

Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2008**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**A** For the 2008 calendar year, or tax year beginning **7/01**, 2008, and ending **6/30**, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>United Way of Sumner County</b> <b>625 East Main Street Ste 5</b> <b>Hendersonville, TN 37075</b>	<b>D</b> Employer identification number <b>31-1510208</b>
		<b>E</b> Telephone number <b>615-826-2977</b>
		<b>F</b> Group Exemption Number

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

**G** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**I** Website: ▶ **www.unitedwaysumner.org****J** Organization type (check only one) — ☒ 501(c) ( 3 ) ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ▶ \$ **763,846.****Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	757,807.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	3,227.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	6,300.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch) ... See Statement 1	5c	-6,300.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
<b>EXPENSES</b>	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ See Statement 2)	8	2,812.
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	757,546.
	10	Grants and similar amounts paid (attach schedule) ... See Statement 3	10	519,760.
	11	Benefits paid to or for members	11	
<b>ASSETS</b>	12	Salaries, other compensation, and employee benefits	12	118,784.
	13	Professional fees and other payments to independent contractors	13	6,736.
	14	Occupancy, rent, utilities, and maintenance	14	21,603.
	15	Printing, publications, postage, and shipping	15	14,211.
	16	Other expenses (describe ▶ See Statement 4)	16	155,625.
	17	Total expenses (add lines 10 through 16)	17	836,719.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-79,173.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	218,246.
	20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	139,073.	

**Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	344,572.	359,314.
23 Land and buildings	7,960.	1,116.
24 Other assets (describe ▶ See Statement 5)	364,147.	276,352.
25 Total assets	716,679.	636,782.
26 Total liabilities (describe ▶ See Statement 6)	498,433.	497,709.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	218,246.	139,073.

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.Form **990-EZ** (2008)



**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. <span style="float:right"><b>38b</b> N/A</span>		
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9.		N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.		N/A
<b>40a</b> 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>b</b> 501(c)(3) and (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,' complete Schedule L, Part I.		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <span style="float:right">▶ 0.</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization. <span style="float:right">▶ 0.</span>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
<b>41</b> List the states with which a copy of this return is filed ▶ TN		

**42a** The books are in care of ▶ Dana Given Telephone no. ▶ 615-826-2977  
 Located at ▶ 625 East Main Street Hendersonville TN ZIP + 4 ▶ 37075

	Yes	No
<b>b</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: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶		X

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. ▶ ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 8

	Yes	No
46 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.	46	X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(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
None				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000		

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.

Sign Here

Signature of officer: *Dana M. Given* Date: *December 21, 2009*  
 Type or print name and title: *DANA M. Given, President/CEO*

Paid Preparer's Use Only

Preparer's signature: *Karen Stephens, CPA* Date: *12/21/09* Check if self-employed: ☐  
 Firm's name (or yours if self-employed), address, and ZIP + 4: *Parker, Parker & Associates*  
*1000 NorthChase Dr - Suite 260*  
*Goodlettsville, TN 37072* Preparer's Identifying Number (See instructions): *P00293352*  
 EIN: *62-1240315* Phone no.: *(615) 859-8800*

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

**Department of the Treasury**  
**Internal Revenue Service**

## 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

## 2008

Name of the organization

Employer identification number

United Way of Sumner County

**31-1510208**

## Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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 exempt 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)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III – Functionally integrated      d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) a family member of a person described in (i) above? .....
- (iii) a 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

**h Provide the following information about the organizations the organization supports.**

[illegible]

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(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
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') .....	786,287.	807,709.	679,071.	787,272.	757,807.	3,818,146.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....						0.
3 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 .....						0.
4 <b>Total.</b> Add lines 1-3 .....	786,287.	807,709.	679,071.	787,272.	757,807.	3,818,146.
5 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) .....						0.
6 <b>Public support.</b> Subtract line 5 from line 4 .....						3,818,146.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 .....	786,287.	807,709.	679,071.	787,272.	757,807.	3,818,146.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,124.	2,807.	6,464.	5,630.	3,227.	21,252.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV .....	2,509.	3,913.	5,782.	1,410.	2,812.	16,426.
11 <b>Total support.</b> Add lines 7 through 10 .....						3,855,824.
12 Gross receipts from related activities, etc. (see instructions) .....					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. .... ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	99.0 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. ....	15	99.1 %
16a <b>33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. .... ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2007.</b> 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. .... ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2008.</b> 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. .... ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2007.</b> 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 organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. .... ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. .... ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008



**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> 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) organization, check this box and stop here. <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%
<b>19a</b> 33-1/3% support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b</b> 33-1/3% support tests – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <input type="checkbox"/>		



**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)

Area with horizontal dashed lines for supplemental information.



2008

## Schedule A, Part IV - Supplemental Information

Page 5

United Way of Sumner County

31-1510208

## Part II, Line 10 - Other Income

Nature and Source	2008	2007	2006	2005	2004
Other Income	2,812.	1,410.	5,782.	3,913.	2,509.
Total	<u>\$ 2,812.</u>	<u>\$ 1,410.</u>	<u>\$ 5,782.</u>	<u>\$ 3,913.</u>	<u>\$ 2,509.</u>

United Way of Sumner County

31-1510208

**Statement 1**  
**Form 990-EZ, Part I, Line 5c**  
**Net Gain (Loss) from Noninventory Sales**

Other Assets

Description:	Leasehold Improvements		
Date Acquired:	Various		
How Acquired:	Purchase		
Date Sold:	Various		
To Whom Sold:			
Gross Sales Price:		0.	
Cost or Other Basis:		9,000.	
Basis Method:	Cost		
Depreciation:		2,700.	
			Gain (Loss) -6,300.
			Total Gain (Loss) Other Assets \$ -6,300.
			Total Net Gain (Loss) From Noninventory Sales \$ -6,300.

