

Form **990**

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

2005

Open to Public Inspection

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 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

MID-CUMBERLAND COMMUNITY ACTION AGENCY

Number and street (or P.O. box if mail is not delivered to street address)

233 LEGEND DRIVE (P.O. BOX 310)

City or town, state or country, and ZIP + 4

LEBANON, TN 37088

D Employer identification number

62-0859072

E Telephone number

(615) 742-1113

F Accounting method Cash 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: **▶ N/A**

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

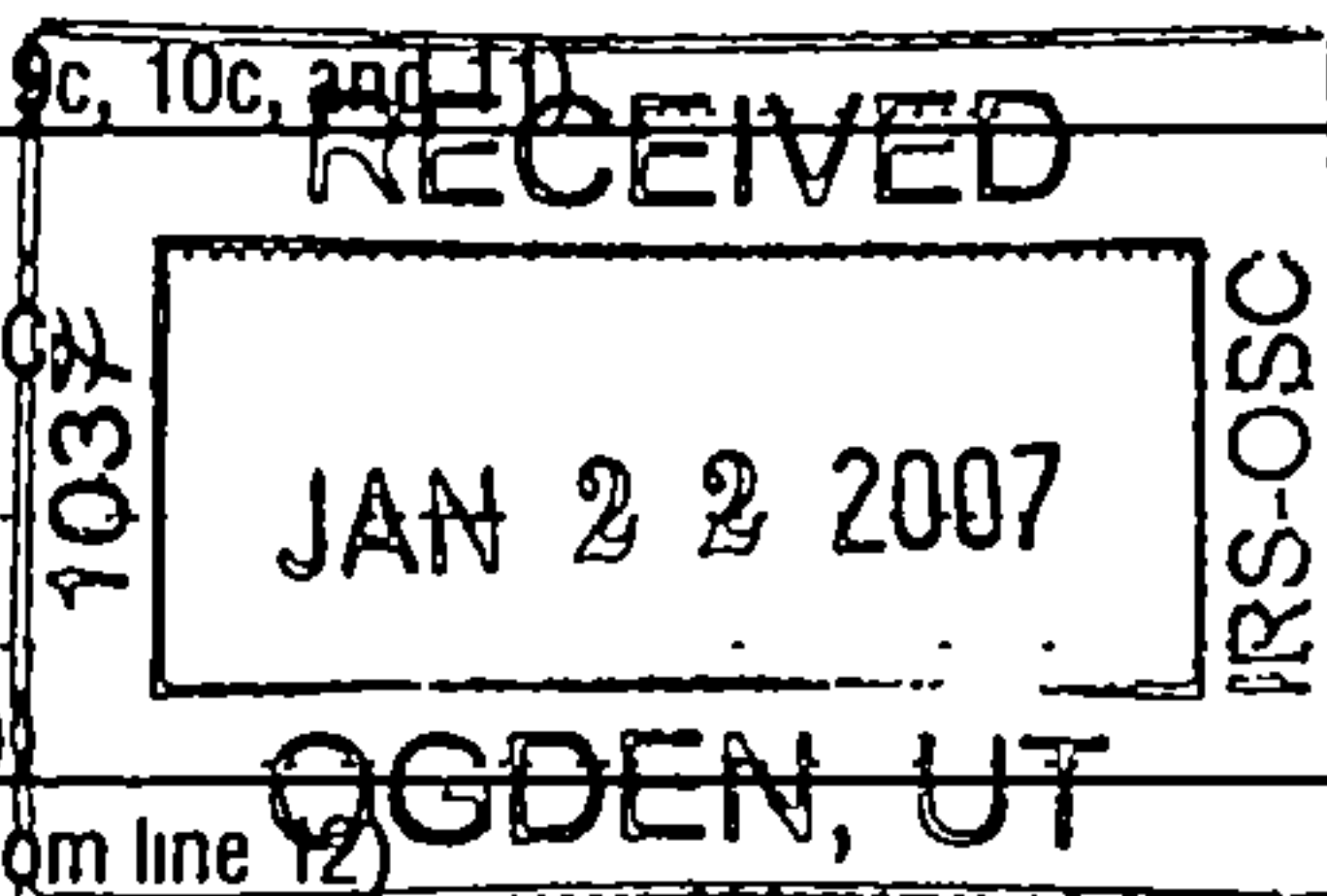
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 11,462,672.**

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

SCANNED JAN 31 2007

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	117,017.		
	b Indirect public support	1b	27,729.		
	c Government contributions (grants)	1c	10,512,131.		
	d Total (add lines 1a through 1c) (cash \$ 10,656,877. noncash \$)	1d			10,656,877.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			801,280.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			4,515.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1a)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10 a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			11,462,672.	
Expenses	13 Program services (from line 44, column (B))	13		11,230,511.	
	14 Management and general (from line 44, column (C))	14		326,708.	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 13 and 14, column (A))	17			11,557,219.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			<94,547.>	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,240,707.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			2,146,160.



