Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008 Open to Public

- 4

| Dep | partment of the | Treasury Service | benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state | e reporting requi | rements | Open to Public Inspection |
|-----------------------|-------------------|---------------------|---|---|-----------------------|---|
| | For the 2008 | 3 calendar ye | ear, or tax year beginning $7/01/08$, and ending $6/30/0$ | 9 | | |
| В | Check if applicab | | C Name of organization RUTHERFORD COUNTY ADULT ACT | IVITY | D Employ | er identification number |
| | Address change | use IRS label or | CENTER, INC. | | j | |
| $\bar{\sqcap}$ | Name change | print or | Doing Business As | , | 62-0 | 0980251 |
| Ħ | Initial return | type. See | Number and street (or P O box if mail is not delivered to street address) | Room/suite | | one number |
| Ħ | Termination | Specific | 1130 HALEY ROAD | L | | -890-4389 |
| 님 | | Instruc | City or town, state or country, and ZIP + 4 MURFREESBORO TN 37133-0733 | | G Gross receip | dts\$ 4,890,005 |
| 님 | Amended return | tions. | | | 11/25 12 13 12 12 | |
| \sqcup | Application pend | my i | e and address of principal officer TTY MCNEELY | | affiliates | group return for Yes X No |
| | | 4 | 30 HALEY ROAD | | H(b) Are all a | rffiliates 🗏 📈 |
| | | | RFREESBORO TN 37133-0733 | | Included | attach a list (see instructions) |
| $\overline{1}$ | Tax-exempt s | | | | _ " ''••, ' | attach a hat (acc manachona) |
| J | Website: | | | - | H(c) Group e | xemption number |
| <u>K</u> | Type of organiz | | poration Trust Association Other L | Year of formation | | M State of legal domicite |
| | Part I | Summar | у | | | |
| | 1 Briefl | y describe t | he organization's mission or most significant activities: | | | |
| ė | TC | | R, DEVELOP, PROMOTE AND OPERATE SERVICES AND F | | O AS TO | |
| Add Ries & Governance | EN | | HE LIVES OF THE RETARDED, PHYSICALLY HANDICAPE | • | | |
| /er | DE | | ENTALLY DISABLED ADULTS OF THE RUTHERFORD CO., | • | | |
| စ် | 2 Chec | k this box | | n 25% of its asse | | 4.4 |
| ං ජ | 3 Num | _ | members of the governing body (Part VI, line 1a) | | 3 | 11 |
| fies | 4 Num | • | endent voting members of the governing body (Part VI, line 1b) | | 5 | <u>11</u> 292 |
| 备 | S Fotal | | employees (Part V, line 2a) volunteers (estimate if necessary) | | 6 | 11 |
| | | | ated business revenue from Part VIII, line 12, column (C) | | 7a | |
| 8 | i . | - | siness taxable income from Form 990-T, line 34 | | 7b | 0 |
| SCANNED NOV 12 | <u> </u> | anicated ba | 100100000000000000000000000000000000000 | Prior Y | | Current Year |
| 9 | 8 Cont | ributions and | d grants (Part VIII, line 1h) | | 9,653 | 139,483 |
| 4 | 9 Prog | | revenue (Part VIII, line 2g) | | 7,018 | 4,749,870 |
| 丽 | 10 Inves | | revenue (Part VIII, line 2g) ! | | 1,306 | |
| É | 11 Othe | r revenue (P | Part VIII, column (A), lines 5, 6d, Bc, 9c, 10c, and 11e) | F 45 | 775 | 652 |
| 柔 | 12 Total | revenue—a | Part VIII, column (A), lines 5,6d, 8c, 9c, 10c, and 11e) add lines 8 through 11 (must equal Part VIII, column (A) line 12) ar amounts paid (Part IX, column (A) line 12) | 5,15 | 8,752 | 4,890,005 |
| S | 13 Gran | | To describe the second second | | | |
| | 14 Bene | - | or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5–10) | 4 10 | 5,120 | 3,973,127 |
| ses | | | draising fees (Part IX, column (A), line 11e) | 3,10 | 3,120 | 3,913,121 |
| Expense | h Total | | expenses (Part IX, column (D), line 25) | | | |
| Ж | 17 Othe | • | (Part IX, column (A), lines 11a-11d, 11f-24f) | 1.13 | 2,687 | 749,190 |
| | | • | Add lines 13-17 (must equal Part IX, column (A), line 25) | | 7,807 | 4,722,317 |
| | 19 Reve | • | penses. Subtract line 18 from line 12 | | 9,055 | 167,688 |
| Net Assets or | Sec | | | Beginning | of Year | End of Year |
| sset | 호 20 Total | - | rt X, line 16) | | 7,620 | 1,582,341 |
| let A | 21 Total | • | Part X, line 26) | | 9,133 | 806,169 |
| | | | nd balances Subtract line 21 from line 20 | 1 60 | 8,487 | 776,172 |
| | Part II | | re Block | | | t of multipasside data |
| | | and belief, p | ties of penjury, I declare that I have examined this return, including accompanying schedule true, correct, and complete Declaration of preparer (other than officer) is based on all in | es and statements, iformation of which | preparer has | any knowledge |
| Si | gn | | Settle VII () lee X | | 1 18 | 2/09 |
| | ere | Signatu | re of officer | | Date | |
| | | | | UTIVE DI | | |
| | | Type or | print name and title | | | |
| | | Preparer's | Date | Check | | Preparer's identifying number (see instructions) |
| | aid | signature | Tamote I Waternen 10/2 | 2/09 self- emplo | yed 🕨 🛛 | (366 mandenona) |
| | reparer's | Firm's name | EDMONDSON BETZLER & MONTGOMERY | | EIN | ▶ 26-2451997 |
| U | se Only | ıf self-emplo | yed), 12 CADILLAC DR STE 210 | | Phone | |
| _ | | address, and | 21011111002 / 111 0 / 02 / | | no 🕨 | 615-916-3100 |
| _ | | | eturn with the preparer shown above? (see instructions) | | | Yes No |
| DA | A For Priva | acy Act and | Paperwork Reduction Act Notice, see the separate instructions. | | | Form 990 (2008) |

