

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

2006

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 2006 calendar year, or tax year beginning JUL 1, 2006 and ending JUN 30, 2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization MID-CUMBERLAND COMMUNITY ACTION AGENCY		D Employer identification number 62-0859072
		Number and street (or P O box if mail is not delivered to street address) 233 LEGEND DRIVE (P.O. BOX 310)		Room/suite 103
		City or town, state or country, and ZIP + 4 LEBANON, TN 37088		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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

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 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.

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **11,804,226.**

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

1		Contributions, gifts, grants, and similar amounts received											
a		Contributions to donor advised funds		1a									
b		Direct public support (not included on line 1a)		1b	86,403.								
c		Indirect public support (not included on line 1a)		1c	8,171.								
d		Government contributions (grants) (not included on line 1a)		1d	11,135,858.								
e		Total (add lines 1a through 1d) (cash \$ 11,230,432. noncash \$)		1e	11,230,432.								
2		Program service revenue including government fees and contracts (from Part VII, line 93)		2	564,846.								
3		Membership dues and assessments		3									
4		Interest on savings and temporary cash investments		4	8,948.								
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		<table border="1"> <tr> <th>(A) Securities</th> <th>(B) Other</th> </tr> <tr> <td>8a</td> <td></td> </tr> <tr> <td>8b</td> <td></td> </tr> <tr> <td>8c</td> <td></td> </tr> </table>		(A) Securities	(B) Other	8a		8b		8c	
(A) Securities	(B) Other												
8a													
8b													
8c													
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 1b)		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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	11,804,226.								
13		Program services (from line 44, column (B))		13	11,733,410.								
14		Management and general (from line 44, column (C))		14	324,796.								
15		Fundraising (from line 44, column (D))		15									
16		Payments to affiliates (attach schedule)		16									
17		Total expenses. Add lines 16 and 14, column (A)		17	12,058,206.								
18		Excess or (deficit) for the year Subtract line 17 from line 12		18	-253,980.								
19		Net assets or fund balances at beginning of year (from line 73, column (A))		19	2,146,160.								
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	1,892,180.								

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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 \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other 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) STATEMENT 2	23 3,439,640.	3,439,640.		
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A STMT 1	25a 261,780.	124,867.	136,913.	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 4,450,210.	4,408,485.	41,725.	
27 Pension plan contributions not included on lines 25a, b, and c	27 215,099.	206,011.	9,088.	
28 Employee benefits not included on lines 25a - 27	28 927,978.	903,155.	24,823.	
29 Payroll taxes	29 408,145.	393,722.	14,423.	
30 Professional fundraising fees	30			
31 Accounting fees	31 13,514.	13,514.		
32 Legal fees	32			
33 Supplies	33 530,807.	525,051.	5,756.	
34 Telephone	34 167,733.	165,069.	2,664.	
35 Postage and shipping	35 15,135.	14,531.	604.	
36 Occupancy	36 417,749.	369,971.	47,778.	
37 Equipment rental and maintenance	37 197,977.	197,302.	675.	
38 Printing and publications	38 28,413.	28,226.	187.	
39 Travel	39 119,007.	108,789.	10,218.	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 118,049.	118,049.		
43 Other expenses not covered above (itemize):				
a CONTRACT SERVICES	43a 472,848.	458,826.	14,022.	
b INSURANCE	43b 109,601.	109,221.	380.	
c OTHER/MISCELLANEOUS	43c 37,754.	31,430.	6,324.	
d RECOGNITION AND AWARDS	43d 2,209.	2,209.		
e TRAINING & SEMINARS	43e 98,941.	98,941.		
f DUES & REGISTRATION	43f 25,617.	16,401.	9,216.	
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 12,058,206.	11,733,410.	324,796.	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

