

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CISM2CBR49

Form	980 (2009) 20-4442280	Page 5
Par		
		Yes No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	RESIDENCE OF
	U.S. Information Returns. Enter -0- if not applicable	
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	
_	gaming (gambling) winnings to prize winners?	1c X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	
_	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	
	instructions)	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	
	this return?	3a X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1
	account)?	48 X
b	If "Yes," enter the name of the foreign country: ▶	\$ 10 to 10 t
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	医对邻科局
	and Financial Accounts.	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b X
c	If Tyes, to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	
_	Prohibited Tax Shelter Transaction?	5c
BB	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	Ba X
	organization solicit any contributions that were not tax deductible?	8a X
Đ	gifts were not tax deductible?	6ь
7	Organizations that may receive deductible contributions under section 170(c).	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	
_	and services provided to the payor?	7a X
Þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	
	required to file Form 8282?	7c X
	If "Yes," indicate the number of Forms 8282 filed during the year	3 3 4 5
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	3.
	benefit contract?	7e X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g X
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76 X
	required?	53 2 2 3
8	Sponsoring organizations maintaining donor advised funds and section 609(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	
	organization, have excess business holdings at any time during the year?	8 X
9	Sponsoring organizations maintaining donor advised funds.	
	Did the organization make any taxable distributions under section 4966?	Ba X
	Did the organization make a distribution to a donor, donor advisor, or related person?	96 X
		\$5.5 market
	Initiation fees and capital contributions included on Part VIII, line 12	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	
	Section 501(c)(12) organizations. Enter:	
	Gross income from members or shareholders	医外裂 的
	Gross income from other sources (Do not net amounts due or paid to other sources against	
	amounts due or received from them.)	
		12a
_Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	"在我们的"。
		Form 990 /2009\

Form	20-4442280			Page 6
Par		b bel	OW.	and
_	Schedule O. See instructions.	,		
Sec	tion A. Governing Body and Management			
			Yes	No
18	Enter the number of voting members of the governing body · · · · · · · · · · · · · · · · ·	2		
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	3		×
	supervision of officers, directors or trustees, or key employees to a management company of other person?	3		X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X_
3	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X X
8	Does the organization have members or stockholders?	6_	-	<u> </u>
7a	of the governing body?	7a		×_
b	and any account of the Barrers and and a series of the ser	75		X
A	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Į		
a	The governing body?	Ba	X	
b	Each committee with authority to act on behalf of the governing body?	86	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a		10a		X_
b	If "Yes." does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		x
114	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	 		
	rise to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12¢	x	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a	X	
U	Other officers or key employees of the organization	15b	-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	
	with a taxable entity during the year?	16a		x
Þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	Its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
Sart	the organization's exempt status with respect to such arrangements?	16b	لـــا	
224 17	List the states with which a copy of this Form 990 is required to be filed TN,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s aniy)		-
	available for public inspection. Indicate how you make these available. Check all that apply. X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	est		
50	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LUANNE WAGNER PO BOX 869 FRANKLIN, TN 37064	18		

			_
Form 990 (20	(009)	20-4442280	Page 7
Part VII	Compensation of Officers, Directors, Trustees, F Employees, and Independent Contractors	ley Employees, Highest Compensated	
Section A	Officers, Directors, Trustees, Key Employees, and H	lighest Compensated Employees	
1a Comple organization	lete this table for all persons required to be listed. Rion's tax year. Use Schedule J-2 if additional space is neede	eport compensation for the calendar year ending wited.	th or within the
• List	at all of the organization's current officers, directors,	trustees (whether individuals or organizations), regar	dless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title		Post		chec	C) k all	that ep	pty)	(D) Reportable	(E) Reportable	(F) Estimated
	Average hours per weak	Individual trustae	institutional trustee		Key omployed	Нарная сопревните	Former Наукая сонтрепяван	compensation from the organization (W-2/1089-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ASHLEY ROBERTS										
ANAGING DIRECTOR		_	\vdash	_	х		-	18,077.	0	
							_			
				<u> </u>						
								<u> </u>		-
				-	\exists	\dashv				

Form 990 (2009)