Form 990 (2008) RUTHERFORD COUNTY ADULT ACTIVITY

62-0980251

Page 2

Part IV **Checklist of Required Schedules**

| | | | Yes | No |
|----------|---|-----|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | _1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | 3 | | |
| • | Schedule C, Part II | 4 | | x |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | - | | |
| • | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | , | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | |
| | Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | _7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u>X</u> |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | | | |
| | Parts VI, VIII, IX, or X as applicable | 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | | |
| | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | X | 77 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | ₹. |
| 4- | business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 45 | | x |
| 16 | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | |
| 10 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| .0 19 | Did the organization report more than \$15,000 total of 1 art VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions | 1 | | |
| | 24b-24d and complete Schedule K. If "No," go to question 25. | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ļ |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | <u></u> |
| _ | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | | | ٠, |
| | person from a pnor year? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | · · |
| ^- | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | <u> </u> | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | | | х |
| | substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | 000 | (2008) |

| _ Pa | art IV Checklist of Required Schedules (continued) | | | |
|------|---|------|-----|----|
| | | | Yes | No |
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee. | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or | | | |
| | employee), or an indirect business relationship through ownership of more than 35% in another entity | | | |
| | (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, | | | |
| | Part IV | 28a | | X |
| ь | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," | | | ļ |
| | complete Schedule L, Part IV | _28b | | X |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a | | | l |
| | professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | • | l |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | i | | l |
| | Part I | 31_ | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | l |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | j | | l |
| | sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | | | |
| | III, IV, and V, line 1 | 34 | | X |
| 35 | is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | | | l |
| | Schedule R, Part V, line 2 | 35 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related | | | l |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | ŀ | | 1 |
| | | | | |

Form **990** (2008)

| Pa | irt V Statements Regarding Other IRS Fillings and Tax Compliance | · · · · — | | | \neg | Yes | |
|--------|---|-----------|-----|--|--------|-----|--------------------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | 1 | Г | | res | _No_ |
| | U.S. Information Returns Enter -0- if not applicable | 1a | 45 | | | ŀ | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | - 1 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and rep | portabl | le | _ | | | |
| | gaming (gambling) winnings to prize winners? | | | <u></u> | 1c | | _X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | ļ | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 292 | | | . | - |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | | İ | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covere | d bv | | | | | |
| | this return? | , | | 1- | 3a - | | $\bar{\mathbf{x}}$ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | _ | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authori | ity | | Ī | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other fin | ancial | | | | | |
| | account)? | | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign | Bank | | 1 | | | |
| | and Financial Accounts. | | | | . | 1 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | <u>_</u> : | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | <u> L</u> i | 5b | | X |
| С | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | | | , | | | |
| _ | Regarding Prohibited Tax Shelter Transaction? | | | <u> </u> | 5c | - | 37 |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | · - | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ons or | | | . | | |
| 7 | gifts were not tax deductible? | | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more | than | | | | | |
| а | \$75? | ınan | | | 7a | - ~ | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 35 | | <u> </u> | ,,, | | |
| • | required to file Form 8282? | .0 | | | 7c | | X |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | - | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p | | al | | ŀ | | |
| | benefit contract? | | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr | act? | | | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | | 7g | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0 | C as | | | | | |
| | required? | | | | 7h | | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec | tion | | | : | | |
| | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor | nsoring |) | - | | - | |
| | organization, have excess business holdings at any time during the year? | | | | 8 | | X |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | | - | | - | |
| a | Did the organization make any taxable distributions under section 4966? | | | | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | | 9b | | X |
| 10 | Section 501(c)(7) organizations. Enter | ١ | ı | 1 | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | ļ | | İ | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | l | | | | |
| 11 | Section 501(c)(12) organizations. Enter | 44- | Į. | | ļ | | |
| a h | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | 11a | | | | | |
| b | amounts due or received from them) | 11b | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | > | | i2a | _ | - |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | Ì | | | | |
| | The trib driver of the control was control with the control of accorded during the year | 1 120 | L | | | 000 | |

Form 990 (2008) RUTHERFORD COUNTY ADULT ACTIVITY 62-0980251 F Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

| Sec | tion A. Governing Body and Management | | | | | |
|------|--|--------|------------------------|---------------|--------------------|----------|
| | | | | | Ye | No No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe | the | | | | |
| | circumstances, processes, or changes in Schedule O See instructions. | | | | | ł |
| 1a | Enter the number of voting members of the governing body | 1a | 11 | | | |
| b | Enter the number of voting members that are independent | 1b | 11 | | | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with | | | | |
| | any other officer, director, trustee, or key employee? | | | | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direct | | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other pe | erson? | 1 | | 3 | <u> </u> |
| 4 | Did the organization make any significant changes to its organizational documents since the prior For | m 990 | was filed? | | 1 | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets | s? | | | 5 | X |
| 6 | Does the organization have members or stockholders? | | | | 6 | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more me | mbers | | | | |
| | of the governing body? | | | 1 | 7a | X |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other personal by members and approval by members are stockholders. | ons? | | | 7b | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken d | uring | | | | |
| | the year by the following | _ | | | } | |
| а | The governing body? | | | | Ba X | |
| b | Each committee with authority to act on behalf of the governing body? | | | | вь Х | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | | | 9a | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such cl | hapter | \$, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | • | | | 9b | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All org | anızat | ions | | | |
| | must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | | | 10 X | : |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re | eached | d at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | ŀ | 11 | X |
| Sec | tion B. Policies | | | | | |
| | | | | | Ye | s No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | | Γ. | 2a X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could | d aive | | | | |
| | nse to conflicts? | - J | | 1. | 2b X | : |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If ") | es." | | | | |
| | describe in Schedule O how this is done | , | | 1. | 2c X | : |
| 13 | Does the organization have a written whistleblower policy? | | | _ | 13 X | |
| 14 | Does the organization have a written document retention and destruction policy? | | | - | 14 X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | bv | | | - | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and | • | sion | 1 | | |
| а | The organization's CEO, Executive Director, or top management official? | | | | 5a X | |
| b | Other officers or key employees of the organization? | | | | 5b | X |
| _ | Describe the process in Schedule O (see instructions) | | | <u> </u> | | 1== |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem | ent | | | | } |
| . 54 | with a taxable entity during the year? | | | | 6a | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the state of t | ate | | | - | +== |
| - | its participation in joint venture arrangements under applicable federal tax law, and taken steps to saf | | 4 | | | 1 |
| | the organization's exempt status with respect to such arrangements? | oguart | - | 1. | 6b | 1 - |
| Sec | tion C. Disclosure | | | | OD | |
| 17 | List the states with which a copy of this Form 990 is required to be filed TN | | | | - | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T | (501/6 | (3)s only) | | | |
| | available for public inspection. Indicate how you make these available. Check all that apply | ,501(0 | ,,(<i>0)</i> 3 0(119) | | | |
| | Own website Another's website X Upon request | | | | | |
| 10 | | ondr | of interest | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, considered and financial statements evaluable to the public | omict | or interest | | | |
| 20 | policy, and financial statements available to the public | d roo- | rdo of the | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books an | | ius oi the | | | |
| 3.41 | organization ► DENNIS MARRON 1130 HALEY I JRFREESBORO T | | 17120 | 61 E = | 200- | 4389 |
| | TAL REEDBORD 1 | 14 3 | 37129 | <u> </u> | 5 5 0 - | 2003 |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons.

