

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

B Check if applicable

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

Please use
IRS label
or print
or type.
See
specific
instructions

C Name of organization

VOLUNTEER STATE COLLEGE FOUNDATION

Number and street (or P O box if mail is not delivered to street addr) Room/suite

1360 NASHVILLE PIKE

City, town or country

GALLATIN

State ZIP code + 4

TN 37066-3188

D Employer Identification Number

58-1863050

E Telephone number

(615) 230-3506

F Accounting method:

Cash

X Accrual

Other (specify)

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

H and I are not applicable to section 527 organizations

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

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

(If 'No,' attach a list See instructions)

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

I Group Exemption Number

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

G Web site: N/A

J Organization type

(check only one)

☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
gross receipts are normally not more than \$25,000 A return is not required, but if the
organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 773,885.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

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	460,886.	
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d	4,910.	
e	Total (add lines 1a through 1d) (cash \$ 412,830. noncash \$ 52,966.)	1e		465,796.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		53,081.
5	Dividends and interest from securities	5		154,212.
6a	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 NET CAPITAL GAIN)	7		8,648.
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		
8d		8d		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including 0. of contributions reported on line 1b)	9a	92,012.	
b	Less direct expenses other than fundraising expenses	9b	45,475.	
c	Net income or (loss) Subtract line 9b from line 9a	9c		46,537.
10a	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		136.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		728,410.
13	Program services (from line 44, column (B))	13		406,736.
14	Management and general (from line 44, column (C))	14		30,053.
15	Fundraising (from line 44, column (D))	15		0.
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17		436,789.
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		291,621.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,137,421.
20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20		-178,959.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		5,250,083.

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

TEEA0101 12/27/07

Form 990 (2007)

G17-21 22

SCANNED JUN 17 2009

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
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			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 9,891.	0.	9,891.	0.
34 Telephone	34			
35 Postage and shipping	35 496.	0.	496.	0.
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 405.	0.	405.	0.
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize)	43g			
a PAYMENTS TO VOLUNTEER STATE COMMUNITY COL	43a 406,736.	406,736.	0.	0.
b CREDIT CARD CHARGES	43b 27.	0.	27.	0.
c DUES AND SUBSCRIPTIONS	43c 8,853.	0.	8,853.	0.
d PROFESSIONAL ADMIN SERVICES	43d 5,710.	0.	5,710.	0.
e INSURANCE	43e 3,889.	0.	3,889.	0.
f AWARDS AND INDEMNITIES	43f 782.	0.	782.	0.
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 436,789.	406,736.	30,053.	0.

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

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose? ▶ PROVIDES SCHOLARSHIPS	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
<p>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.)</p> <p>a <u>PROVISION OF FUNDS TO VOLUNTEER STATE COMMUNITY COLLEGE</u> <u>FOR USE IN AWARDING SCHOLARSHIP RECIPIENTS</u> <u>AS DETERMINED BY COLLEGE</u></p> <p>(Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	265,589.
<p>b <u>GIFTS TO COLLEGE PAID THROUGH FOUNDATION</u></p> <p>(Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	84,356.
<p>c <u>OTHER MISCELLANEOUS COLLEGE SERVICES</u></p> <p>(Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	56,791.
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	406,736.

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Form 990 (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing		45	
	46 Savings and temporary cash investments	1,373,397.	46	1,231,809.
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	48 a 66,698.		
	b Less: allowance for doubtful accounts	48 b	48 c	66,698.
	49 Grants receivable		49	5,349.
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less: allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments — publicly-traded securities L-54a Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,755,548.	54 a	3,956,907.
	b Investments — other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 b	
55 a Investments — land, buildings, & equipment basis	55 a			
b Less: accumulated depreciation (attach schedule)	55 b	55 c		
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment basis	57 a			
b Less: accumulated depreciation (attach schedule)	57 b	57 c		
58 Other assets, including program-related investments (describe <input type="checkbox"/> CASH VALUE OF DONATED LIFE INSURANCE POLICY)	20,220.	58	19,168.	
59 Total assets (must equal line 74) Add lines 45 through 58	5,149,165.	59	5,279,931.	
LIABILITIES	60 Accounts payable and accrued expenses		60	27,222.
	61 Grants payable		61	
	62 Deferred revenue	0.	62	1,000.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <input type="checkbox"/> PAYABLE TO VOL STATE COMMUNITY COLLEGE)	11,744.	65	1,626.
	66 Total liabilities. Add lines 60 through 65	11,744.	66	29,848.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	5,137,421.	72	5,250,083.
	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)	5,137,421.	73	5,250,083.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,149,165.	74	5,279,931.

