	1/1/1993	804 99	80 50	724 49		724 49		724 49		724 49	80 50
77	DOUBLE SINK WITH FAUCETS	GALLATIN HEAD	1/1/1993	775 00	77 50	697 50		697 50		697 50		697 50	77 50
72	PANASONIC CAM CORDER	MURFREESBORO	2/1/1993	1,334 96	133 50	1,201 43		1,201 43		1,201 43		1,201 43	133 53
122	FENCING	HEAD START CEN	2/1/1993	4,123 00	412 30	3,710 70		3,710 70		3,710 70		3,710 70	412 30
123	3 TRI SWING 6 SEATER	HEAD START CEN	3/1/1993	1,722 00	172 20	1,549 80		1,549 80		1,549 80		1,549 80	172 20
124	3 STANDING SLIDE	HEAD START CEN	3/1/1993	2,082 00	208 20	1,873 80		1,873 80		1,873 80		1,873 80	208 20
125	2 TREE HOUSE COACH	HEAD START CEN	3/1/1993	1,790 00	179 90	1,610 10		1,610 10		1,610 10		1,610 10	179 90
126	WOODPEE PICK UP	HEAD START CEN	3/1/1993	1,144 00	114 40	1,029 60		1,029 60		1,029 60		1,029 60	114 40
127	3 FIVE SEAT CIRCLE CYCLE	HEAD START CEN	3/1/1993	2,985 00	298 50	2,686 50		2,686 50		2,686 50		2,686 50	298 50
128	2 PRE SCHOOL CHOO-CHOO	HEAD START CEN	3/1/1993	1,900 00	190 00	1,710 00		1,710 00		1,710 00		1,710 00	190 00
129	2 TREE HOUSE COMBOS	HEAD START CEN	3/1/1993	1,790 00	179 00	1,611 00		1,611 00		1,611 00		1,611 00	179 00
130	FIVE SEAT CIRCLE CYCLE	HEAD START CEN	3/1/1993	995 00	99 50	895 50		895 50		895 50		895 50	99 50
131	FULL SET HOLLOW BLOCKS	HEAD START CEN	3/1/1993	899 10	89 10	810 00		810 00		810 00		810 00	89 10
132	5 ART SUPPLY PACKS	HEAD START CEN	3/1/1993	4,162 50	416 25	3,746 25		3,746 25		3,746 25		3,746 25	416 25
133	RENOVATION 244 WEST EASTL	GALLATIN HEAD	3/1/1993	41,889 14	-	41,889 14		41,889 14		41,889 14		41,889 14	-
207	BLOWER DOOR	CEN OFC WAP	5/1/1993	1,650 00	165 00	1,485 00		1,485 00		1,485 00		1,485 00	165 00
200	CANNON COPIER	CSBG SMYRNA	9/1/1993	1,631 96	163 20	1,468 76		1,468 76		1,468 76		1,468 76	163 20
54	CANNON COPIER	SMYRNA ADMIN	10/1/1993	1,590 00	159 00	1,431 00		1,431 00		1,431 00		1,431 00	159 00
156	COMPUTERS (3)	HEAD START	11/1/1993	11,085 00	1,108 50	9,976 50		9,976 50		9,976 50		9,976 50	1,108 50
157	COMPUTER SYSTEMS (2)	HEAD START	11/1/1993	2,696 00	269 60	2,426 40		2,426 40		2,426 40		2,426 40	269 60
158	COMPUTERS (2)	HEAD START	11/1/1993	7,390 00	739 00	6,651 00		6,651 00		6,651 00		6,651 00	739 00
160	SOFTWARE FOR CHILDREN	HEAD START	11/1/1993	2,995 00	299 50	2,695 50		2,695 50		2,695 50		2,695 50	299 50
121	PORTABLE ALUM GYM SET	HEAD START CEN	12/1/1993	770 00	77 00	693 00		693 00		693 00		693 00	77 00
161	DESKJET PRINTER	CEN OFC HEAD S	1/1/1994	625 00	62 50	562 50		562 50		562 50		562 50	62 50
208	COMPUTER/PRINTER	FAMILY DAY CAR	3/1/1994	2,040 30	204 30	2,040 30		2,040 30		2,040 30		2,040 30	204 30
205	COMPUTER PRINTER	CEN OFC WAP	4/1/1994	1,627 00	162 70	1,464 30		1,464 30		1,464 30		1,464 30	162 70