| (A) | (B) | | | (0 | S) | | | trustee, or key employee. (D) | (E) | (F) |
|----------------|------------------------------|---|-----------------------|---------|-----------|------------------------------|----------|---|--|--|
| Name and Title | Average hours per week | ଉ Individual trustee ଦ୍ର or director | Institutional trustee | Officer | | Mighest compensated employee | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| BETTY MCNEEL | | | | | | | | | | |
| EXEC. DIR. | 40 | | | | X | X | | 0 | 0 | 0 |
| GARY HICKERS | ON | | | | | | | | | • |
| CHAIRMAN | 1 | X | | X | | | | 0 | 0 | 0 |
| JIM GETZINGE | R | | | | | | | | | |
| VICE CHAIR | 1 | X | | X | | | | 0 | 0 | 0 |
| JOE CHRISTIA | N | | | | | | | · | | |
| SEC/TREAS | .1 | X | | X | | | | 0 | 0 | 0 |
| SEAN GILLILA | MD | | | | | | | | | |
| BOARD MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| CHRIS WYRE | | | | | | | | | | |
| BOARD MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| SHIRLEY CHEE | RY | | | | | | | | | |
| BOARD MEMBER | 1 | X | <u> </u> | | | | ļ | 0 | 0 | 0 |
| JOHN RODGERS | | | | | | | | | | |
| BOARD MEMBER | 1 | X | <u> </u> | | | L | <u> </u> | 0 | 0 | 0 |
| JERRY MITCHE | LL | | | | | | | | | |
| BOARD MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| SHANE MCFARI | AND | | • | | 1 | | | | | |
| BOARD MEMBER | 1 | X | | | | | | 0 | 0 | 0 |
| RANDY HARTMA | N | | | | | | | | | |
| BOARD MEMBER | 1 | X | | | <u> </u> | L | | 0 | 0 | 0 |
| CLARICE FLIN | | | | | | | | | | |
| BOARD MEMBER | 11 | X | | | | | <u> </u> | 0 | 0 | 0 |
| DENNIS MARRO | | | | | | | | | | |
| FIN SVS DIR. | 40 | Ш. | | | X | | | 0 | 0 | 0 |
| GEORGE CUNNI | NGHAM | | | | | | | | | |
| AST EXEC DIR | 40 | | ļ | | X | <u> </u> | L | 0 | 0 | 0 |
| | | | | | | | 1 | | | |
| | | + | | | ├ | - | <u> </u> | | | |
| | | | | | | | | | | |
| | | | † _ | | | | | | | |
| | | | | | | | | | | |

| | | | | | | | | | i | |
|--|-----------------------------|-------------|-----------------------|---------|--------------|---------------------------------|----------|---|---|--|
| (A) Name and title | (B) Average | _ | _ | chec | | hat a | | (D) Reportable | (E) Reportable | (F) Estimated |
| | hours per week | or director | Institutional trustee | Officer | Key employee | Highest co employee | Former | compensation from the organization | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the |
| l | | rustee | l trustee | | yee | Highest compensated employee | | (W-2/1099-MISC) | | organization and related organizations |
| | | | | | | | | | | |
| | | | - | | | | | | | |
| | | | | | - | | | | | |
| | | | _ | | _ | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | <u> </u> | | | | | | | | |
| Total | | | | | | | | | | |
| | ividuals (including those i | n 1a) | who | rece | eived | mor | e th | an \$100,000 in reportable | compensation from the | • |
| Did the organization employee on line 1a | a? If "Yes," complete Sch | edule | J for | suc | h ind | divid | ual | oyee, or highest compensa | | Yes 3 |
| the organization and individual | d related organizations gr | eater | than | \$15 | 0,00 | 02 lf | "Ye | on and other compensation s," complete Schedule J for my unrelated organization for | er such | 4 |
| ction B. Independent | | | | | | | | | | 5 |
| Complete this table compensation from | | pens | ated | ınde | pend | dent | cont | ractors that received more | | (C) Compensa |
| | Name and business address | | | | | | | Descrij | (B) otton of services | Comperisa |
| | | | | | | | | | | |
| | | | | | | | <u> </u> | | | |
| | | | | | | | | | | |

