

**CITY OF CROSSVILLE, TENNESSEE**  
**SOLICITATION PERMIT APPLICATION**

For Department Use Only:
Date Received: <u>9/15/14</u>
Date Issued: _____
Permit #: _____

1. Name of person or organization United Fund of Cumberland County, Inc.  
Address of headquarters of application: 348 Taylor Street Suite 101 Crossville TN 38555

2. Name of applicant's principal officers and managers (if any):

President	<u>Carmen Wyatt</u>	Address	<u>PO Box 3063 Crossville TN 38557</u>
Vice-Pres.	<u>Judy Brooks</u>	Address	<u>132 Greenwood Rd Fairfield Glade TN 38558</u>
Secretary	<u>Sharion Mercer</u>	Address	<u>229 Woodwind Ln Crossville TN 38555</u>
Manager	<u>Ex. Director Holly Neal</u>	Address	<u>28 Hampton Square Crossville TN 38555</u>
Directors:	<u>See attachment</u>	Address	_____
	_____	Address	_____
	_____	Address	_____
Other:	(Name)	Address	_____
	_____	Address	_____

3. Have you attached to this application a true and correct copy of the resolution (if any) authorizing the applicant to undertake the proposed solicitation covered by the application? Yes No X

4. The purpose for which the solicitation is to be made is the following: to raise money and awareness to help meet the needs of people in Crossville and Cumberland County. This campaign will help us assist 36 501 C agencies in 2015.

5. The total amount of funds to be raised is estimated to be: \$365,000

6. The receipts from the solicitation will be used or disposed of as follows: (Attach a statement if more space is needed.) see attachment 2015 funding spread sheet

7. The need for the contributions to be solicited is as follows: (This statement must be specific, supported by reasons, and if available, figures---an attached statement can be used.) see attachment 2015 funding spread sheet and budget.

8. The following person(s) will disburse the receipts of this solicitation. (Give name, address, and title)  
Holly Neal 28 Hampton Sq Crossville TN 38555 Executive Director

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9. The following person(s) will be in direct charge of conducting the solicitation: (Give name, address, and title)  
Holly Neal 28 Hampton Sq Crossville TN 38555 Executive Director, Carmen Wyatt PO Box 3063 Crossville TN 38557 President, Judy Brooks 132 Greenwood Rd Fairfield Glade TN 38558 VP & Co-Campaign Chairperson and Amanda Elmore PO Box 1370 Crossville TN 38557<sup>nd</sup> VP & Co-Campaign Chairperson

10. The following promoters are connected, or will be connected with the solicitations: (Give name, address, and title)  
see attachment of Board Members and Sara Drake 14 Wren Ct Fairfield Glade TN 38558 Fairfield Glade Door-to-Door Chairperson .All will be involved and all are volunteers

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11. The method or methods to be used in conducting the solicitations are as follows: (Explain on attached sheet, if necessary)  
Personal contact, direct mail, telephone, radio/TV, newspapers, internet and events. All conducted by volunteers and Executive Director.

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12. The proposed dates for the beginning and ending of the solicitations are:  
Beginning Date August 2014 Ending Date August 2015

13. The estimated total cost of the entire solicitation campaign is \$2,000 advertising, \$5,500 campaign expense., Special Events Expenses \$5,000

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14. The wages, fees, commissions, expenses or emoluments to be expended or paid to any person in connection with such solicitation, and the name and addresses of all such persons are the following: N/A

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15. A full statement of the character and extent of the charitable work being done by the applicant with the City of Crossville is as follows: (explain on attached sheet if more space is needed.)  
see attached flyer

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16. Will the actual cost of the solicitation exceed 25% of the total amount to be raised? Yes No  X

17. Does applicant certify that if a permit is granted, it will not be used or represented in any way as an endorsement of the City of Crossville or by any department or officer thereof? Yes  X No

18. The following is additional information believed by applicant to be useful to the Board in determining the kind and character of the proposed solicitation: I am happy to provide any additional information that may be needed to complete this process.

19. Is applicant a non-profit exempt organization under 501(c)(3) of the Internal Revenue Code (26 U.S.C. 501(c))? Yes X No

REQUIRED ATTACHMENTS:

A statement giving the terms and contents of all agreements, both oral and written, with all agents, solicitors, promoters, managers, or conductors in connection with the proposed solicitation covered in this applications.  Not Applicable

A financial statement for the last preceding fiscal year of all funds collected for charitable purposes by the applicant, giving the amount of money raised, together with the cost of raising it and the final distribution thereof.

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(This application must be signed by the individual/owner, or by a partner, or by an officer of the corporation.)

BY: Holly Neal 8/14/13  
Signature of representative Date

Holly Neal, Executive Director 348 Taylor St Suite 101 Crossville TN 38555  
Typed or written name, address, and title

Sworn and subscribed to before me, this 15<sup>th</sup> day of August, 2014.