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
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)	2,705,930.	2,705,930.	STATEMENT 3	
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	258,566.	125,807.	132,759.	0.
26 Other salaries and wages	4,614,777.	4,566,090.	48,687.	
27 Pension plan contributions	217,000.	208,904.	8,096.	
28 Other employee benefits	984,065.	961,619.	22,446.	
29 Payroll taxes	413,003.	398,309.	14,694.	
30 Professional fundraising fees				
31 Accounting fees	13,413.	13,413.		
32 Legal fees				
33 Supplies	555,833.	550,554.	5,279.	
34 Telephone	148,357.	145,218.	3,139.	
35 Postage and shipping	19,261.	18,702.	559.	
36 Occupancy	407,331.	355,461.	51,870.	
37 Equipment rental and maintenance	173,234.	173,234.		
38 Printing and publications	28,027.	24,615.	3,412.	
39 Travel	81,618.	76,761.	4,857.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	129,977.	129,977.		
43 Other expenses not covered above (itemize)				
a CONTRACT SERVICES	557,974.	539,149.	18,825.	
b INSURANCE	106,158.	105,420.	738.	
c OTHER/MISCELLANEOUS	29,679.	25,201.	4,478.	
d RECOGNITION AND AWARDS	1,930.	1,930.		
e TRAINING & SEMINARS	63,217.	63,217.		
f DUES & REGISTRATION	47,869.	41,000.	6,869.	
g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	11,557,219.	11,230,511.	326,708.	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 ; (ii) 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

** SEE STATEMENT 2

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 4</u>	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a HEAD START PROVIDES BENEFITS TO 822 PRE-SCHOOL CHILDREN FROM LOW-INCOME FAMILIES THROUGH SERVICES INCLUDING EDUCATION SOCIAL SERVICES, PARENTAL INVOLVEMENT, NUTRITION, DENTAL, PHYSICAL & MENTAL HEALTH, & THOSE WITH DISABILITIES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,631,890.
b LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM PROVIDES BENEFITS TO 5,892 LOW-INCOME FAMILIES THROUGH ASSISTANCE WITH HOME ENERGY COSTS	
(Grants and allocations \$ 1,483,256.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,595,053.
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	
(Grants and allocations \$ 294,543.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	370,170.
d COMMUNITY SERVICE BLOCK GRANT PROVIDES BENEFITS TO 3,069 LOW-INCOME HOUSEHOLDS THROUGH VARIOUS FORMS OF FINANCIAL EDUCATIONAL ASSISTANCE INCLUDING EMERGENCIES & SHELTER, NUTRITION, HEALTH, SELF SUFFICIENCY, & LINKAGES W/OTHER PROG.	
(Grants and allocations \$ 201,760.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	648,867.
e Other program services (attach schedule) SEE STATEMENT 5	
(Grants and allocations \$ 311,200.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,984,531.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	11,230,511.

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	219,306.	45	157,800.
	46	Savings and temporary cash investments	107,124.	46	110,872.
	47 a	Accounts receivable	47a 40,002.		
	b	Less: allowance for doubtful accounts	47b	47c	40,002.
	48 a	Pledges receivable	48a		
	b	Less: allowance for doubtful accounts	48b	48c	
	49	Grants receivable	553,676.	49	511,644.
	50	Receivables from officers, directors, trustees, and key employees		50	
	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	1,048,556.	53	1,016,624.
	54	Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a	Investments - land, buildings, and equipment: basis	55a		
	b	Less: accumulated depreciation	55b	55c	
56	Investments - other	SEE STATEMENT 6	9,619.	56	10,386.
57 a	Land, buildings, and equipment: basis	57a 2,947,390.			
b	Less: accumulated depreciation	57b 2,109,406.	970,063.	57c	837,984.
58	Other assets (describe <input type="checkbox"/>)		58		
59	Total assets (must equal line 74) Add lines 45 through 58	2,966,920.	59	2,685,312.	
Liabilities	60	Accounts payable and accrued expenses	518,884.	60	320,268.
	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 <input type="checkbox"/> SEE STATEMENT 7)	192,887.	65	204,442.
66	Total liabilities. Add lines 60 through 65)	726,213.	66	539,152.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	2,240,707.	67	2,146,160.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <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	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)	2,240,707.	73	2,146,160.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	2,966,920.	74	2,685,312.	