| Pa | rt VI | II Statement of Rev | renue | | | | | | |
|--|----------|--|-----------|---------------|---------------------------------------|--|---|------------------|--|
| 1 | | | | | | (A) Total revenue | (B) Related or | (C) Unrelated | (D) Revenue |
| 1 | | | | | | Total Tovellae | exempt | business | excluded from tax |
| 1 | | | | | | | function revenue | revenue | under sections 512, 513, or 514 |
| इइ | 1a | Federated campaigns | 1a | | | - | .0.0.1.00 | | |
| E | | Membership dues | 1b | | | | | | |
| <u>9</u> .5 | | Fundraising events | 1c | | | | | | 1 |
| | | Related organizations | 1d | | | | | | ' |
| 양 | | - | | | 32,000 | | | | |
| S.is | | Government grants (contributions) | 1e | | 32,000 | | | | |
| 털힐 | T | All other contributions, gifts, grants, and similar amounts not included above | | - | 07 400 | | | | 1 |
| 불팅 | | | | 1 | 07,483 | | | | |
| 8 2 | • | Noncash contributions included in lines | la-1f \$ | | | اليوم لياي عا مديم | | | |
| 9 | <u>h</u> | Total. Add lines 1a-1f | | | <u> </u> | 139,483 | | | |
| Program Service Revenue Contributions, gifts, grants | | | | | Busn. Code | | | | |
| Ş | 2a | DIV. OF INTELLECTU | AL DI | SAB. | | 4,585,118 | 4,585,118 | | |
| 8 | b | WORKSHOP INCOME | | | | 116,633 | 116,633 | | |
| Ş | С | IRIS AVENUE | | | | 46,119 | 46,119 | | |
| Ser | d | DEPT. OF HUMAN SER | VICES | | | 2,000 | 2,000 | • | |
| Ē | е | | | | | | | | |
| g | f | All other program service rev | /enue | | | | | | |
| 집 | | Total. Add lines 2a–2f | Cildo | | | 4,749,870 | | | |
| $\overline{}$ | | Investment income (includin | o duado | nde untore | | 27.2570.0 | | | |
| | J | other similar amounts) | g uivide | ilus, ilitere | sst, and | | | | |
| | | • | | | | | | | |
| | 4 | Income from investment of t | ax-exen | ipi bona p | roceeas | | | | |
| | 5 | Royalties | | T | P | | · - · · · · · · · · · · · · · · · · · · | | |
| | | (ı) Rea | <u> </u> | (11) F | ersonal | * * * * | | | * |
| | 6a | Gross Rents | | | | * | | | |
| | b | Less rental exps | | | | 4 4 | | | |
| | С | Rental inc or (loss) | | | | ر د د همید است. در است. در است. در است. | | | N |
| | _d | Net rental income or (loss) | | | <u> </u> | | | | |
| | 7a | Gross amount from sales of assets (i) Securi | ties | (H) |) Other | | | * * y | |
| | | other than inventory | | | | | , | | |
| | b | Less cost or other | | | · · · · · · · · · · · · · · · · · · · | ٠ | • | | |
| | | basis & sales exps | | | | | | | |
| | С | Gain or (loss) | | † | | 1 | | , | İ |
| | d | Net gain or (loss) | | 1 | | - n n | | | |
| | | Gross income from fundraising e | vonte | | | | | | |
| a) | oa | | veils. | | | | | | |
| 2 | | (not including \$ | 4 - \ | İ | | | | | |
| 9.6 | | of contributions reported on line | | ł | | | | | |
| Ř | | See Part IV, line 18 | а | | | | | | |
| Other Revenu | | Less direct expenses | b | L | | | . مادنه مشمسات . | um de maus a sa | |
| ŏ | | Net income or (loss) from fu | | g events | <u> </u> | | | | |
| | 9a | Gross income from gaming activ | ities | ļ | | • | ₹ | | |
| | | See Part IV, line 19 | а | | | | | | |
| | b | Less. direct expenses | b | | | | | _ | |
| | С | Net income or (loss) from ga | aming a | ctivities | • | | | | |
| | | Gross sales of inventory, les | - | | | | | | |
| | | returns and allowances | а | ľ | | | | | |
| | b | Less cost of goods sold | b | | | | | | |
| | | Net income or (loss) from sa | _ | | | · · | | | <u> </u> - |
| | | Miscellaneous Rever | | iveritory | Busn. Code | | | | - |
| | 440 | | - | | Dusiii oodo | 652 | 652 | - | |
| | 11a | OTHER INCOME | | | | 632 | 632 | | |
| | b | | | | | | | | |
| | C | *** ** | | | | | | | |
| | d | All other revenue | | | L | | | | |
| | е | Total. Add lines 11a-11d | | | • | 652 | | | <u> </u> |
| | 12 | Total Revenue. Add lines 1 | h, 2g, 3, | 4, 5, 6d, | 7d, 8c, | | | | |
| | L | 9c, 10c, and 11e | | | <u> </u> | 4,890,005 | 4,750,522 | 0 | 0 |