162	1 486DX2-66	CEN OFC JANET	12/6/1994	2,070 88	-	2,070 88		2,070 88		2,070 88		2,070 88	-
163	1 486DX2-40	CEN OFC KIMBER	12/6/1994	1,439 20	-	1,439 20		1,439 20		1,439 20		1,439 20	-
164	1 486DX2-40	CEN OFC BRENDA	12/6/1994	1,439 20	-	1,439 20		1,439 20		1,439 20		1,439 20	-
165	1 486DX2-40	CEN OFC MURFRE	12/6/1994	1,439 20	-	1,439 20		1,439 20		1,439 20		1,439 20	-
166	1 486SX-33	GALLATIN PAULA	12/6/1994	1,433 60	-	1,433 60		1,433 60		1,433 60		1,433 60	-
167	1 486SX-33	LEBANON	12/6/1994	1,433 60	-	1,433 60		1,433 60		1,433 60		1,433 60	-
168	1 486SX-33	MURFREESBORO	12/6/1994	1,433 60	-	1,433 60		1,433 60		1,433 60		1,433 60	-
169	1 486SX-33	SMYRNA RACHEL	12/6/1994	1,433 60	-	1,433 60		1,433 60		1,433 60		1,433 60	-
170	1 486SX-33	FRANKLIN DONNA	12/6/1994	1,433 60	-	1,433 60		1,433 60		1,433 60		1,433 60	-
171	1 486SX-33	SPRINGFIELD KA	12/6/1994	1,433 60	-	1,433 60		1,433 60		1,433 60		1,433 60	-
172	1 486SX-33	WOODBURY LORI	12/6/1994	1,433 60	-	1,433 60		1,433 60		1,433 60		1,433 60	-
191	PLAYGROUND EQUIPMENT	LEBANON HEAD H	10/31/1995	1,495 00	-	1,495 00		1,495 00		1,495 00		1,495 00	(0 00)
192	PLAYGROUND EQUIPMENT	SMYRNA	10/31/1995	2,310 00	-	2,310 00		2,310 00		2,310 00		2,310 00	-
193	PLAYGROUND EQUIPMENT	SPRINGFIELD	10/31/1995	8,235 00	-	8,235 00		8,235 00		8,235 00		8,235 00	0 00
194	PLAYGROUND EQUIPMENT	ASHLAND CITY	10/31/1995	8,025 00	-	8,025 00		8,025 00		8,025 00		8,025 00	0 00
195	PLAYGROUND EQUIPMENT	CROSS PLAINS	10/31/1995	2,825 00	-	2,825 00		2,825 00		2,825 00		2,825 00	(0 00)
196	PLAYGROUND EQUIPMENT	MURFREESBORO	10/31/1995	8,450 00	-	8,450 00		8,450 00		8,450 00		8,450 00	0 00
197	PLAYGROUND EQUIPMENT	LEBANON CEDAR	10/31/1995	10,310 00	-	10,310 00		10,310 00		10,310 00		10,310 00	(0 00)
198	PLAYGROUND EQUIPMENT	FRANKLIN	10/31/1995	8,085 00	-	8,085 00		8,085 00		8,085 00		8,085 00	-
199	PLAYGROUND EQUIPMENT	FAIRVIEW	10/31/1995	2,565 00	-	2,565 00		2,565 00		2,565 00		2,565 00	0 00
209	FENCE	MURFREESBORO	10/31/1995	1,550 00	156 00	1,394 00		1,394 00		1,394 00		1,394 00	156 00
211	COMPUTER ACCOUNTING SYSTEM	CENTRAL OFFICE	12/4/1997	7,902 00	790 00	7,112 00		7,112 00		7,112 00		7,112 00	790 00
159	COMPUTER SYSTEMS (1)	HEAD START	6/27/1997	2,084 00	208 40	1,875 60		1,875 60		1,875 60		1,875 60	208 40
266	COPIER	NOT LISTED	8/27/1997	1,367 00	-	1,367 00		1,367 00		1,367 00		1,367 00	(0 00)
234	COMPUTER	FIELD	12/31/1997	1,834 48	-	1,834 48		1,834 48		1,834 48		1,834 48	(0 00)
235	COMPUTER	FIELD	12/31/1997	1,834 48	-	1,834 48		1,834 48		1,834 48		1,834 48	(0 00)

DEPREC SCHEDULE

M C C A	FIXED ASSETS BY CLASS CODE	ACQUIRED	PURCHASE COST	SALVAGE VALUE	2006 DEPREC	AID 2006	2007 DEPREC	AID 2007	2008 DEPREC	AID 2008	BOOK VALUE
