

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2007Department 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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending ,																				
B Check if applicable:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input type="checkbox"/> Address change</td> <td rowspan="6" style="width:10%; vertical-align: top; font-size: small;">Please use IRS label or print or type. See Specific Instructions.</td> <td style="width:55%;">C Name of organization HOME BOUND MEALS PROGRAM</td> <td style="width:20%;">D Employer identification number 62-1773683</td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Number and street (or P.O. box, if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td colspan="2">381 WEST MAIN STREET</td> </tr> <tr> <td><input type="checkbox"/> Termination</td> <td colspan="2">City or town, state or country, and ZIP + 4</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td colspan="2">HENDERSONVILLE TN 37075</td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td colspan="2"></td> </tr> </table>	<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.	C Name of organization HOME BOUND MEALS PROGRAM	D Employer identification number 62-1773683	<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	<input type="checkbox"/> Initial return	381 WEST MAIN STREET		<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4		<input type="checkbox"/> Amended return	HENDERSONVILLE TN 37075		<input type="checkbox"/> Application pending		
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<input type="checkbox"/> Application pending																				
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>																				
<p>G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►</p>																				
<p>H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>																				
<p>I Website: ► N/A</p>																				
<p>J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>																				
<p>K Check <input type="checkbox"/> 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.</p>																				
<p>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 81,341.</p>																				

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
REVENUE	1	Contributions, gifts, grants, and similar amounts received	76,670.
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory. Subtract in 5b from ln 5a (attach schd)	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	4,671.
EXPENSES	6b	Less: direct expenses other than fundraising expenses	
	6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	4,671.
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less: cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	
	8	Other revenue (describe ►)	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	81,341.
	10	Grants and similar amounts paid (attach schedule)	
	11	Benefits paid to or for members	
ASSETS	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	170.
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	556.
	16	Other expenses (describe ► See Other Expenses Statement)	72,356.
	17	Total expenses (add lines 10 through 16)	73,082.
	18	Excess or (deficit) for the year. Subtract line 17 from line 9	8,259.
NET	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)	27,702.
	20	Other changes in net assets or fund balances (attach explanation)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	35,961.

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.			
(See Instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	27,702.	35,961.
23	Land and buildings	0.	0.
24	Other assets (describe ►)	0.	0.
25	Total assets	27,702.	35,961.
26	Total liabilities (describe ►)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27,702.	35,961.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? PROVIDE READY TO EAT MEALS, OUTREACH AND PERSONAL CONTACT		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	PROVIDING READY TO EAT MEALS, OUTREACH AND PERSONAL CONTACT TO PERSONS OVER 60 AND OTHERS WHO ARE UNABLE TO PREPARE HOT MEALS THEMSELVES. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	70,880.
29	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses. Add lines 28a through 31a	32	70,880.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE ATTACHED	SEE ATTACHED	0.	0.	0.
SEE ATTACHED				

Part V Other Information (Note the statement requirement in the instructions.)		See PBC Stmt	Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		X
34	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	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.	
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	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?	38 a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38 b	N/A	
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39 a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	

Part V Other Information (Note the statement requirement in the instructions.) (Continued)

40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____

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,' attach an explanation

	Yes	No
40 b		X
40 c		
40 d		
40 e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

d Enter amount of tax on line 40c 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?

41 List the states with which a copy of this return is filed ▶ Tennessee

42 a The books are in care of ▶ FRANK CHERRY Telephone no. ▶ (615) 557-3930
Located at ▶ 125 BAY DRIVE HENDERSONVILLE TN ZIP + 4 ▶ 37075b 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: ▶

	Yes	No
42 b		X
42 c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c 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: ▶

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

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.

▶ Frank Cherry
Signature of officer

Date 6/19/08

▶ Frank Cherry
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature	ROBERT JENNINGS	Date	06/09/08	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See General instruction X)
Firm's name (or yours if self-employed), address, and ZIP + 4	JENNINGS & CLOUSE, PLC 1509 HUNT CLUB BLVD STE 500 GALLATIN TN 37066					
	Phone no.				(615) 206-0360	

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TEEA0812 12/21/07

Form 990-EZ (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

HOME BOUND MEALS PROGRAM

Employer identification number

62-1773683

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
NONE				
Total number of other employees paid over \$50,000 ▶		None		

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

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.)	1		X
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.			
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.)	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		X
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
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.)
- 11 a ☐ 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.)
- 11 b ☐ 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.)