Form 990 (2008)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | | | | te columns (B), (C), and (I | |
|----|---|-----------------------|------------------------|-----------------------------|--------------------|
| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| _ | organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | 1 | |
| _ | the U.S See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | ì | | |
| | U S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 3,267,484 | 2,985,416 | 282,068 | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 437,255 | 430,078 | 7,177 | |
| 10 | Payroli taxes | 268,388 | 246,005 | 22,383 | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 7,000 | | 7,000 | |
| С | Accounting | 11,010 | | 11,010 | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | / * * | * | |
| f | Investment management fees | | | | |
| g | Other | 32,734 | 29,924 | 2,810 | |
| 12 | Advertising and promotion | 239 | | 239 | |
| 13 | Office expenses | 27,690 | 8,731 | 18,959 | _ |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | • |
| 16 | Occupancy | 83,459 | 72,653 | 10,806 | |
| 17 | Travel | 9,744 | 8,874 | 870 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 11,778 | 8,875 | 2,903 | |
| 20 | Interest | 1,003 | | 1,003 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 76,273 | 55,122 | 21,151 | |
| 23 | Insurance | 31,404 | 22,693 | 8,711 | |
| | ſ | | | | |
| 24 | Other expenses Itemize expenses not | | | | |
| | covered above (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below) | | | | |
| а | FUEL | 94,660 | 94,660 | | |
| b | VEHICLE EXPENSES | 93,484 | 91,635 | 1,849 | |
| С | WORKSHOP EXPENSES | 90,113 | 90,113 | | |
| d | CONTRACTED SERVICES | 53,319 | 2,198 | 51,121 | |
| е | COMMUNICATIONS | 50,104 | 40,563 | 9,541 | |
| f | All other expenses | 75,176 | 47,008 | 28,168 | |
| 25 | | 4,722,317 | 4,234,548 | 487,769 | |
| 26 | Joint Costs. Check here ☐ if following SOP 98-2 Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Pa | art X | Balance Sheet | | | | | | |
|-------------|------------------|--|--|--------------------------|-----|------------------------|----------------|-------------|
| | | | | (A) Beginning of year | | (B) End of | | |
| | | | | | | | | 757 |
| | 1 | Cash—non-interest bearing | - | 39,051 | 1 | 6. | .5,7 | 15/ |
| | 2 | Savings and temporary cash investments | - | ····· | 2 | | | |
| | 3 | Pledges and grants receivable, net | | 001 651 | 3 | 4. | | |
| | 4 | Accounts receivable, net | - | 881,651 | 4 | 4.5 | 35,5 | <u> </u> |
| | 5 | Receivables from current and former officers, directors, t | · • | | | | | |
| | | employees, or other related parties. Complete Part II of S | The state of the s | | 5_ | | | |
| | 6 | Receivables from other disqualified persons (as defined | | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(l | B). Complete | | | | | |
| | | Part II of Schedule L | - | | 6 | | | |
| its | 7 | Notes and loans receivable, net | <u> </u> | | . 7 | | | |
| Assets | 8 | Inventories for sale or use | <u> </u> | | 8 | | | |
| Ä | 9 | Prepaid expenses and deferred charges | | 15,172 | 9 | 2 | 26,0 | <u>)63</u> |
| | 10a | Land, buildings, and equipment, cost basis | 10a 1,355,268 | | | | | |
| | b | Less: accumulated depreciation Complete | | | | | | |
| | | Part VI of Schedule D | 10b 860,269 | 562,343 | 10c | 49 | 94,9 | <u> 999</u> |
| | 11 | Investments—publicly traded securities | <u>_</u> | | 11 | | | |
| | 12 | Investments—other securities. See Part IV, line 11 | _ | | 12 | | | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | | 9,403 | 15 | | | <u>953</u> |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | +) | 1,507,620 | 16 | 1,58 | | |
| | 17 | Accounts payable and accrued expenses | - | 87,601 | 17 | | 24, | <u> 583</u> |
| | 18 | Grants payable | | 18 | | | | |
| ' 0 | 19 | Deferred revenue | | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | ļ | | 20 | | | |
| ĕ | 21 | Escrow account liability Complete Part IV of Schedule D |) | | 21 | | | |
| Liabilities | 22 | Payables to current and former officers, directors, truster | · • | * * * * | | | | |
| iat | | employees, highest compensated employees, and disqu | alified | | | | | |
| _ | ŀ | persons. Complete Part II of Schedule L | | | 22 | | | |
| | 23 | Secured mortgages and notes payable to unrelated third | parties | 3,483 | 23 | | | |
| | 24 | Unsecured notes and loans payable | | | 24 | | | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 808,049 | 25 | | 31, | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 899,133 | 26 | 80 | 06,: | 169 |
| nces | | Organizations that follow SFAS 117, check here ▶ | and | | | • | | |
| Ĕ | | complete lines 27 through 29, and lines 33 and 34. | | | | l <u>-</u> : | : | |
| Balar | 27 | Unrestricted net assets | | 608,487 | 27 | <i>T</i> | 76,: | 172 |
| <u> </u> | 28 | Temporarily restricted net assets | | | 28 | | | |
| Fund | 29 | Permanently restricted net assets | | | 29 | | | |
| Ē | į | Organizations that do not follow SFAS 117, check her | re▶ ∐ | | | | | |
| ō | 1 | and complete lines 30 through 34. | | - merono - e e | | | ~ - | - |
| Assets | 30 | Capital stock or trust principal, or current funds | | ' | 30 | | | |
| 556 | 31 | Paid-in or capital surplus, or land, building, or equipmen | | | 31 | | | |
| | 32 | Retained earnings, endowment, accumulated income, o | r other funds . | 600 407 | 32 | | 76 | 170 |
| Net | 33 | Total net assets or fund balances | ŀ | 608,487 | 33 | | 76, | |
| - | 34 | Total liabilities and net assets/fund balances | | 1,507,620 | 34 | 1,5 | 5 <i>2</i> , . | <u> 341</u> |
| <u> </u> | art) | (I Financial Statements and Reporting | · · · · · · · · · · · · · · · · · · · | | | | | |
| 4 | ۸ | and the form of th | Saah 👽 Aaansal 🗆 Oo | lh a a | | <u> </u> | Yes | No |
| 1 | | · · · · · · · · · · · · · · · · · · · | | ther | | 3- | | x |
| 2: | | ere the organization's financial statements compiled or rev | · · | nant ' | | 2a | Х | |
| | | ere the organization's financial statements audited by an i | | for overeight of | | 2b | | |
| • | | Yes" to lines 2a or 2b, does the organization have a common substitution of its financial statements of | • | - | | 3- | x | |
| • | | e audit, review, or compilation of its financial statements a | • | | | 2c | | |
| 3 | | a result of a federal award, was the organization required | i to undergo an addit of addits as | 201 101 III III | | 20 | | x |
| | | e Single Audit Act and OMB Circular A-133? 'Yes," did the organization undergo the required audit or a | udite? | | | 3a 3b | | |
| | - ''- | roo, all the organization undergo the required adult of a | uuno: | | | 100 | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RUTHERFORD COUNTY ADULT ACTIVITY CENTER, INC.

Employer identification number 62-0980251

| | | | <u> </u> | | | | | | | | <u> </u> | <u> </u> | |
|------|---|---|---------------------------------|---|--|--|--|------------------------|---------------------------------------|----------|-----------------|----------|--|
| Pa | rt I | Reas | on for Public Charity | Status (All organizations | s must c | omplet | e this | part.) (| see ir | nstruc | tions) | | |
| he d | orga | nization is not | a private foundation becaus | e it is (Please check only one | organizati | on) | | | | | - | | |
| 1 | П | A church, cor | nvention of churches, or ass | ociation of churches described | ın section | 170(b)(1 |)(A)(i). | | | | | | |
| 2 | П | A school des | cribed in section 170(b)(1)(| A)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 | П | | | ce organization described in sec | ction 170 | 'b)(1)(A)(i | iii). (Atta | ch Sche | dule H. |) | | | |
| 4 | Ħ | | | d in conjunction with a hospital of | | | | | | | nenital'e name | | |
| 7 | ш | city, and state | | a in conjunction with a nospital t | acsonbea | iii 3cctio | | ハ・ハヘハ・ | ii). Liite | i uie ik | ospitai s name, | | |
| _ | | - | | of a college or ways and | | | | | | | | | |
| 5 | Ш | | | of a college or university owned | or operati | ed by a go | overnme | entai uni | descri | oea in | | | |
| | $\overline{}$ | | b)(1)(A)(iv). (Complete Part | | | | | | | | | | |
| 6 | Ц | | | ovemmental unit described in s | | | | | | | | | |
| 7 | X | An organization that normally receives a substantial part of its support from a governmental unit or from the general public | | | | | | | | | | | |
| | _ | described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | |
| 8 | П | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | | |
| 9 | П | A community trust described in section 170(b)(1)(A)(vi). (Complete Fait II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross | | | | | | | | | | | |
| | _ | | | npt functions—subject to certain | | | | | - | _ | | | |
| | | | | nd unrelated business taxable in | | | | | | | | | |
| | | | ~ | | • | | | , | u3111030 | ,03 | | | |
| 40 | acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions) | | | | | | | | | | | | |
| 10 | Н | | | | | | | | | | | | |
| 11 | Ш | • | • | exclusively for the benefit of, to | • | | • | • | | | | | |
| | | | | ed organizations described in s | | | | | • | section | 1 | | |
| | | r1 | | he type of supporting organizati | | | 1 | | | | | | |
| | \Box | a Type | <u> </u> | c Type III–Function | | | d | _ | e III-Ot | | | | |
| е | Ш | | • | ganization is not controlled direc | • | | | | | | | | |
| | | persons othe | r than foundation managers | and other than one or more put | blicly supp | orted org | janizatio | ns desc | ribed ın | section | า | | |
| | | 509(a)(1) or s | section 509(a)(2). | | | | | | | | | | |
| f | | If the organiz | ation received a written dete | ermination from the IRS that it is | a Type I, | Type II, | or Type | III suppo | orting | | | _ | |
| | | organization, | check this box | | | | | | | | | | |
| g | | Since August | t 17, 2006, has the organiza | tion accepted any gift or contrib | ution from | any of th | he | | | | | | |
| | | following per | sons? | | | | | | | | | | |
| | | (i) A persor | n who directly or indirectly co | ontrols, either alone or together | with perso | ons descr | rbed in (| и) | | | [| Yes No | |
| | | and (III) l | below, the governing body o | f the supported organization? | | | · | | | | 11g(i) | ľ | |
| | | | member of a person describ | • | | | | | | | 11g(ii) | | |
| | | • • | • | described in (i) or (II) above? | | | | | | | 11g(iii) | | |
| h | | | • • | he organizations the organization | าก รมกกกก | te | | | | | <u>s</u> / | | |
| | | | | T | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| (1) | | e of supported janization | (ii) EIN | (iii) Type of organization (described on lines 1–9 | | organization | | ou notify | | s the | (vii) Amo | | |
| | org | jai lization | | above or IRC section | | sted in your document? | 1 * | nization in of your | organızat (i) organı | | suppo | я | |
| | | | | (see instructions)) | , ,,,,,,,,,, | | | port? | U | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | , | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | T | | | | | | |
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Schedule A (Form 990 or 990-EZ) 2008 RUTHERFORD COUNTY ADULT ACTIVITY 62-0980251 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 618,401 130,217 104,442 104,606 139,653 139,483 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 130,217 104,442 104,606 139,653 139,483 618,401 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 618,401 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 4 130,217 139,653 104,442 104,606 139,483 618,401 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 27 20 47 sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 618,448 12 Gross receipts from related activities, etc (see instructions) 12 23,092,407 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 99.9924 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 99.9873 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