CLASS	ASSET CODE DESCRIPTION LOCATION	ACQUIRED	PURCHASE COST	SALVAGE VALUE	2006 DEPREC	AID 2006	2007 DEPREC	AID 2007	2008 DEPREC	AID 2008	BOOK VALUE
	FYE 06/30/2006										
236	COMPUTER FIELD	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
237	COMPUTER FIELD	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
238	COMPUTER FIELD	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
239	COMPUTER FIELD	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
240	COMPUTER FIELD	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
241	COMPUTER FIELD	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
242	COMPUTER FIELD	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
243	COMPUTER GALLATIN	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
244	COMPUTER GALLATIN	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
245	COMPUTER CSBG	12/31/1997	1,834.48	-	-	1,834.48	-	1,834.48	-	1,834.48	(0.00)
246	COMPUTER CSBG	12/31/1997	1,820.54	-	-	1,820.54	-	1,820.54	-	1,820.54	0.00
247	COMPUTER CSBG	12/31/1997	1,820.54	-	-	1,820.54	-	1,820.54	-	1,820.54	0.00
248	COMPUTER CSBG	12/31/1997	1,820.54	-	-	1,820.54	-	1,820.54	-	1,820.54	0.00
249	COMPUTER WAP	12/31/1997	1,820.54	-	-	1,820.54	-	1,820.54	-	1,820.54	0.00
250	COMPUTER WAP	12/31/1997	1,820.54	-	-	1,820.54	-	1,820.54	-	1,820.54	0.00
251	COMPUTER ADMIN	12/31/1997	3,485.20	-	-	3,485.20	-	3,485.20	-	3,485.20	(0.00)
252	COMPUTER ADMIN	12/31/1997	3,017.90	-	-	3,017.90	-	3,017.90	-	3,017.90	(0.00)
253	SERVER CSBG-CENTRAL	12/31/1997	9,529.00	-	-	9,529.00	-	9,529.00	-	9,529.00	(0.00)
254	LASER PRINTER ADMIN	12/31/1997	1,335.85	-	-	1,335.85	-	1,335.85	-	1,335.85	(0.00)
255	LASER PRINTER ADMIN	12/31/1997	1,335.85	-	-	1,335.85	-	1,335.85	-	1,335.85	(0.00)
256	LASER PRINTER ADMIN	12/31/1997	1,335.85	-	-	1,335.85	-	1,335.85	-	1,335.85	(0.00)
257	LASER PRINTER WAPI/HEAD	12/31/1997	1,335.85	-	-	1,335.85	-	1,335.85	-	1,335.85	(0.00)
258	LASER PRINTER CSBG	12/31/1997	1,335.85	-	-	1,335.85	-	1,335.85	-	1,335.85	(0.00)
259	EPSON PRINTER CSBG-GALLATIN	12/31/1997	548.33	-	-	548.33	-	548.33	-	548.33	(0.00)
260	EPSON PRINTER CSBG-ROBERTSON	12/31/1997	548.33	-	-	548.33	-	548.33	-	548.33	(0.00)
261	EPSON PRINTER CSBG-CHEATHAM	12/31/1997	548.33	-	-	548.33	-	548.33	-	548.33	(0.00)
262	EPSON PRINTER CSBG-TROUSDALE	12/31/1997	548.33	-	-	548.33	-	548.33	-	548.33	(0.00)
263	EPSON PRINTER CSBG-WILLIAMSON	12/31/1997	548.33	-	-	548.33	-	548.33	-	548.33	(0.00)
264	EPSON PRINTER CSBG-WILSON	12/31/1997	548.33	-	-	548.33	-	548.33	-	548.33	(0.00)
265	EPSON PRINTER CSBG-RUTHERFO	12/31/1997	548.33	-	-	548.33	-	548.33	-	548.33	(0.00)
213	COPY MACHINE RSVF-GALLATIN	1/29/1999	3,499.94	-	-	3,499.94	-	3,499.94	-	3,499.94	0.00
214	PRINTER RSVF-GALLATIN	1/29/1999	1,689.00	-	-	1,689.00	-	1,689.00	-	1,689.00	0.00