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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.)	65,252.	59,354.	49,070.	48,435.	222,111.
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	3,624.	1,949.	3,269.	2,989.	11,831.
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					
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	68,876.	61,303.	52,339.	51,424.	233,942.
24 Line 23 minus line 17	65,252.	59,354.	49,070.	48,435.	222,111.
25 Enter 1% of line 23	689.	613.	523.	514.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a
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
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
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 _____ 222,111. 16 _____ 17 _____ 11,831. 20 _____ 21 _____					27c 233,942.
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e 233,942.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f 233,942.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 100.00 %
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?	29		
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?	30		
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?	31		
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?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			

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	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

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.

**Form 990-EZ Information Regarding Transfers Associated
with Personal Benefit Contracts**

2007

Name as Shown on Return

HOME BOUND MEALS PROGRAM

Employer Identification No.

62-1773683

1. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No ☐ N/A
2. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No ☐ N/A

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

HRA MEALS EXPENSE	70,880.
INSURANCE	320.
SUPPLIES	42.
MISCELLANEOUS	1,114.
Total	<u>72,356.</u>

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

OMB No. 1545-1703

▶ **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
	HOME BOUND MEALS PROGRAM		62-1773683
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	381 WEST MAIN STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	HENDERSONVILLE		TN 37075

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

- | | | |
|---|--|------------------------------------|
| <input 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 checked="" 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 ▶ FRANK CHERRY

Telephone No. ▶ (615) 557-3930 FAX No. ▶ (615) 206-0363

- 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 Aug 15, 20 08, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ ☒ calendar year 20 07 or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 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. 4-2005)

HOME BOUND MEALS PROGRAM - DIRECTORY OF BOARD OF DIRECTORS - 2007

	Home	Work	Fax	E-mail
Willie Acevedo 491 Walton Ferry Rd Hendersonville, TN 37075-4132	822-3594	824-3679 ext 3 c969-7180	824-3687	willie@ godwhy.com
Loren Andrews 105 S Dames Ave Gallatin, TN 37066-6056	451-2241 c584-1333		230-5685	liandrews1@ juno.com
Frank Cherry, Treasurer 125 Bay Dr Hendersonville, TN 37075-4040	824-7410	230-7740 c557-3930	230-5685	fcherry@ aol.com
Kathi Daniel, Sec-corres 140 Rockwood Ter Gallatin, TN 37066-4201	451-9712	264-5080 c415-9933		kathi.daniel@ cornerstone financialcu.org
Howard Davis, PB chair 105 Natchez Dr Hendersonville, TN 37075-4313	824-4294 c337-1954			hownbar@ msn.com
Tara Oliver, MC & PB asst 524 Indian Lake Rd Hendersonville, TN 37075-5205	824-9434 c243-9854			tara.oliver@ comcast.net
Janice Slaughter, President 109 Ballentrae Ct Hendersonville, TN 37075-4574	824-4261			
Shirley Vaughn, VP 103 Southampton Ct Goodlettsville, TN 37072-2134	859-4289	822-4531		sgvermail@ bellsouth.net
Barbara Ward, Sec-records 144 Vulco Dr Hendersonville, TN 37075-4820	824-5421	822-1558	822-3539	barbiedoll@ comcast.net or custrec@bellsouth.net
D.J. Wilhoite 910 College St. Portland, TN 37148-2139	323-7084 c403-8764	822-0750		djwilhoite@ bellsouth.net
10 volunteers				

HBMP-BYLAWS Section 3.030: Election and Tenure

Directors may be nominated by any director and approved by the Board. No Director shall serve more than two (2) consecutive three (3) year terms, nor more than six (6) consecutive years under any circumstances with the exception of the immediate past president who may be extended one year. Any person may seek re-appointment after not being on the Board for at least one (1) calendar year.

Elizabeth Wallace M-CHRA Administrator 381 W Main St Hendersonville, TN 37075-3312	824-2139	824-0811 c804-2770 112 Lauderdale Ct Hendersonville, TN 37075-3432	824-0811	
Jacqueline McEntire M-CHRA Regional Coordinator 200 E Franklin St Gallatin, TN 37066-2951	822-2112	452-1295 c504-4173 1080 S Wrights Ln Gallatin, TN 37066-8427	452-6625	jmcentire@ mchra.com

ZIP codes from www.usps.com