Fam (990 (2 0 09)								20-4442280					9 squ
Pär		stees, Ke	y Em	plo	ye	es,	and H	ligi	hest Compensat	ed Emplo	yees (c	ontinuet	2	
	(A)	(B)				C)			(0)		(F)			
	Name and title	Average hours per week	Positi or direc			Ney employee	Highest employe	S Formor	Reportable compensation from the	Reportable compansation from related organizations	sation lated	on amous		
			Individual trustos or director	nsülvilonal Irusioo		abyse	Highest componsated employee		organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga: and	m the rization related lization	•
											,			
						L								
			_		_									
						<u> </u>						_		
								_						
				_	L	_								
				L										
<u>-</u>					L	_						-		
			<u> </u>	_	_	L								
				_	L			_						
				_	_	L								
	f1		_			_		_	18,077		0.			0.
	fotal	<u> </u>						_		6400 000 :				
	Total number of individuals (including but not reportable compensation from the organization		_	iste)	o a	DOV	e) who	re	ceived more than	\$100,0001	n			
3 (Did the organization list any former offic	er. direct	or or	trı	ıste	е.	key e	mp	lovee, or highes	t compens	sated	1	Yes	No
•	employee on line 1a? <i>If "</i> Yes," <i>complete Schedu</i> For any individual listed on line 1a, is the	ule J for su	ch ind	ivid	uel	٠.			• • • • • • • • • • • • • • • • • • • •		• • •	3	(6 \	X
1	the organization and related organizations		nan S	150	00,6	10?	If Y	es, "				-Si -	ſ	X
	Did any person listed on line 1a receive services rendered to the organization? <i>If</i> "Yes,"											5		X
	tion B. Independent Contractors							_						_
	Complete this table for your five highest compensation from the organization.	compensal	ted in	dep	end	dent	cont	rac	tors that received	more th	ал \$10	0,000	of	
	(A) Name and business address							(B) Description of sea	vices	С	(C) compensa	tion		
								E						_
						_		L						
	Total number of independent contractors (in				nite	d to		e ti	isted above) who	received				8° N
	more than \$100,000 in compensation from the	e organiza:	uon		_		0					Form 6	90.	

rt VIII	Statement of Revenue						
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated Ouzhese revenue	(D) Revenue excluded from to under sections 512, \$13, or 514	
1a	Federated campaigns 1a						
1a b	Mambership dues						
c	Fundraising events 1c						
ه ا	Related organizations 1d						
e	Government grants (contributions) . 1e						
1	All other contributions, gifts, grants,						
1	and similar amounts not included above . 1f	57,500					
9	Noncash contributions included in lines 1a-1f. \$	15,000.					
<u> </u>	Total, Add lines 1a-1f	<u>. , , Þ</u>	51,500.		The state of the state of		
2a b c		Business Code					
0						 -	
1	All other program service revenue		9.	2777 1995 147 1489	चरद्वारम् वर्षा	308 C (SK 4	
3	Total Add lines 2a-2f			<u>, , , , , , , , , , , , , , , , , , , </u>			
	other similar amounts). ATTACHMENT	÷	160.		166.		
4	Income from investment of tax-exampt bond p	roceeds 💆	0.				
5	Royafties (i) Real	(ii) Personal	9 4 3 2 1 4 2 3 3	91.3500 D. 7.890.5.	\$ < 1 (26 V) (%) (82 V)	agith tights.	
	 	In Consuler	120	Revise Vita	Description of		
6a	Gross Rents					经验证 证	
b	Less: rental expenses ,					3.	
٤	Rental income or (loss)	<u> </u>	Books agrandin	fui: Luh.iiii	Tara sa sa da	··	
4	Net rental income or (loss)	(ii) Other	0. 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 4 m # 20 " 10 11.1"	19.00 pt 1.00 m	
78	Gross amount from sales of	(m) Culture					
1.	assets other than inventory				high shirt and		
٦	Less: cost or other basis				Na Miller		
1	and sales expenses		的形式公司		F 200 200 200 200 200 200 200 200 200 20		
٥	Gain or (loss)		مناجعة تحديد والكوائل للأسائل المؤلم كا	·	rate Maria North Charles	المستدرة المستثن	
		<u> </u>	<u> </u>	3880 3000	THE STORES	Light about	
ea ea	Gross Income from fundraising						
	events (not including \$						
	of contributions reported on line 1c).	172,206.				医 透光色的	
	See Part IV, line 18						
6	Less: direct expenses b Net income or (loss) from fundralsing events .	ATCH 2	172,206.	7	 		
	Gross income from gaming activities.		-8000 Care - 870	COCORD 1908	7485503548	T. V. St.	
"	See Part IV, line 19			te: ****			
	Less: direct expenses					(1)	
c	Net income or (loss) from garning activities		0.				
10a			(2) 对别性或			NA STATE	
-	returns and allowances						
Ь	Less: cost of goods sold b					#2687	
	Net income or (loss) from sales of inventory	<u>, , , , , , , , , , , , , , , , , , , </u>	0.				
	Miscellaneous Revenue	Business Code			Prof. Set C	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
11a							
Ь							
a	All other revenue						
			0.	建筑中东 镇	Mark to the second second	. A. A	
١.	Total, Add lines 118-11d						