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 3</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.)	
a MID-CUMBERLAND 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"/>	6,533,289.
b LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM PROVIDES BENEFITS TO 7,153 LOW-INCOME FAMILIES THROUGH ASSISTANCE WITH HOME ENERGY COSTS	
(Grants and allocations \$ 2,627,716.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	2,762,018.
c WEATHERIZATION ASSISTANCE PROGRAM PROVIDES BENEFITS TO 124 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 \$ 375,332.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	448,040.
d COMMUNITY SERVICE BLOCK GRANT PROVIDES BENEFITS TO 4,157 LOW-INCOME HOUSEHOLDS THROUGH VARIOUS FORMS OF FINANCIAL EDUCATIONAL ASSISTANCE INCLUDING EMERGENCIES & SHELTER, NUTRITION, HEALTH, SELF SUFFICIENCY, & LINKAGES W/OTHER PROG.	
(Grants and allocations \$ 322,320.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	755,559.
e Other program services (attach schedule) <u>SEE STATEMENT 4</u>	
(Grants and allocations \$ 107,812.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,234,504.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	11,733,410.

Form 990 (2006)

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	157,800.	45	147,251.
	46 Savings and temporary cash investments	110,872.	46	117,626.
	47 a Accounts receivable	47a 31,277.		
	b Less: allowance for doubtful accounts	47b	47c	31,277.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	511,644.	49	337,501.
	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	1,016,624.	53	964,405.
	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	SEE STATEMENT 5	10,386.	56	12,580.
57 a Land, buildings, and equipment: basis	57a 2,947,390.			
b Less accumulated depreciation STMT 6	57b 2,227,454.	837,984.	57c	719,936.
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		2,685,312.	59	2,330,576.
Liabilities	60 Accounts payable and accrued expenses	320,268.	60	252,212.
	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 ▶ SEE STATEMENT 7)		204,442.	65
66 Total liabilities. Add lines 60 through 65		539,152.	66	438,396.
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	2,146,160.	67	1,892,180.
	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 and column (B) must equal line 21)		2,146,160.	73	1,892,180.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,685,312.	74	2,330,576.

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 11929073.
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): <u>SEE STATEMENT 8</u>	b4 124,847.	
Add lines b1 through b4		b 124,847.
c Subtract line b from line a		c 11804226.
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 Total revenue (Part I, line 12). Add lines c and d		e 11804226.

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

a Total expenses and losses per audited financial statements		a 12183053.
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): <u>SEE STATEMENT 9</u>	b4 124,847.	
Add lines b1 through b4		b 124,847.
c Subtract line b from line a		c 12058206.
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 Total expenses (Part I, line 17). Add lines c and d		e 12058206.

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
SEE STATEMENT 10		249,314.	12,466.	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 ▶ 23		
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	X
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	X
d	Does the organization have a written conflict of interest policy?	75d	X

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				

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	X
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	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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	X
b	If "Yes," enter the name of the organization ▶ N/A		
_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.)	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X

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	124,847.
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	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	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 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
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 ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	194
91 a	The books are in care of ▶ TRINA HUNT Telephone no ▶ 615-742-1113 Located at ▶ 233 LEGEND DRIVE, LEBANON, TN ZIP + 4 ▶ 37088		
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 ▶ N/A 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.)

Note: Enter gross amounts unless otherwise indicated.

	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 - PARENTS					
b PAID					229,646.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					335,200.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			03	8,948.	
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.		8,948.	564,846.
105 Total (add line 104, columns (B), (D), and (E))					573,794.

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 11

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	-----			
Totals				

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	-----			
Totals				

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?

Yes	No

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 Yokley* Signature of officer | 02.13.2008 Date
 KREDA YOKLEY, EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer's Use Only: Preparer's signature: MARK E. FOLLIS, CPA | Date: 02/12/08 | 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 | Phone no: (615) 893-6666
 MURFREESBORO, TENNESSEE 37130