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	
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 quid pro quo 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	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	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.		
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	
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	
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	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
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 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
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, 2005	90b	219
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
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a DAY CARE FEES- PARENT					
b PAID					297,571.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					503,709.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			03	4,515.	
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.		4,515.	801,280.
105 Total (add line 104, columns (B), (D), and (E))					805,795.

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).
▼	SEE STATEMENT 9

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).

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 01.16.2007 Date Kreda F. Yokley Type or print name and title.

Paid Preparer's Use Only: Preparer's signature MARK E. FOLLIS, CPA Date 12/21/06 Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4: DEMPSEY VANTREASE & FOLLIS PLLC
630 S. CHURCH ST., STE 300
MURFREESBORO, TENNESSEE 37130

EIN: _____ Phone no.: (615) 893-6666

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

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>9 WILL AVENUE, LAWRENCEBURG, TN 3846</u>	<u>EDUCATION SPECIALIST</u> <u>40.00</u>	<u>54,394.</u>	<u>2,720.</u>	
<u>BONNIE HAYES</u> <u>3010 CREST COURT, MURFREESBORO, TN 37</u>	<u>HEALTH SPECIALIST</u> <u>40.00</u>	<u>52,776.</u>	<u>2,639.</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>49 MORRISON SUBDIVISION, ADAIRVILLE, KY 42202</u>	<u>CONTRACTING FOR WEATHERIZATION</u>	<u>190,544.</u>
<u>RICHARDSON HOME IMPROVEMENT</u> <u>P.O. 8126, HERMITAGE, TN 37076</u>	<u>CONTRACTING FOR WEATHERIZATION</u>	<u>116,846.</u>
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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.		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)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a 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.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 ► _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v). (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)(v). (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 supports organizations described in: (1) lines 5 through 12 above; or (2) sections 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

14 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,904,676.	10236701.	10735414.	10345197.	41,221,988.
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	853,301.	874,741.	697,713.	236,809.	2,662,564.
18 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	4,208.	4,834.	90.	566.	9,698.
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	10762185.	11116276.	11433217.	10582572.	43,894,250.
24 Line 23 minus line 17	9,908,884.	10241535.	10735504.	10345763.	41,231,686.
25 Enter 1% of line 23	107,622.	111,163.	114,332.	105,826.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 824,634.
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 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 41,231,686.
d Add: Amounts from column (e) for lines: 18 9,698. 19 _____ 22 _____ 26b _____					26d 9,698.
e Public support (line 26c minus line 26d total)					26e 41,221,988.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.9765%
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					
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					
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 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.) 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.)		
<hr/> <hr/> <hr/>			
32	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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/> <hr/>			
33	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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>			
34 a	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	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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 -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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	41	
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														
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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 (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:	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.

FOOTNOTES	STATEMENT	1
LAND, BUILDING AND IMPROVEMENTS	1,150,072.	
VEHICLES	1,200,313.	
EQUIPMENT	597,005.	
TOTAL FIXED ASSETS	2,947,390.	
LESS: ACCUMULATED DEPRECIATION	2,109,406.	
LAND, BUILDING AND EQUIPMENT - NET, LINE 57C	837,984.	

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 2

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KREDA YOKLEY	71,775.	3,589.		75,364.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	71,775.	3,589.		75,364.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TRINA HUNT	54,662.	2,733.		57,395.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	54,662.	2,733.		57,395.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JANET OGLES	67,041.	3,352.		70,393.
A. PROGRAM SERVICES	67,041.	3,352.		70,393.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JUANITA DUNHAM	52,776.	2,639.		55,415.
A. PROGRAM SERVICES	52,776.	2,639.		55,415.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				125,808.
TOTAL MANAGEMENT AND GENERAL				132,759.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				258,567.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 3