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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	707,634.
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>EXPENSES RELATED TO SPECIAL EVENTS</u>	b4	45,475.	
	Add lines b1 through b4		b	45,475.
c	Subtract line b from line a		c	662,159.
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) _____			
	<u>SEE ATTACHED STATEMENT</u>	d2	66,251.	
	Add lines d1 and d2		d	66,251.
e	Total revenue (Part I, line 12) Add lines c and d		e	728,410.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
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a	Total expenses and losses per audited financial statements		a	715,542.
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	258,790.	
	4 Other (specify) _____ SEE ATTACHED STATEMENT	b4	86,214.	
	Add lines b1 through b4		b	345,004.
c	Subtract line b from line a		c	370,538.
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) _____ SEE ATTACHED STATEMENT	d2	66,251.	
	Add lines d1 and d2		d	66,251.
e	Total expenses (Part I, line 17) Add lines c and d		e	436,789.

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)

[illegible]

Part V-A	Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>
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<p>75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶</p>			
<p>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)</p>	75b		X
<p>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' ▶</p> <p>If 'Yes,' attach a statement that includes the information described in the instructions</p>	75c		X
<p>d Does the organization have a written conflict of interest policy?</p>	75d		X

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other
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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.)

[illegible]

Part VI	Other Information <i>(See the instructions.)</i>
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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
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If 'Yes,' enter the name of the organization  _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions)	81a		
b	Did the organization file Form 1120-POL for this year?	81b		X

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Part VI **Other Information** *(continued)*

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?				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.)		82 b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?			X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		83 b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84 b		
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85 a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members		85 c	N/A	
d Section 162(e) lobbying and political expenditures		85 d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85 e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85 f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	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?		85 h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		86 a	N/A	
b Gross receipts, included on line 12, for public use of club facilities		86 b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders		87 a	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.)		87 b	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		88 a		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		88 b		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		89 b		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				
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89 e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89 f		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?		89 g		X
90 a List the states with which a copy of this return is filed: _____				
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)		90 b		0
91 a The books are in care of: KAREN MITCHELL Telephone number: (615) 230-3506 Located at: 1480 NASHVILLE PIKE GALLATIN TN ZIP + 4: 37066-3188				
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: _____		91 b	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts				

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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?

91 c

If 'Yes,' enter the name of the foreign country

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

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	53,081.	
96 Dividends & interest from securities			14	154,212.	
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 pers prop					
99 Other investment income			14	8,648.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					46,537.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b CHANGE IN VALUE OF LIFE INSURANCE			14	136.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				216,077.	46,537.
105 Total (add line 104, columns (B), (D), and (E))					262,614.

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)
101	SPECIAL EVENTS TO RAISE MONEY FOR THE EXEMPT PURPOSE OF PROVIDING SCHOLARSHIPS TO STUDENTS AT VOLUNTEER STATE COMMUNITY COLLEGE.

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

N/A

(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
	%			
	%			
	%			
	%			

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

Yes No

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

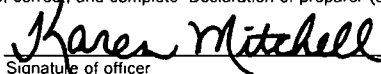
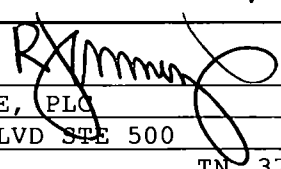
Yes No

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

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?

