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

OMB No 1545-1150

2008Department 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 organizations 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

Open to Public Inspection

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

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Please use IRS label or print or type. See Specific Instructions.
 United Way of Sumner County
 625 East Main Street Ste 5
 Hendersonville, TN 37075

D Employer identification number
 31-1510208

E Telephone number
 615-826-2977

F Group Exemption Number ☐

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.

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

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) (attach schedule)	5c	-6,300.
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
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 <u>See Statement 2</u>)	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) <u>See Statement 3</u>	10	519,760.
11	Benefits paid to or for members	11	
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 <u>See Statement 4</u>)	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.

Part II 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.	22 359,314.
23 Land and buildings	7,960.	23 1,116.
24 Other assets (describe <u>See Statement 5</u>)	364,147.	24 276,352.
25 Total assets	716,679.	25 636,782.
26 Total liabilities (describe <u>See Statement 6</u>)	498,433.	26 497,709.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	218,246.	27 139,073.

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

Form 990-EZ (2008)

3
69

Part III	Statement of Program Service Accomplishments (See the instructions.)
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What is the organization's primary exempt purpose? LOCAL UNITED WAY AGENCY

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.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

28 TO RAISE FUNDS FROM THE PUBLIC TO BE USED BY LOCAL CHARITABLE
ORGANIZATIONS FOR HEALTH, WELFARE, EDUCATIONAL AND RECREATIONAL
PURPOSES.

(Grants \$) If this amount includes foreign grants, check here

28a	707,290.
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29

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

32 Total program service expenses (add lines 28a through 31a)

32	707,290.
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Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs.)
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[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		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		X
35 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		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a 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 If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 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 (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
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ <u>TN</u>		

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 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.		
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. ▶ _____		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
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45 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**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

	Yes	No
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**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

Date

Type or print name and title

12-22-09

President / CEO, LANA M. GIVEN

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed

Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

Parker, Parker & Associates
1000 NorthChase Dr - Suite 260
Goodlettsville, TN 37072

EIN

Phone no

62-1240315
(615) 859-8800

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

X Yes No

BAA

Form 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 Total. 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 Public support. 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 Total support. Add lines 7 through 10						3,855,824.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 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. ☐**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 33-1/3 support test – 2008. 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. ☒**b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**17a 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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

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

Section A. Public Support

Calendar year (or fiscal yr 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'.)						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						
14 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. ▶ ☐						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 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. ▶ ☐		
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. ▶ ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐		

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

United Way of Sumner County

31-1510208

Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
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.
		\$ 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.
Total	\$	155,625.

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.
Total	\$ 364,147.	\$ 276,352.

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.
Total	\$ 498,433.	\$ 497,709.

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>Compensation</u>	<u>Contri- bution to EBP & 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

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
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 & DC</u>	<u>Expense Account/ Other</u>
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

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & 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.
Total		\$ 44,025.	\$ 0.	\$ 5,063.

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