DESCRIPTION	AMOUNT
HOUSING AND UTILITY ASSISTANCE THROUGH COMMUNITY SERVICE BLOCK GRANT	201,760.
UTILITY ASSISTANCE THROUGH LOW INCOME HOME ENERGY ASSISTANCE PROGRAM	1,483,256.
HOME ENERGY ASSISTANCE THROUGH WEATHERIZATION ASSISTANCE PROGRAM	294,543.
LOCAL ASSISTANCE FUNDED BY PROJECT HELP, UNITED WAY, AND OTHER LOCAL MONIES	71,071.
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC...	344,100.
UTILITY ASSISTANCE THROUGH WARM HOME TENNESSEE PROGRAM	311,200.
TOTAL TO FORM 990, PART II, LINE 23	2,705,930.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

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

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	5
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
EMERGENCY FOOD ASISTANCE PROGRAM		328,309.
CHILD AND ADULT CARE FOOD PROGRAM		365,348.
HEAD START DAY CARE		737,728.
VARIOUS PROGRAMS BENEFITING LOW-INCOME AND ELDERLY HOUSEHOLDS		241,946.
WARM HOME TENNESSEE	311,200.	311,200.
TOTAL TO FORM 990, PART III, LINE E	311,200.	1,984,531.

FORM 990	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	MARKET VALUE	10,386.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		10,386.

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
UNAPPLIED REVENUE	966.
ACCRUED LIABILITIES	134,102.
ADVANCES FROM GRANORS	69,374.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	204,442.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KREDA YOKLEY 2403 DELANO COURT MURFREESBORO, TN 37130	EXECUTIVE DIRECTOR 40.00	71,775.	3,589.	0.
JANET OGLES 2302 ARMSTRONG VALLEY RD MURFREESBORO, TN 37128	PROGRAM DIRECTOR 40.00	67,041.	3,352.	0.
TRINA HUNT 210 OLD HORN SPGS. RD LEBANON, TN 37087	FINANCE DIRECTOR 40.00	54,662.	2,733.	0.
JUANITA DUNHAM P.O. BOX 318 LAFAYETTE, TN 37083	FINANCE SPECIALIST 40.00	52,776.	2,639.	0.
GARY NORWOOD 102D MARS COURT ASHLAND CITY, TN 37015	BOARD MEMBER 1.00	0.	0.	0.
JAMES HUBBARD 701 KINGS DRIVE SPRINGFIELD, TN 37172	BOARD MEMBER 1.00	0.	0.	0.
ROBERT FARMER 4649 LAHR DRIVE SPRINGFIELD, TN 37172	BOARD MEMBER 1.00	0.	0.	0.
LINDA HARDYMON 1510 LEAF AVE. MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
JEAN VAUGHN 12630 OLD NASHVILLE HWY. SMYRNA, TN 37137	BOARD MEMBER 1.00	0.	0.	0.
PEGGY YOUNG 1819 RIVERVIEW DR. MURFREESBORO, TN 37129	BOARD MEMBER 1.00	0.	0.	0.
KATIE WILSON 475 MOLLOY LANE SMYRNA, TN 37137	BOARD MEMBER 1.00	0.	0.	0.

MICHAEL SNIDER 813 NAYLOR AVE. MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
HANK THOMPSON 355 N. BELVEDERE DR. RM 102 GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
JOHN ALEXANDER 780 ANTHONY ST. GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
BILL BASSETT 110 W. MAIN ST. GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
BEN HIBBLER 166 SAINT BLAISE CT. GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
ALBERT STRAWTHER 205 WITHERSPOON ST. GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
FRANKLIN HARPER 1070 HARSH LANE CASTALIAN SPRINGS, TN 37031	BOARD MEMBER 1.00	0.	0.	0.
DAVE CRENSHAW 339 HALLTOWN RD. HARTSVILLE, TN 37074	BOARD MEMBER 1.00	0.	0.	0.
RUSSELL MCCANN 7105 CROSSROADS BLVD., SUITE 102 BRENTWOOD, TN 37027	BOARD MEMBER 1.00	0.	0.	0.
MIKE WEBER 1320 W. MAIN ST., SUITE 107 FRANKLIN, TN 37064	BOARD MEMBER 1.00	0.	0.	0.
PASTOR R.L. DENSON 1427 CLAIRMONTE CIRCLE FRANKLIN, TN 37064	BOARD MEMBER 1.00	0.	0.	0.
CAROL KNIGHT 228 E. MAIN ST., ROOM 104 COURTHOUSE LEBANON, TN 37087	BOARD MEMBER 1.00	0.	0.	0.

EMMA FISH
 429 NIXON DRIVE
 LEBANON, TN 37087

BOARD MEMBER
 1.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

246,254. 12,313. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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.