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

2006

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 2 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
BARBARA BETTS 9 WILL AVENUE, LAWRENCEBURG, TN 3846	EDUCATION SPECIALIST 40.00	55,123.	2,756.	
BONNIE HAYES 3010 CREST COURT, MURFREESBORO, TN 37	HEALTH SPECIALIST 40.00	53,091.	2,655.	
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
NONE		
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
TUCESSEE INSULATION 703 MATLOCK ROAD, AUBURN, KY 42206	WEATHERIZATION CONTRACT SERVICES	209,036.
RICHARDSON HOME IMPROVEMENT 5032 BONNAMEADE DRIVE, HERMITAGE, TN 37076	WEATHERIZATION CONTRACT SERVICES	113,974.
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	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 7 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)(vi) (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 7 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	
Total					►

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	10656877.	9,904,676.	10236701.	10735414.	41,533,668.
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	801,280.	853,301.	874,741.	697,713.	3,227,035.
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	4,515.	4,208.	4,834.	90.	13,647.
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	11462672.	10762185.	11116276.	11433217.	44,774,350.
24 Line 23 minus line 17	10661392.	9,908,884.	10241535.	10735504.	41,547,315.
25 Enter 1% of line 23	114,627.	107,622.	111,163.	114,332.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a	830,946.
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 2002 through 2005 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	41,547,315.
d Add Amounts from column (e) for lines 18 <u>13,647.</u> 19 _____ 22 _____ 26b _____	▶ 26d	13,647.
e Public support (line 26c minus line 26d total)	▶ 26e	41,533,668.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f	99.9672%

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	(2005)	(2004)	(2003)	(2002)
	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	(2005)	(2004)	(2003)	(2002)
				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 2002 through 2005, 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 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)		
<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 10 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	
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) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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 13 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

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

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	BUILDING							
	VARIABLE	SSL	.000	16	1,150,072.		539,787.	51,941.
2	OFFICE EQUIPMENT AND FURNITURE							
	VARIABLE	SSL	.000	16	597,005.		515,929.	31,927.
3	TRANSPORTATION EQUIPMENT							
	VARIABLE	SSL	.000	16	1,200,313.		1053689.	34,181.
	* TOTAL 990 PAGE 2 DEPR				2,947,390.	0.	2109405.	118,049.

616261
05-01-06

- Current year section 179 (D) - Asset disposed

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 1

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KREDA YOKLEY	74,091.	3,705.		77,796.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	74,091.	3,705.		77,796.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JANET OGLES	66,491.	3,325.		69,816.
A. PROGRAM SERVICES	66,491.	3,325.		69,816.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TRINA HUNT	56,302.	2,815.		59,117.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	56,302.	2,815.		59,117.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
JUANITA DUNHAM	52,430.	2,621.		55,051.
A. PROGRAM SERVICES	52,430.	2,621.		55,051.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

TOTAL PROGRAM SERVICES	124,867.
TOTAL MANAGEMENT AND GENERAL	136,913.
TOTAL FUNDRAISING	
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A	<u>261,780.</u>

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	2
----------	------------------------------------	-----------	---

<u>DESCRIPTION</u>	<u>AMOUNT</u>
HOUSING AND UTILITY ASSISTANCE THROUGH COMMUNITY SERVICE BLOCK GRANT	322,320.
UTILITY ASSISTANCE THROUGH LOW INCOME HOME ENERGY ASSISTANCE PROGRAM	2,627,716.
HOME ENERGY ASSISTANCE THROUGH WEATHERIZATION ASSISTANCE PROGRAM	375,332.
LOCAL ASSISTANCE FUNDED BY PROJECT HELP, UNITED WAY, AND OTHER LOCAL MONIES	60,719.
FOOD, SHELTER, CLOTHING AND WARM HOME FOR INDIGENTS, ETC...	53,553.
TOTAL TO FORM 990, PART II, LINE 23	<u>3,439,640.</u>

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
	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	4
DESCRIPTION OF OTHER PROGRAM SERVICES		GRANTS AND ALLOCATIONS	EXPENSES
EMERGENCY FOOD ASSISTANCE PROGRAM TO LOW INCOME INDIVIDUALS		0.	51,008.
CHILD AND ADULT CARE FOOD PROGRAM IN SUPPORT OF HEAD START CHILDREN		0.	335,589.
MID-CUMBERLAND DAY CARE		0.	656,310.
VARIOUS PROGRAMS BENEFITING LOW-INCOME AND ELDERLY HOUSEHOLDS AND WARM HOME TENNESSEE		107,812.	191,597.
TOTAL TO FORM 990, PART III, LINE E		107,812.	1234504.