	3 YEAR PROPERTY	6/30/2000	3,748.00	-	-	3,748.00	-	3,748.00	-	3,748.00	0.00
	5 YEAR PROPERTY	6/30/2000	22,663.91	-	-	22,663.91	-	22,663.91	-	22,663.91	0.00
	7 YEAR PROPERTY	6/30/2000	7,169.93	-	-	7,169.93	-	7,169.93	-	7,169.93	(0.00)
	COMPUTERS	6/30/2001	47,276.80	-	-	47,276.80	-	47,276.80	-	47,276.80	(0.00)
	CAMCORDERS	6/30/2001	12,635.58	-	-	12,635.58	-	12,635.58	-	12,635.58	(0.00)
	LAPTOPS (20)	7/31/2001	24,260.00	-	-	24,260.00	-	24,260.00	-	24,260.00	0.00
	COMPUTERS (6)	1/17/2002	7,164.00	-	-	7,164.00	-	7,164.00	-	7,164.00	0.00
	LAPTOPS (2)	2/21/2002	5,711.00	-	-	5,711.00	-	5,711.00	-	5,711.00	(0.00)
	OFFICE FURNITURE	4/23/2002	10,774.00	-	-	10,774.00	-	10,774.00	-	10,774.00	0.00
	LAPTOPS (10 HP OMNIBOOKS)	HEADSTART	25,658.00	-	-	25,658.00	-	25,658.00	-	25,658.00	1,282.62
	10 COMPUTERS/IMON - N CENT	HEADSTART	8,145.00	-	-	8,145.00	-	8,145.00	-	8,145.00	0.00
	20 COMPUTERS/IMON - N CENT	HEADSTART	14,980.00	-	-	14,980.00	-	14,980.00	-	14,980.00	0.00
	REFRIGERATOR	LEBANON OFFICE	635.00	-	-	635.00	-	635.00	-	635.00	136.07
	COMPUTER	CSBG-CHEATHAM	873.92	-	-	873.92	-	873.92	-	873.92	(0.00)
	COMPUTER	CSBF-RUTHERFO	1,584.42	-	-	1,584.42	-	1,584.42	-	1,584.42	(0.00)
	OFFICE FURNITURE	XCF-LEBANON	3,159.50	-	-	3,159.50	-	3,159.50	-	3,159.50	339.88
	OFFICE FURNITURE	ADMIN-LEBANON	3,722.98	-	-	3,722.98	-	3,722.98	-	3,722.98	797.78
	OFFICE FURNITURE	XCF-LEBANON	6,285.00	-	-	6,285.00	-	6,285.00	-	6,285.00	1,495.95
	OFFICE FURNITURE	FF-LEBANON	319.50	-	-	319.50	-	319.50	-	319.50	76.07
	COMPUTER	CSBG-WILLIAMSON	1,710.28	-	-	1,710.28	-	1,710.28	-	1,710.28	0.00
	2 PREMIO COMPUTERS	HEADSTART - EH	5,614.00	-	-	5,614.00	-	5,614.00	-	5,614.00	561.40
	PHONE SYSTEM	HEADSTART	30,603.52	-	-	30,603.52	-	30,603.52	-	30,603.52	3,060.35
	PHONE SYSTEM	HEADSTART	10,713.00	-	-	10,713.00	-	10,713.00	-	10,713.00	1,071.30

DEPREC SCHEDULE

CLASS	DESCRIPTION	LOCATION	ACQUIRED	PURCHASE COST	SALVAGE VALUE	2006 DEPREC	2007 DEPREC	2008 DEPREC	AID 2007	AID 2008	BOOK VALUE
M C C A A											
FIXED ASSETS BY CLASS CODE											
FYE 06/30/2006											
PHONE SYSTEM	HEADSTART		12/17/2003	23,205.00	-	4,641.00	4,641.00	4,641.00	16,243.50	20,884.50	2,320.50
SERVER #B5C338C34284	XCF-LEBANON		3/9/2004	7,482.00	-	1,496.40	1,496.40	1,496.40	5,237.40	6,733.80	748.20
Total disposed											
		TOTAL CLASS 2 EQUIPMENT		597,004.53	13,690.88	43,855.48	31,926.71	22,589.42	547,856.56	570,445.98	26,558.55
3 VEHICLES, 5 YEAR PROPERTY											
SEE ** below	CHEVROLET 89 BUS	CHEATHAM	9/11/1989	23,917.00	2,391.70	21,525.30	21,525.30		21,525.30	21,525.30	2,391.70
22	CHEVY VAN 1990	FRANKLIN HEAD	8/11/1990	24,794.00	2,479.40	22,314.60	22,314.60		22,314.60	22,314.60	2,479.40