| Sec | tion A. Public Support | | | | | · · · · · · · · · · · · · · · · · · · | |
|----------|--|---------------------------------------|-----------------------|------------------------|----------------------|---------------------------------------|---------------------------------------|
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include | (-) | (2, 222 | (3, 233 | (4, 233) | (0)-200 | (1) |
| 2 | any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 7a | Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b | | | | | | |
| C | | <u></u> | <u> </u> | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | 1 | | , , | |
| 500 | tion B. Total Support | | 1 | <u> </u> | 1 | | |
| | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | (a) 2004 | (b) 2003 | (6) 2000 | (u) 2007 | (e) 2006 | (I) Total |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | · · · · · · · · · · · · · · · · · · · |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | ļ | <u> </u> | <u> </u> | <u> </u> | |
| | and 12) | | <u> </u> | <u></u> | <u> </u> | | |
| 14 | First five years. If the Form 990 is for the | - | st, second, third, fo | ourth, or fifth tax ye | ear as a section 50 | 1(c)(3) | . – |
| | organization, check this box and stop her | · · · · · · · · · · · · · · · · · · · | | | | | <u> </u> |
| | tion C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2008 (line 8 | • • • | - | nn (f)) | | 15 | % |
| 16 | Public support percentage from 2007 Sch | | | | | 16 | <u>%</u> |
| | tion D. Computation of Investme | | | | | | |
| 17 | investment income percentage for 2008 (i | | • | 3, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2007 | | | | | <u> 18 </u> | |
| 19a b | 33 1/3 % support tests—2008. If the orga 17 is not more than 33 1/3 %, check this b 33 1/3 % support tests—2007. If the orga | oox and stop here | . The organization | qualifies as a pub | olicly supported org | ganization | ▶ [|
| | line 18 is not more than 33 1/3 %, check to | | | | | | ▶ □ |
| 20 | Private foundation. If the organization du | | = | | | • | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2008 RUTHERFORD COUNTY ADULT ACTIVITY

62-0980251

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PITTHERENORD COINTY ADITOR ACTIVITY

Employer Identification number

| | | THERFORD COUNTY ADULT ACTIVITY | | 62 0000251 |
|---|-----------|---|--|------------------------------|
| _ | | ENTER, INC. | | 62-0980251 |
| | Pa | organizations Maintaining Donor Advised Fu the organization answered "Yes" to Form 990, | nds or Other Similar Funds or F | Accounts. Complete if |
| _ | | the organization answered Tes to Form 990, | T | |
| | _ | | (a) Donor advised funds | (b) Funds and other accounts |
| | | Total number at end of year | | |
| | | Aggregate contributions to (during year) | <u> </u> | |
| | | Aggregate grants from (dunng year) | | |
| | 4 | Aggregate value at end of year | <u></u> | |
| | 5 | Did the organization inform all donors and donor advisors in writing that | t the assets held in donor advised | |
| | | funds are the organization's property, subject to the organization's excl | lusive legal control? | Yes No |
| | 6 | Did the organization inform all grantees, donors, and donor advisors in | writing that grant funds may be | |
| | | used only for charitable purposes and not for the benefit of the donor of | r donor advisor or other | |
| _ | | impermissible private benefit? | | Yes No |
| _ | <u>Pa</u> | rt II Conservation Easements. Complete if the org | anization answered "Yes" to For | m 990, Part IV, line 7. |
| | 1 | Purpose(s) of conservation easements held by the organization (check | | |
| | | Preservation of land for public use (e.g., recreation or pleasure) | Preservation of an historically im | portant land area |
| | | Protection of natural habitat | Preservation of certified historic s | structure |
| | | Preservation of open space | | |
| | 2 | Complete lines 2a–2d if the organization held a qualified conservation | contribution in the form of a conservation | easement |
| | | on the last day of the tax year. | | |
| | | | | Held at the End of the Year |
| | а | Total number of conservation easements | | 2a |
| | b | Total acreage restricted by conservation easements | | 2b |
| | С | Number of conservation easements on a certified historic structure inc | luded in (a) | 2c |
| | d | Number of conservation easements included in (c) acquired after 8/17 | /06 | 2d |
| | 3 | Number of conservation easements modified, transferred, released, ex | dinguished, or terminated by the organiza | tion during |
| | | the taxable year | | |
| | 4 | Number of states where property subject to conservation easement is | located • | |
| | 5 | Does the organization have a written policy regarding the periodic mor | nitoring, inspection, violations, and | |
| | | enforcement of the conservation easements it holds? | | ∐ Yes ∐ No |
| | 6 | Staff or volunteer hours devoted to monitoring, inspecting, and enforcing | ng easements during the year $lacksquare$ $lacksquare$ | |
| | 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing | easements during the year $	black * _ _$ | |
| | 8 | Does each conservation easement reported on line 2(d) above satisfy | the requirements of section | |
| | | 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıi)? | | ∐ Yes |
| | 9 | In Part XIV, describe how the organization reports conservation easem | nents in its revenue and expense statemen | nt, and |
| | | balance sheet, and include, if applicable, the text of the footnote to the | organization's financial statements that d | lescribes |
| _ | | the organization's accounting for conservation easements | | |
| ί | Pa | rt III Organizations Maintaining Collections of Art, | | Similar Assets. |
| _ | | Complete if the organization answered "Yes" to | Form 990, Part IV, line 8. | |
| | | | | |
| | 1a | If the organization elected, as permitted under SFAS 116, not to repor | | |
| | | art, historical treasures, or other similar assets held for public exhibitio | | f public service, |
| | | provide, in Part XIV, the text of the footnote to its financial statements | that describes these items | |
| | | 15 11 | | |
| | b | If the organization elected, as permitted under SFAS 116, to report in | | , |
| | | historical treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of pul | blic service, |
| | | provide the following amounts relating to these items | | |
| | | (i) Revenues included in Form 990, Part VIII, line 1 | | 5 - - - - - - |
| | _ | (ii) Assets included in Form 990, Part X | | * |
| | 2 | If the organization received or held works of art, historical treasures, or | <u> </u> | ovide the |
| | | following amounts required to be reported under SFAS 116 relating to | these items | |
| | a | Revenues included in Form 990, Part VIII, line 1 | | * |
| | b | Assets included in Form 990, Part X | | \$ |