FORM 990	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION	VALUATION METHOD	AMOUNT	
MUTUAL FUNDS	MARKET VALUE	12,580.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		12,580.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	1,150,072.	591,728.	558,344.
OFFICE EQUIPMENT AND FURNITURE	597,005.	547,856.	49,149.
TRANSPORTATION EQUIPMENT	1,200,313.	1,087,870.	112,443.
TOTAL TO FORM 990, PART IV, LN 57	2,947,390.	2,227,454.	719,936.

FORM 990	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		AMOUNT	
UNAPPLIED REVENUE			926.
ACCRUED LIABILITIES			101,442.
ADVANCES FROM GRANTORS			69,374.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B			171,742.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
DONATED COMMODITIES USED IN EMERGENCY FOOD ASSISTANCE PROGRAM			124,847.
TOTAL TO FORM 990, PART IV-A			124,847.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	9
DESCRIPTION		AMOUNT	
DONATED COMMODITIES USED IN EMERGENCY FOOD ASSISTANCE PROGRAM			124,847.
TOTAL TO FORM 990, PART IV-B			124,847.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

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	74,091.	3,705.	0.
JANET OGLES 2302 ARMSTRONG VALLEY ROAD MURFREESBORO, TN 37128	HEAD START DIRECTOR 40.00	66,491.	3,325.	0.
TRINA HUNT 253 NORTH DENNY ROAD LEBANON, TN 37087	FINANCE DIRECTOR 40.00	56,302.	2,815.	0.
JUANITA DUNHAM P.O. BOX 318 LAFAYETTE, TN 37083	FINANCE SPECIALIST 40.00	52,430.	2,621.	0.
GARY NORWOOD 102 D MARS COURT ASHLAND CITY, TN 37172	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 AVENUE MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
JEAN VAUGHN 12630 OLD NASHVILLE HIGHWAY SMYRNA, TN 37137	BOARD MEMBER 1.00	0.	0.	0.
PEGGY YOUNG 1819 RIVERVIEW DRIVE 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 AVENUE MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
HANK THOMPSON 355 NORTH BELVEDERE DRIVE RM 102 GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
JOHN ALEXANDER 780 ANTHONY STREET GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
BILL BASSETT 110 WEST MAIN STREET GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
BEN HIBBLER 166 SAINT BLAISE COURT GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
ALBERT STRAWTHER 205 WITHERSPOON STREET GALLATIN, TN 37066	BOARD MEMBER 1.00	0.	0.	0.
FRANKLIN HARPER 1070 HARSH LANE CASTALIAN SPRINGS, TN 37031	TREASURER 1.00	0.	0.	0.
DAVE CRENSHAW 339 HALLTOWN ROAD HARTSVILLE, TN 37074	BOARD MEMBER 1.00	0.	0.	0.
RUSSELL MCCANN 7105 CROSSROADS BOULEVARD, SUITE 102 BRENTWOOD, TN 37027	BOARD MEMBER 1.00	0.	0.	0.
MIKE WEBER 1320 WEST MAIN STREET, 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 EAST MAIN STREET, COURTHOUSE ROOM 104 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.
ERNEST BURGESS RUTHERFORD CO COURTHOUS ROOM 101 MURFREESBORO, TN 37130	BOARD MEMBER 1.00	0.	0.	0.
DIXIE TAYLOR-HUFF 932 BADDOUR PARKWAY LEBANON, TN 37087	BOARD MEMBER 1.00	0.	0.	0.
KEVIN DAVENPORT 202 CEDARWAY DRIVE LEBANON, TN 37087	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>249,314.</u>	<u>12,466.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11
 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.