23	CHEVY VAN 1990	HARTSVILLE HEA	8/11/1990	24,794.00	2,479.40	22,314.60	22,314.60		22,314.60	22,314.60	2,479.40
24	GMC VAN 1990	MURFREESBORO	10/1/1990	16,100.00	1,610.00	14,490.00	14,490.00		14,490.00	14,490.00	1,610.00
26	CHEVY MICRO BIRD BUS 1991	FAIRVIEW HEAD	1/1/1991	26,359.00	2,635.90	23,723.10	23,723.10		23,723.10	23,723.10	2,635.90
27	CHEVY MICRO BIRD BUS 1991	MT JULIET HEA	2/1/1991	26,359.00	2,635.90	23,723.10	23,723.10		23,723.10	23,723.10	2,635.90
29	91 CHEVROLET BUS	WOODBURY COM	4/1/1991	24,995.00	2,499.50	22,495.50	22,495.50		22,495.50	22,495.50	2,499.50
30	91 CHEVROLET BUS	AUBURNTOWN	4/1/1991	24,995.00	2,499.50	22,495.50	22,495.50		22,495.50	22,495.50	2,499.50
38	91 CHEVY BUS	SPRINGFIELD H/	10/1/1991	24,600.00	2,460.00	22,140.00	22,140.00		22,140.00	22,140.00	2,460.00
31	91 CHEVROLET BUS	SHORT MOUNTAIN	12/1/1991	24,599.00	2,459.90	22,139.10	22,139.10		22,139.10	22,139.10	2,459.90
36	CHEVROLET BUS 92	WOODBURY 4-H	9/1/1992	25,879.00	2,587.90	23,291.10	23,291.10		23,291.10	23,291.10	2,587.90
32	NAVISTAR BUS	MURFREESBORO	10/1/1992	33,300.00	3,330.00	29,970.00	29,970.00		29,970.00	29,970.00	3,330.00
33	NAVISTAR BUS INT 92	GALLATIN HEAD	10/1/1992	32,306.00	3,230.60	29,075.40	29,075.40		29,075.40	29,075.40	3,230.60
25	95 36 PASSENGER BUS	LEBANON	10/26/1994	37,967.00	3,796.70	34,170.30	34,170.30		34,170.30	34,170.30	3,796.70
16	95 36 PASSENGER BUS	LEBANON	5/15/1995	37,967.00	3,796.70	34,170.30	34,170.30		34,170.30	34,170.30	3,796.70
39	27 PASSENGER CHEVROLET BU	NOT LISTED	1/10/1996	38,164.00	3,816.00	34,348.00	34,348.00		34,348.00	34,348.00	3,816.00
40	36 PASSENGER BUS	NOT LISTED	1/10/1996	32,006.00	3,200.60	28,805.40	28,805.40		28,805.40	28,805.40	3,200.60
41	36 PASSENGER BUS	NOT LISTED	1/10/1996	32,006.00	3,200.60	28,805.40	28,805.40		28,805.40	28,805.40	3,200.60
42	36 PASSENGER BUS	NOT LISTED	1/10/1996	32,006.00	3,200.60	28,805.40	28,805.40		28,805.40	28,805.40	3,200.60
210	1995 CHEVY BUS	CROSS PLAINS	1/3/1997	32,600.00	3,260.00	29,340.00	29,340.00		29,340.00	29,340.00	3,260.00
229	22 PASSENGER BUS	NOT LISTED	1/6/1998	32,859.00	3,285.90	29,573.10	29,573.10		29,573.10	29,573.10	3,285.90
230	22 PASSENGER BUS	NOT LISTED	1/6/1998	32,859.00	3,285.90	29,573.10	29,573.10		29,573.10	29,573.10	3,285.90
231	22 PASSENGER BUS	NOT LISTED	1/6/1998	32,859.00	3,285.90	29,573.10	29,573.10		29,573.10	29,573.10	3,285.90
232	22 PASSENGER BUS	NOT LISTED	1/6/1998	32,859.00	3,285.90	29,573.10	29,573.10		29,573.10	29,573.10	3,285.90
233	22 PASSENGER BUS	NOT LISTED	1/6/1998	32,859.00	3,285.90	29,573.10	29,573.10		29,573.10	29,573.10	3,285.90
215	SAFARI 8 PASSENGER VAN	MURFREESBORO	12/3/1998	18,994.00	1,899.40	17,094.60	17,094.60		17,094.60	17,094.60	1,899.40