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not | Schedule [| | D COUNTY A | | | 62-09 | | Page 2 | | | | |
|---|---------------|--|------------------------|------------------------|-------------------|----------------|--------------|--|--|--|--|--|
| items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | Part III | Organizations Maintaining | Collections of | Art, Historical | Treasures, | or Other S | Similar As | sets (continued) | | | | |
| b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | 3 Using | g the organization's accession and other s (check all that apply): | records, check any | of the following tha | t are a significa | ant use of its | collection | - | | | | |
| b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | a \square F | Public exhibition | a∏ı | oan or exchange i | orograms | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | - | | | | | | - | | | | |
| assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | 4 Prov | vide a description of the organization's co | llections and explain | how they further th | ne organization | 's exempt pur | pose in | | | | | |
| Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | 5 Durir | ng the year, did the organization solicit o | r receive donations o | f art, historical trea | sures, or other | sımılar | | | | | | |
| Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | | | | | |
| | Pailly | | | | | | | | | | | |
| 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not | 4. 1. 0. | | | | | | | | | | | |
| | | _ | an or other intermedi | ary for contribution | s or other asse | ets not | | п. п | | | | |
| included on Form 990, Part X? | | | | | | | | ∐ Yes ∐ No | | | | |
| b If "Yes," explain the arrangement in Part XIV and complete the following table. | b If "Ye | es," explain the arrangement in Part XIV | and complete the fol | lowing table. | | | | | | | | |
| Amount | | | | | | | | Amount | | | | |
| c Beginning balance . <u>1c</u> | c Begi | inning balance | | | | | 1c | | | | | |
| d Additions during the year | d Addi | itions during the year | | | | | 1d | | | | | |
| e Distributions during the year | e Distr | ributions during the year | | | | | 1e | | | | | |
| f Ending balance | f Endi | ing balance | | | | | 1f | | | | | |
| 2a Did the organization include an amount on Form 990, Part X, line 21? | 2a Did t | the organization include an amount on Fi | orm 990, Part X, line | 21? | | | • | Yes No | | | | |
| b If "Yes," explain the arrangement in Part XIV | b If "Y | es," explain the arrangement in Part XIV | | | | | | | | | | |
| Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. | | | | on answered " | Yes" to Form | n 990, Pai | t IV, line 1 | 10. | | | | |
| | | | | | | | | | | | | |
| 1a Beginning of year balance | 1a Begi | inning of year balance | | | 5 % | | | ······································ | | | | |
| b Contributions | _ | | | | ٠, | | | | | | | |
| c Investment earnings or losses | | | | | | | · | | | | | |
| d Grants or scholarships | | | | . * | | , | | | | | | |
| | | ' | | | | | | | | | | |
| e Other expenditures for facilities | | · | | , , , | | | * * * | | | | | |
| and programs | · · | ` • | | | | | | | | | | |
| f Administrative expenses | | ` ' | | | | | | | | | | |
| g End of year balance | • | • | <u> </u> | | | | | | | | | |
| 2 Provide the estimated percentage of the year end balance held as | | | r end balance held as | 6 | | | | | | | | |
| a Board designated or quasi-endowment | | - · · · · · · · · · · · · · · · · · · · | % | | | | | | | | | |
| b Permanent endowment ▶ % | | | | | | | | | | | | |
| c Term endowment ▶% | | | | | | | | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the | 3a Are f | there endowment funds not in the posse | ssion of the organiza | tion that are held a | nd administere | ed for the | | | | | | |
| organization by: | orga | inization by: | | | | | | Yes No | | | | |
| (i) unrelated organizations 3a(i) | (i) ı | unrelated organizations | | | | | | 3a(i) | | | | |
| (ii) related organizations 3a(ii) | (ii) r | related organizations | | | | | | 3a(ii) | | | | |
| b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? | b If "Y | es" to 3a(II), are the related organization: | s listed as required o | n Schedule R? | | | | 3b | | | | |
| 4 Describe in Part XIV the intended uses of the organization's endowment funds. | 4 Desi | cribe in Part XIV the intended uses of the | e organization's endo | wment funds. | | _ | | | | | | |
| Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. | Part V | I Investments—Land, Build | ings, and Equip | ment. See For | m 990, Par | t X, line 10 |). | | | | | |
| Description of investment (a) Cost or other basis (b) Cost or other (c) Depreciation (d) Book value | | | | | | | | (d) Book value | | | | |
| (investment) basis (other) | | | (investment) | bas | ıs (other) | | | | | | | |
| 1a Land 19,795 19,79 | 1a Land | d | | | 19.795 | , | * | 19,795 | | | | |
| b Buildings | | | | | | | | | | | | |
| c Leasehold improvements | | - | | | | | | | | | | |
| d Equipment | | • | - | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | • | • | | 1 | 335 473 | | 260 260 | 475,204 | | | | |
| Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) 494, 99 | | | Form 990, Part X, col | | | 1 | | 404 | | | | |