489188 761H 3/15/2011 3:59:11 PM V 09-9.3

20-4442290 Page 10 Form 890 (2009) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses ERECONSES Grants and other assistance to governments and 93,200 93,200 organizations in the U.S. See Part IV, line 21 . . Grants and other assistance to individuals in 0 the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 0 0 Compensation of current officers, directors, ۵ 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and ٥ persons described in section 4958(c)(3)(B) . . . 0. B Pension plan contributions (Include section 401(k) and section 403(b) employer contributions) . . . ٥ ٥. 0. 11 Fees for services (non-employees): ٥ 0. 0. Ō. 0. e Professional fundraising services. Sec Part IV, line 17 0. ٥. ٥. ٥. ٥. Information technology........ n 15 Ω. 0. Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings ₫. 0. 0 22 Depreciation, depletion, and amortization 0 24 Other expanses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) , FOOD b PRINTING LICENSES d POSTAGE/SHIPPING AUCTION ITEMS f All other expenses ____. 93,200. 93,200. 25 Total functional expenses. Add lines 1 through 24f Joint Costs, Check here > ____ If following SOP 98-2. Complete this line only if the

Fam 990 (2009)

organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation

orm 990 (2009)	20	-4442280		Page 11
	Balance Sheet			
		(A) Beginning of year		(±1) End of year
1 CBS	sh - non-interest-bearing	50,636.	1	31,565
	rings and temporary cash investments		2	
	dges and grants receivable, net		3	
	counts receivable, net		4	
5 Rec	ceivables from current and former officers, directors, trustees, key			
	ployees, and highest compensated employees. Complete Part II of			
	nedule L		5	
6 Rec	ceivables from other disqualified persons (as defined under section			
495	58(f)(1)) and persons described in section 4958(c)(3)(8). Complete			
Part	t II of Schedule L		6	
	tes and loans receivable, net		7	
3 8 Inve	entories for sale or use		8	
	paid expanses and deferred charges		9	
	d, buildings, and equipment: cost or 10a			
	er basis. Complete Part VI of Schedule D			
b Les	s accumulated depreciation		10c	
11 Inve	estments - publicly traded securities		11	
	estments - other securities. See Part IV, line 11		12	
13 Inve	estments - program-related. See Part IV, line 11		13	
14 Inta	angible assets		14	
15 Oth	ner assets. See Part IV, line 11		15	
16 Tot	angible assets	. 50,636.	16	31,565
17 Acc	counts payable and accrued expenses		17	
18 Gra	ants payable		18	
	lerred revenue ,		19	
	c-exempt bond liabilities		20	
8 21 Esc	crow or custodial account liability. Complete Part IV of Schedule D		21	
臺 22 Pay	rables to current and former officers, directors, trustees, key		1]	
	ployees, highest compensated employees, and disqualified		1 1	
- heu	sons. Complete Part II of Schedule L		22	
	cured mortgages and notes payable to unrelated third parties		23	
	secured notes and loans payable to unrelated third parties		24	
	per liabilities. Complete Part X of Schedule D		25	
	al liabilities. Add lines 17 through 25		26	
	ganizations that follow SFAS 117, check here mplete lines 27 through 29, and lines 33 and 34.			
	restricted net assets		27	
28 Ten	nporarily restricted nat assets		28	
29 Per	manently restricted net assets		29	
Ze Ze University 20 Per 29 Per 29 Per 29 Per 29 And 20 Cap 20 31 Pair 32 Ret 33 Total 20 33 Total 20 20 20 20 20 20 20 20 20 20 20 20 20	panizations that do not follow SFAS 117, check here ▶ [X] I complete lines 30 through 34.			
2 30 Car	pital stock or trust principal, or current funds		30	
31 Pai	d-in or capital surplus, or land, building, or equipment fund		31	
₹ 32 Ret	ained earnings, endowment, accumulated income, or other funds	50,636.	32	31,565
	al net assets or fund balances	50,636.		31,565
34 Total	al liabilities and net assets/fund balances	50,636.	34	31,565

Form 990 (2009)

.Fon	m 890 (2009)		Pa	ge 12
	ort XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2 ą	Were the organization's financial statements compiled or reviewed by an independent accountant?	28		X
Þ	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis. separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		_
		Form	990	/20091

0425876267 Feb. 16, 2011 LTR 2694C 0 R 20-4442280 200912 67 00017707

A VINTAGE AFFAIR PO'BOX 1016 FRANKLIN TN 37065



025807

DECLARATION

Under penalties of perjury, I declare that I have .
examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

)'||• || Date

71651den

T1+14

048: 864