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 5-14-09	
	Type or print name and title Karen Mitchell, Executive Director, VSC Foundation			
Paid Preparer's Use Only	Preparer's signature 	Date 05/14/09	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) P00927188
	Firm's name (or yours if self-employed), address, and ZIP + 4 JENNINGS & CLOUSE, PLLC 1509 HUNT CLUB BLVD STE 500 GALLATIN TN 37066		EIN 62-1633011	Phone no (615) 206-0360

BAA

Form 990 (2007)

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

2007

Name of the organization

VOLUNTEER STATE COLLEGE FOUNDATION

Employer identification number

58-1863050

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

(See 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 and deferred compensation	(e) Expense account and other allowances
N/A	NONE			
Total number of other employees paid over \$50,000	►	N/A		

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

(See 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	►	NONE

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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	►	None

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a 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) See Line 3a Stmt	3a X	
b Did the organization have a section 403(b) annuity plan for its employees?	3b	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	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax 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 held 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 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 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 instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	615,713.	1,518,363.	2,179,025.	504,360.	4,817,461.
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	0.	54,956.			54,956.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	170,732.	111,102.	80,409.	52,582.	414,825.
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	786,445.	1,684,421.	2,259,434.	556,942.	5,287,242.
24 Line 23 minus line 17	786,445.	1,629,465.	2,259,434.	556,942.	5,232,286.
25 Enter 1% of line 23	7,864.	16,844.	22,594.	5,569.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	104,646.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	5,232,286.
d Add: Amounts from column (e) for lines 18 414,825. 19 _____		26d	414,825.
22 _____ 26b _____		26e	4,817,461.
e Public support (line 26c minus line 26d total)		26f	92.07 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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: (2006) _____ (2005) _____ (2004) _____ (2003) _____			
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____			
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	
d Add: Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)		27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			

32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)			

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?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			

34a	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 instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
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 —		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is —		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

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

Yes	No	Amount

a Volunteers**b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)**c** Media advertisements**d** Mailings to members, legislators, or the public**e** Publications, or published or broadcast statements**f** Grants to other organizations for lobbying purposes**g** Direct contact with legislators, their staffs, government officials, or a legislative body**h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means**i** Total lobbying expenditures (add lines **c** through **h**.)

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

BAA

Schedule A (Form 990 or 990-EZ) 2007

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
ATHLETIC GOLF TOURNAMENT	34,771.	0.	34,771.	14,109.	20,662.
EDUCATE A WOMAN	12,915.	0.	12,915.	6,249.	6,666.
GALA	30,326.	0.	30,326.	11,560.	18,766.
GOLF TOURNAMNET	14,000.	0.	14,000.	13,557.	443.
Total	92,012.	0.	92,012.	45,475.	46,537.

Form 990, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR PERIOD ADJUSTMENT TO INVESTMENT INCOME	-114,331.
UNREALIZED GAINS AND LOSSES	-144,458.
INVESTMENT EXPENSE	-15,741.
PLEDGE WRITE-OFFS	-24,998.
SECTION 481(A) ADJUSTMENT (CHANGE IN ACCOUNTING METHOD)	120,569.
Total	-178,959.

Form 990, Page 4, Part IV, Line 54a

Investments - Publicly-Traded Securities Statement

Description	Cost or FMV	Beginning of Year	End of Year
CD'S	FMV	292,256.	72,107.
GOVERNMENT BACKED SECURITIES	FMV	1,731,531.	0.
CORPORATE STOCKS	FMV	1,570,221.	1,641,119.
MUTUAL FUNDS	FMV	161,540.	0.
FEDERAL HOME LOAN MORTGAGE	FMV	0.	849,388.
FEDERAL NATIONAL MORT ASSOC (FNMA)	FMV	0.	602,288.
GOVERNMENT NATIONAL MORT ASSOC (GNMA)	FMV	0.	560,894.
FEDERAL HOME LOAN BANK	FMV	0.	119,175.
U.S. TREASURY BONDS	FMV	0.	111,936.
Total		3,755,548.	3,956,907.

Explanation Statement

Form/Line: Schedule A, Page 2, Part III

Line 3a

Explanation of How We Determine Which Recipients Qualify to Receive Payments

COMMITTEE REVIEWS EACH SCHOLARSHIP'S SPECIFIC REQUIREMENTS AND AWARDS
THE SCHOLARSHIP TO THE INDIVIDUAL OR INDIVIDUALS MEETING THE
DESIGNATED CRITERIA.

Supporting Statement of:

Form 990 p 5/Part IV-A, Line d(2)

Description	Amount
ENDOWMENT INTEREST INCOME	57,603.
NET CAPITAL GAINS	8,648.
Total	66,251.