| Schedule D (Form 990) 2008 RUTHERFORD COUNTY ADU | LT ACTIVITY | 62-0980251 | Page 3 |
|---|---|------------------------------|-------------|
| Part VII Investments—Other Securities. See Form 990 |), Part X, line 12. | | |
| (a) Description of security or category | (b) Book value | (c) Method of valuation | |
| (including name of security) | | Cost or end-of-year market v | alue |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| Other | | | |
| | | | |
| - | | | |
| - - | | | |
| | | | |
| | | | |
| | | | |
| - | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See Form 99 | 0 Part Y line 13 | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation | |
| (L) Description of infocution type | (b) Book Valido | Cost or end-of-year market v | alue |
| | | · | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) | | * | |
| Part IX Other Assets. See Form 990, Part X, line 15. | | | |
| (a) Description | . <u>. </u> | (b) | Book value |
| OTHER ASSETS | | | 9,953 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | ····· | |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 15) | | • | 9,953 |
| Part X Other Liabilities. See Form 990, Part X, line 2 | 5. | | <u> </u> |
| (a) Description of liability | (b) Amount | ۸. | |
| Federal income taxes | | • | |
| ADVANCE - STATE OF TN | 437,787 | | |
| ACCRUED AND WITHHELD PAYROLL TAXES | 141,277 | | |
| ACCRUED LEAVE PAYABLE | 136,547 | | |
| PAYABLE TO CLIENTS | 65,975 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 781,586 | | |
| In Part XIV, provide the text of the footnote to the organization's financial sta | tements that reports the org | ganization's liability for | |
| uncertain tax positions under FIN 48 | | | |

| Sche | dule D (Form 990) 2008 RUTHERFORD COUNTY ADULT A | CTIVITY 62-0 | 980251 | Page 4 |
|------|--|--------------------------------|---|--------------|
| Pa | art XI Reconciliation of Change in Net Assets from Form | 990 to Financial Statem | ents | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | 4,890,005 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | 4,722,317 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 3 | 167,688 |
| 4 | Net unrealized gains (losses) on investments | | 4 | |
| 5 | Donated services and use of facilities | | 5 | |
| 6 | Investment expenses | | 6 | |
| 7 | Prior period adjustments | | 7 | |
| 8 | Other (Describe in Part XIV) | | 8 | -3 |
| 9 | Total adjustments (net). Add lines 4-8 | | 9 | -3 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | | 10 | 167,685 |
| Pa | art XII Reconciliation of Revenue per Audited Financial St | atements With Revenu | e per Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 4,890,005 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains on investments | 2a | 1 | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | 4,890,005 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | [| | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1 1 | |
| b | Other (Describe in Part XIV) | 4b | | |
| c | Add lines 4a and 4b | <u> </u> | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 1) | 2) | 5 | 4,890,005 |
| | art XIII Reconciliation of Expenses per Audited Financial S | | ses per Return | |
| 1 | Total expenses and losses per audited financial statements | <u> </u> | 1 | 4,722,320 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | • | | |
| а | Donated services and use of facilities | 2a | | |
| b | | 2b | | |
| C | | 2c | | |
| d | | 2d | 3 | |
| e | | (= - 1 | 2e | 3 |
| 3 | Subtract line 2e from line 1 | | 3 | 4,722,317 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | | 4a | , | |
| b | Other (Describe in Part XIV) | 4b | | |
| c | Add lines 4a and 4b | <u> </u> | 4c | |
| | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line | 18.) | 5 | 4,722,317 |
| | art XIV Supplemental Information | 9.7 | ,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | <u> </u> |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F | art III lines 1a and 4 Part IV | ines 1h | |
| | 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, | | | |
| | PART XI, LINE 8 - RECONCILATION OF CHAN | | | |
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| _ | BOOK / TAX DEPRECIATION DIFFERENCE | | \$ | 3 |
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| _ | <u> PART XIII, LINE 2D - EXPENSE AMOUNTS IN</u> | <u> CLUDED IN FINA</u> | NCIALS - O' | <u> </u> |
| | BOOK / TAX DEPRECIATION DIFFERENCE | | \$ | 3 |
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| Schedule D (F | om 990) 2008 | RUTHE | ERFORD | COUNTY | ADULT | ACTIVIT | 'Y | 62-0980251 | Page 5 |
|---------------|---------------|--------------|-------------|-----------|-------------|-----------------|----------|---------------|----------------|
| Part XIV | Suppleme | ental Infori | mation (co | ontinued) | | ACTIVIT | | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2008

Department of the Treasury

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Internal Revenue Service Name of the organization

RUTHERFORD COUNTY ADULT ACTIVITY CENTER, INC.

Employer identification number 62-0980251

FORM 990 - ORGANIZATION'S MISSION

APPROXIMATELY 113 ADULTS MEETING THE CONDITIONS ABOVE HAVE BEEN ASSISTED DURING THE YEAR.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990 DISTRIBUTED AT BOARD MEETING FOR REVIEW PRIOR TO BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CONFLICT OF INTEREST DISCLOSURES COMPLETED ANNUALLY BY BOARD MEMBERS AND REVIEWED FOR ANY ISSUES PRESENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUAL REVIEW OF EXECUTIVE DIRECTOR TO COMPLY WITH ORGANIZATION'S EXECUTIVE COMPENSATION POLICY.

FORM 990, PART XI, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS FINANCIAL STATEMENTS ARE PRESENTED TO BOARD OF DIRECTORS FOR REVIEW AND COMMENT.

| RCAAC 10/22/2009 1 25 | PM | | • | | | | | • |
|--|---------------|---------------------------|---------------------------------------|-------------|---------------------|---------------------------------------|-------------|--------------------|
| Forms | | Mort | gages and Oth | er Notes Pa | yable | | | |
| 990 / 990- | PF | | | | _ | | | 2008 |
| | | For calendar year 2008, c | or tax year beginning | 7/01/08 | , and ending | 6/30/ | | |
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| CENTER, I | .NC. | | | | | 02 | 0900 | 231 |
| FORM 990, | PART | X, LINE 23 - | ADDITIONAL | INFORMAT | ON | | | |
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| | | me of lender | | | Relationship | to disqualifie | d persor |) |
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| | Secun | ity provided by borrower | | | Pur | oose of loan | | |
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| The state of the s | | | | | | | | |
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| Totals | | | | | 3,483 | | | |