216	SAFARI 8 PASSENGER VAN	CEDARWOOD	12/3/1998	18,994.00	1,899.40	17,094.60	17,094.60		17,094.60	17,094.60	1,899.40
217	SAFARI 8 PASSENGER VAN	SPRINGFIELD	12/3/1998	18,994.00	1,899.40	17,094.60	17,094.60		17,094.60	17,094.60	1,899.40
218	SAFARI 8 PASSENGER VAN	SMYRNA	12/3/1998	18,994.00	1,899.40	17,094.60	17,094.60		17,094.60	17,094.60	1,899.40
219	SAFARI 8 PASSENGER VAN	FRANKLIN	12/3/1998	18,994.00	1,899.40	17,094.60	17,094.60		17,094.60	17,094.60	1,899.40
220	SAFARI 8 PASSENGER VAN	ASHLAND CITY	12/3/1998	18,994.00	1,899.40	17,094.60	17,094.60		17,094.60	17,094.60	1,899.40
221	SAFARI 8 PASSENGER VAN	CROSS PLAINS	12/3/1998	18,994.00	1,899.40	17,094.60	17,094.60		17,094.60	17,094.60	1,899.40
222	SAFARI 8 PASSENGER VAN	GALLATIN	12/3/1998	18,994.00	1,899.40	17,094.60	17,094.60		17,094.60	17,094.60	1,899.40
223	SAFARI 8 PASSENGER VAN	WOODBURY	12/3/1998	18,994.00	1,899.40	17,094.60	17,094.60		17,094.60	17,094.60	1,899.40
224	SAFARI 8 PASSENGER VAN	CENTRAL-M'DORC	12/3/1998	18,994.00	1,899.40	17,094.65	17,094.65		17,094.65	17,094.65	1,899.40
225	SAFARI 8 PASSENGER VAN	CENTRAL-M'BORC	12/3/1998	18,994.00	1,899.40	17,094.65	17,094.65		17,094.65	17,094.65	1,899.40
226	SAFARI 8 PASSENGER VAN	HARTSVILLE	12/3/1998	18,994.00	1,899.40	17,094.65	17,094.65		17,094.65	17,094.65	1,899.40
227	SAFARI 8 PASSENGER VAN	SPRINGFIELD-BL	12/3/1998	18,994.00	1,899.40	17,094.65	17,094.65		17,094.65	17,094.65	1,899.40
228	SAVANA 12 PASSENGER VAN	CENTRAL-M'DORC	12/3/1998	23,490.00	2,349.00	21,141.02	21,141.02		21,141.02	21,141.02	2,349.00
	BLUE BIRD 30 PASSENGER SCHOOL BUSES		6/24/2002	37,978.62	3,797.86	34,180.76	34,180.76		34,180.76	34,180.76	3,797.86
	BLUE BIRD 30 PASSENGER SCHOOL BUSES		6/24/2002	37,978.62	3,797.86	34,180.76	34,180.76		34,180.76	34,180.76	3,797.86
	BLUE BIRD 30 PASSENGER SCHOOL BUSES		6/24/2002	37,978.62	3,797.86	34,180.76	34,180.76		34,180.76	34,180.76	3,797.86
	BLUE BIRD 30 PASSENGER SCHOOL BUSES		6/24/2002	37,978.62	3,797.86	34,180.76	34,180.76		34,180.76	34,180.76	3,797.86
	BLUE BIRD 30 PASSENGER SCHOO	MURFREESBORO	6/24/2002	37,978.62	3,797.86	34,180.76	34,180.76		34,180.76	34,180.76	3,797.86
	TOTAL CLASS 3 VEHICLES			1,200,313.10	112,443.51	34,180.76	34,180.76		1,087,869.63	1,087,869.63	112,443.47
Disposed				1,200,313.10	112,443.51	34,180.76	34,180.76		1,087,869.63	1,087,869.63	112,443.47
Total vehicles				1,200,313.10	112,443.51	34,180.76	34,180.76		1,087,869.63	1,087,869.63	112,443.47



DEPREC SCHEDULE

M C C A A	FIXED ASSETS BY CLASS CODE	LOCATION	ACQUIRED	PURCHASE COST	SALVAGE VALUE	2006 DEPREC	A/D 2006	2007 DEPREC	A/D 2007	2008 DEPREC	A/D 2008	BOOK VALUE
	FYE 06/30/2006											
			GRAND TOTAL	2,947,389 61	131,504 69	#####	2,109,406 14	118,048 72	2,227,454 86	66,678 09	2,294,132 96	653,256 65