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
INVESTMENT INTEREST EXPENSE	15,741.
PLEDGE WRITE OFF	24,998.
EXPENSES RELATED TO SPECIAL EVENTS	45,475.
Total	86,214.

Supporting Statement of:

Form 990 p 5/Part IV-B, Line d(2)

Description	Amount
ENDOWMENT INTEREST INCOME	57,603.
NET CAPITAL GAIN	8,648.
Total	66,251.

VOLUNTEER STATE COLLEGE FOUNDATION
BOARD OF TRUSTEES
Directory Listing (2007-2008)

May 22, 2008

☼ Executive Committee:

☼ Mrs. Kitty Dake Armstrong
 1043 E. Nichols Cir, Gallatin, TN 37066
 452-4962 (home) / Cell 504-3516
 7/1/97 to 6/30/2009
 Exec Com 7/1/2005 to 6/30/2009

☼ Mr. Albert A. Bennett
 1255 Lock Four Rd, Gallatin, TN 37066
 452-1868 (home)
 Cell 516-3234 / Fax 451-4583
 7/1/2002 to 6/30/2009
 Exec Com 7/1/2006 to 6/30/2009

☼ Mrs. Jan Hallmark
 Sumner Regional Medical Center
 PO Box 1558, Gallatin, TN 37066
 328-5974 (work)
 451-6695 (work) / Fax 451-6698
 7/1/2000 to 6/30/2009
 Exec Com 7/1/2005 to 6/30/2009

❖ ☼ Mr. Ron Hibbard
 1435 Nashville Pk, Gallatin, TN 37066
 230-9000 (work)
 7/1/2007 to 6/30/2010
 Exec Com same as above

☼ Karen Mitchell
 VSCC Foundation Office
 1480 Nashville Pk, Gallatin, TN 37066
 230-3505 (work) / Fax 230-3508

☼ Dr. Warren R. Nichols
 VSCC President's Office
 1480 Nashville Pk, Gallatin, TN 37066
 230-3500 (work) / Fax 230-3502

☼ Mr. Bill Nichols - Vice Chair
 2100 West End Ave, Ste 800
 Nashville, TN 37203-5222
 846-3333 (wk) / Fax 329-9984
 7/1/2005 to 6/30/2009
 Exec Com 7/1/2006 to 6/30/2009

❖ New Trustee

☼ Mr. James Pope
 P.O. Box 322, Gallatin, TN 37066
 452-0577 (home)
 7/1/1999 to 6/30/2009
 Exec Com 7/1/2005 to 6/30/2009

☼ Dr. R. Wade Powers
 1287 Dobbins Pk, Gallatin, TN 37066
 230-7781 (home)
 306-1988 (Cell) / Church 452-2101
 7/1/2001 to 6/30/2010
 Exec Com 7/1/2001 to 6/30/2009

❖ ☼ Mr. Matt Ricker - Campaign Chair
 Volunteer State Bank
 101 Hwy 52 West, Portland, TN 37148
 323-1001 (work)
 7/1/2007 to 6/30/2010
 Exec Com same as above

☼ Mr. Buddy Shaw - Chair
 110 Carriage Way, H'ville, TN 37075
 264-2159 (home)
 264-2065 (work) / 824-1365 (fax)
 7/1/2005 to 6/30/2009
 Exec Com same as above

❖ ☼ Mr. Bill Sinks
 163 Bay Drive, H'ville, TN 37075
 824-6600 or 824-3437 (work)
 822-7517 (fax)
 7/1/2007 to 6/30/2010
 Exec Com same as above

❖ ☼ Ms. Sandy Webster
 307 Bayhill Drive
 Gallatin, TN 37066
 452-6131 (home)
 cell 513-9444
 7/1/2007 to 6/30/2010
 Exec Com same as above

Mrs. Shirley Arrendale
293 Greenfield Lane
Castalian Springs, TN 37031
452-2953 (home)
7/1/1997 to 6/30/2009

Mr. Bob Atkins
1212 Anderson Road
Hendersonville, TN 37075
264-1912 (home) / Cell 347-8653
264-5000 (work)
8/16/1989 to 6/30/2010