**Statement 2**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

Tornado Relief.....	Total	\$ 2,812.
	Total	\$ 2,812.

**Statement 3**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Cash Amount Given:	\$ 513,188.
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Payments to Affiliates

Name:	United Way of America	
Address:	P.O. BOX 630568	
	Baltimore, MD 21263	
Purpose of payment:	Dues	
Amount:	\$	6,572.

**Statement 4**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Awards and Banquet.....	\$	1,047.
Bad Debt.....		131,386.
Bank Fees.....		36.
Depreciation.....		1,326.

**Statement 4 (continued)**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Dues.....	\$	1,893.
Equip. rental & Maintenance.....		4,814.
Insurance.....		3,465.
Meeting Expenses.....		2,063.
Miscellaneous.....		2,562.
Office Expenses.....		1,510.
Special Events.....		1,276.
Training.....		1,121.
Travel.....		3,126.
<b>Total</b>	<b>\$</b>	<b>155,625.</b>

**Statement 5**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures.....	\$ 2,153.	\$ 1,877.
Machinery and Equipment.....	914.	1,623.
Pledges and Grants Receivable.....	358,282.	271,133.
Prepaid Expenses and Deferred Charges.....	2,798.	1,719.
<b>Total</b>	<b>\$ 364,147.</b>	<b>\$ 276,352.</b>

**Statement 6**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses.....	\$ 6,696.	\$ 6,482.
Grants Payable.....	491,737.	491,227.
<b>Total</b>	<b>\$ 498,433.</b>	<b>\$ 497,709.</b>

**Statement 7**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Shelley Ames 556 Hartsville Pk, Suite200 Gallatin, TN 37066	Chairman \$ 0	0. \$	0. \$	0.
Dana Given 625 E. Main Street, Suite 5 Hendersonville, TN 37075	President & CEO 40.00	44,025.	0.	5,063.

Statement 7 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
David Jose 850 Steam Plant Rd. Gallatin, TN 37066	Chair Elect 0	\$ 0.	\$ 0.	\$ 0.
Floyd Lacey 109 Natchez Drive Hendersonville, TN 37075	Past Chair 0	0.	0.	0.
Les Emanuel 850 Steam Plant Rd. Gallatin, TN 37066	Treasurer 0	0.	0.	0.
Connie Bilbrey 101 Maple Drive Hendersonville, TN 37075	Secretary 0	0.	0.	0.
Judy Jones 801 Steam Plant Rd. Gallatin, TN 37066	Director 0	0.	0.	0.
Eric Rupert 1315 Airport Rd. Gallatin, TN 37066	Director 0	0.	0.	0.
Jack McMahan 118 Northlake Drive Hendersonville, TN 37075	Director 0	0.	0.	0.
John Wilkinson 1065 Rapids Rd. Portland, TN 37148	Director 0	0.	0.	0.
Ann Martin 963 Lakeshore Drive Gallatin, TN 37066	Director 0	0.	0.	0.
Julie Brackenbury PO Box 8156 Gallatin, TN 37066	Director 0	0.	0.	0.
Moises Caballero 1140 Nashville Pike Gallatin, TN 37066	Director 0	0.	0.	0.
Marty Cook 130 Maple Ave Hendersonville, TN 37075	Director 0	0.	0.	0.

Statement 7 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Matt Corcoran 110 Indian Lake Blvd Hendersonville, TN 37075	Director 0	\$ 0.	\$ 0.	\$ 0.
Bill Graves PO Box 700 Lafayette, TN 37083	Director 0	0.	0.	0.
Greg Gray 121 Cabin Branch Circle Hendersonville, TN 37075	Director 0	0.	0.	0.
Ace Harrington 785 Plantation Blvd Gallatin, TN 37066	Director 0	0.	0.	0.
Michelle Haynes 335 West Main Gallatin, TN 37066	Director 0	0.	0.	0.
Betty Hilgadiack 132 Lee Etta Drive Gallatin, TN 37066	Director 0	0.	0.	0.
Ron Hosse 695 E. Main Street Gallatin, TN 37066	Director 0	0.	0.	0.
Jo Kennedy 260 Bayshore Drive Hendersonville, TN 37075	Director 0	0.	0.	0.
John Pennington 100 Country Club Place Hendersonville, TN 37075	Director 0	0.	0.	0.
Len Silverman 2144 Gallatin Pike North Madison, TN 37115	Director 0	0.	0.	0.
Eddie Smith 105 Redbud Dr. Portland, TN 37148	Director 0	0.	0.	0.
Mark Thomas 101 Springhouse Court Hendersonville, TN 37075	Director 0	0.	0.	0.

**Statement 7 (continued)**  
**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Terri Webb 814 S. Broadway Portland, TN 37148	Director 0	\$ 0.	\$ 0.	\$ 0.
V Moore 149 Summerlin Drive Gallatin, TN 37066	Treasurer 0	0.	0.	0.
Bethel Coleman 203 N. Anderson Lane Suite 101 Hendersonville, TN 37075	Campaign Chair 0	0.	0.	0.
Shanna Jackson 1480 Nashville Pike Gallatin, TN 37066	Director 0	0.	0.	0.
David Woodard 695 E. Main Street Gallatin, TN 37066	Director 0	0.	0.	0.
	<b>Total</b>	<b>\$ 44,025.</b>	<b>\$ 0.</b>	<b>\$ 5,063.</b>

**Statement 8**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No