Betty Belote
320 E. Franklin Ext, Apt 11
Gallatin, TN 37066
452-1572 (home)
7/1/2000 to 6/30/2009

Senator Diane Black
819 Plantation Blvd.
Gallatin, TN 37066
230-8586 (home) / Cell 397-9033
Fax 741-4917 (Capitol office)
7/1/1999 to 6/30/2008 ***

Mr. John Boniol
147 E. Winchester Street
Gallatin, TN 37066
452-6861 (home)
7/1/2001 to 6/30/2010

Mayor Billy Paul Carneal
P.O. Box 788
Springfield, TN 37172
wk 615-382-2200 City Hall
384-8115 (home)
7/1/2001 to 6/30/2010

Mrs. Wilda Dodson
115 East Main Street
Gallatin, TN 37066
451-1672 (work) / Fax 451-4186
7/1/2001 to 6/30/2010

Mr. William Draper (Bill)
P.O. Box 1555
Gallatin, TN 37066
452-5152 (work) (#5153 after)
Fax 452-6060 (4:00 p.m.)
7/1/1999 to 6/30/2008 ***

Chancellor Tom Gray
103 Carriage Lane
Hendersonville, TN 37075
451-6004 (work) – (Rhonda)
Fax 451-6031
8/16/1989 to 6/30/2010

Mr. Ragan Hall
780 North Leath Road
Portland, TN 37148
325-6243 (work) / Fax 325-3145
Cell 615-308-9768
7/1/1999 to 6/30/2008 ***

Mr. James Harding (Jim)
P.O. Box 1559
Murfreesboro, TN 37133-1559
615-848-1369 (work) / Fax 615-904-9529
(Cell 308-6178)
7/1/2000 to 6/30/2009

Mrs. Jenny Bess Hibbett
2825 Mount Juliet Road
Mt. Juliet, TN 37122
758-2184 (home)
7/1/2000 to 6/30/2009

Dr. Halden Hooper
700 Lake Drive
Gallatin, TN 37066
452-1694 (home)
7/1/2001 to 6/30/2010

Mr. Robert Jennings, III (Corky)
1509 Hunt Club Blvd, Ste 500
Gallatin, TN 37066
206-0360, ext 24 (work)
Fax 206-0363
8/16/1989 to 6/30/2008 ***

Mrs. Dixie Jones
931 Kenny Street
Gallatin, TN 37066
452-5637 (home)
7/1/2003 to 6/30/2009

Dr. Lois Jordan
112 Masters Way
Hendersonville, TN 37075
826-8802 (home)
Fax 826-9971
7/1/2000 to 6/30/2009

Mr. Bill Kemp
355 N. Belvedere Drive, Room 111
Gallatin, TN 37066
452-4063 (work) / Fax 452-9371
7/1/2000 to 6/30/2009

Dr. Deotha Malone
229 South Pardue
Gallatin, TN 37066
452-5546 (home)
7/1/1999 to 6/30/2008 ***

Mr. Ed Mayberry
P.O. Box 717
Gallatin, TN 37066
452-9000 (work) / Fax 452-9163
7/1/1999 to 6/30/2008 ***

Mr. Carl McKellar
1004 Darwood Ct
Hendersonville, TN 37075-6310
206-9505 (home) / 300-3286 (cell)
7/1/2000 to 6/30/2009

Mr. L.H. Newman (Dink)
208 Cherokee Road
Hendersonville, TN 37075
824-6111 (home) / 969-5163 (cell)
7/1/2001 to 6/30/2010

Mr. Wallace Nicoll (Wally)
110 Sanders Ferry Rd, Ste 5
Hendersonville, TN 37075
824-3600 (work) / Fax 824-5131
7/1/1999 to 6/30/2008 ***

Mr. David Bate Parsons
200 4th Ave N #1000
Nashville, TN 37219-2114
615-760-2376 (work)
Fax 255-7704 or 7703
7/1/1999 to 6/30/2008 ***

Mrs. Patty Powell
VSCC Student Services Office
1480 Nashville Pike
Gallatin, TN 37066
230-3440 (work) / Fax 230-3481
7/1/2003 to 6/30/2009

Dr. Hal R. Ramer
VSCC President Emeritus
120 Abbottsford
Nashville, TN 37215-2440
292-7271 (home)
8/16/1989 to 6/30/2009

Mr. Scott Raynes
NorthCrest Medical Center
100 NorthCrest Drive
Springfield, TN 37172
615-384-1501 (wk) / Fax 615-384-1509
7/1/2006 to 6/30/2009

Mr. Gary Renfro
1704 Orchard Drive
Lebanon, TN 37087
443-5706 (work) / 443-4759 (home)
7/1/1999 to 6/30/2008 ***

Mr. Richard Rowlett
PO Box 50
Goodlettsville, TN 37072
615-859-6609 (wk) / 615-512-0114 (cell)
7/1/2006 to 6/30/2009

Ms. Bettye Scott
215 Perry Street
Gallatin, TN 37066
452-2910 (home)
7/1/1999 to 6/30/2008 ***

Mr. William Sugg
Sumner Regional Medical Center
P.O. Box 1558
Gallatin, TN 37066
451-6600 (work) / Fax 451-6621
7/1/1999 to 6/30/2008 ***

Dr. F. William Taylor (Bill)
200 Oak Hill Court
Hendersonville, TN 37075
824-1743 (home) / 824-1700 (work)
7/1/2003 to 6/30/2009

Mrs. Virginia Thigpen (Ginny)
944 Lakeshore Drive
Gallatin, TN 37066
452-8592 (home)
7/1/2002 to 6/30/2008 ***

Mrs. Grace Tomkins
P.O. Box 741
Gallatin, TN 37066
452-7030 (home) / cell 351-6985
Fax 452-4502
7/1/1990 to 6/30/2008 ***

Judge Jane Wheatcraft
532 Indian Lake Road
Hendersonville, TN 37075
824-1757 (home)
7/1/2000 to 6/30/2009

Ms. Betty C. Williams
VSCC Physical Education
1480 Nashville Pk, Gallatin, TN 37066
452-8600 ext. 3243
7/1/2002 to 6/30/2008 ***

Mrs. Betty Zuccarello
124 Sunset Drive
Gallatin, TN 37066
452-4630 (home)
7/1/1999 to 6/30/2008 ***

*** Honorary Trustee

*** Mr. Johnny Claude Garrett III
112 Long Hollow Pike
Goodlettsville, TN 37072
851-5201 (work)
Fax 851-5224

***Mr. John Garrott
332 East Main Street
Gallatin, TN 37066
452-4483 (home)

***Mr. Peter Prater
1350 Anderson Road
Hendersonville, TN 37075
824-3151 (home)

***Mr. Randolph Wood
5404 Chelsea Ave.
La Jolla, CA 92037
(858) 459-5260

☀ Executive Committee member ❖ New Trustee

Emeritus members:
Wayne Boger
Hugh Carpenter
Harold Duffer
Jerry Johnson
Ellen S. Wemyss
Robert L. Wendling

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	VOLUNTEER STATE COLLEGE FOUNDATION	58-1863050
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1360 NASHVILLE PIKE, City, town or post office, state, and ZIP code. For a foreign address, see instructions.	TN 37066-3188

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

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

- The books are in the care of ► KAREN MITCHELL

Telephone No. ► (615) 230-3506 FAX No. ► (615) 230-3508

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 17, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning Jul 1, 20 07, and ending Jun 30, 20 08.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	VOLUNTEER STATE COLLEGE FOUNDATION	58-1863050
	Number, street and room or suite number. If a P.O. box, see instructions.	For IRS use only.
	1360 NASHVILLE PIKE,	
	City, town or post office, state and ZIP code. For a foreign address, see instructions.	
	GALLATIN TN 37066-3188	

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

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

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

- The books are in care of KAREN MITCHELL
Telephone No (615) 230-3506 FAX No (615) 230-3508
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until May 15, 20 09
- 5 For calendar year _____, or other tax year beginning Jul 1, 20 07, and ending Jun 30, 20 08
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension WAITING ON INFORMATION FROM THIRD PARTIES

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c	\$	0.

Signature and Verification

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

Signature

Title

Date

BAA

FIFZ0502 04/16/08

Form 8868 (Rev 4-2008)