Sandra K. Gruber  
Notary Public

My Commission Expires: 08-16-2018

Mail/deliver to: Sally Oglesby, City Clerk, City of Crossville, 392 N. Main, Crossville, TN 38555



#6 + 17

UNITED FUND OF CUMBERLAND COUNTY, INC. APPROVED BUDGET	
348 Taylor St Suite 101 Crossville TN 38555	2015 Budget Approved
<b>INCOME</b>	
EARNED INTEREST	\$ 700.00
RENT INCOME	\$ 13,200.00
2015 CAMPAIGN REVENUE	\$ 365,100.00
<b>TOTAL INCOME</b>	<b>\$ 379,000.00</b>
<b>OPERATING EXPENSES</b>	
ACCOUNTING	\$ (3,875.00)
ADVERTISING	\$ (2,000.00)
ALLOCATIONS (SEE BELOW)	\$ (292,292.00)
AUDIT EXPENSE	\$ (3,500.00)
BANK SERVICE CHARGES	\$ (700.00)
CAMPAIGN EXPENSES (Kick off, brochures, give awa	\$ (5,500.00)
DEPRECIATION	\$ (8,574.00)
DUES & SUBSCRIPTIONS/ LICENSES & PERMITS	\$ (600.00)
INSURANCE (increase because of salary liability & wc	\$ (3,150.00)
INTEREST EXPENSE	\$ (7,954.00)
LAWN & CLEANING	\$ (1,500.00)
MISCELLANEOUS (gift to our volunteer at Christmas)	\$ (125.00)
PAYROLL TAXES FICA TAXES @.0765 BASE SALA	\$ (1,600.00)
POSTAGE AND DELIVERY	\$ (1,600.00)
REPAIRS & MAINTENANCE	\$ (1,000.00)
SPECIAL EVENT EXPENSES (Auction, DGA, Golf &	\$ (5,000.00)
SUPPLIES & OFFICE EXPENSE	\$ (1,400.00)
TELEPHONE	\$ (1,150.00)
TRAINING & EDUCATION	\$ (250.00)
TRAVEL (MILEAGE)	\$ (500.00)
UTILITIES	\$ (2,100.00)
(25) WAGES	\$ (20,334.00)
<b>TOTAL EXPENSE</b>	<b>\$ (364,704.00)</b>
Total Expenses	\$ 364,704.00
Allocations	\$ (292,292.00)
<b>EXPENSES</b>	<b>\$ 72,412.00</b>
<b>NET RET INCOME</b>	<b>\$ (13,900.00)</b>
Depreciation	\$ (8,574.00)
<b>OPERATING EXPENSES</b>	<b>\$ 49,938.00</b>

#6 + 7

UNITED FUND OF CUMBERLAND COUNTY, INC	
348 Taylor Street Suite #101 931-484-4082 hollyneal@cumberlandunitedfund.org	
	2015 APPROVED
4-C's Foundation	\$ 3,500.00
Avalon Center:	\$ 15,000.00
Azalea Gardens	\$ 10,000.00
Boy Scouts of America	\$ 3,000.00
Cardiac/Pulmonary Rehab Alumni	\$ 4,000.00
CC Emergency & Rescue Squad	\$ 14,500.00
CC Imagination Library	\$ 3,500.00
CC TAD Center	\$ 10,000.00
CHA Resident Council	\$ 8,500.00
Christian Counseling Center of CC	\$ 8,000.00
Creative Compassion, Inc.	\$ 7,000.00
Crossville/Cumb CTY Youth Center	\$ 12,500.00
Cumberland Adult Reading Council	\$ 5,000.00
Cumberland Good Samaritans Inc.	\$ 5,000.00
Fair Park Senior Center	\$ 15,000.00
Hilltoppers, Inc.	\$ 28,000.00
House of Hope	\$ 14,372.00
Kids on the Rise	\$ 20,000.00
LBJ&C Development Head Start	\$ 5,800.00
LBJ&C Foster Grandparent	\$ 4,000.00

Oakmont Apartment Complex	\$	9,000.00
Rural Health Clinic	\$	10,000.00
Second Harvest Food Bank of East	\$	15,000.00
Senior Living Fnd/WyndRidge	\$	3,000.00
Tennessee Poison Center	\$	1,000.00
The Arc of Cumberland County	\$	6,500.00
The Exchange /Holland J. Stephens	\$	12,000.00
The Place of Refuge	\$	3,500.00
UCHRA	\$	10,920.00
UT/TSU Cumberland County 4-H	\$	1,900.00
Visually Impaired Support Group	\$	5,300.00
Youth Achievement Foundation Inc.	\$	2,500.00
Crab Orchard Care Center	\$	4,000.00
NAMI	\$	2,000.00
CC Young Marines	\$	2,000.00
<b>NEW</b>		
Home Away From Home	\$	<b>7,000.00</b>
Total Allocations	\$	292,292.00
<b>Cooperating Agency</b>		
Peavine Care Center		no funding
CC Habitat for Humanity		no funding
<b>TOTAL ALLOCATIONS</b>	\$	<b>292,292.00</b>
Operating Expenses	\$	49,938.00
<b>TOTAL BUDGET/ GOAL</b>	\$	<b>342,230.00</b>

*Total Fundraising Goal 365,000*



**UNITED FUND OF CUMBERLAND COUNTY, INC**

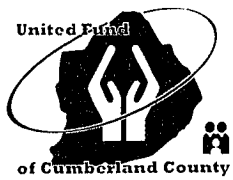
348 Taylor Street Suite #101 931-484-4082 hollyneal@cumberlandunitedfund.org

**2015 PARTNER AGENCIES**

Agency Name	Physical Address	City	St	Zip	Phone #
<b>4-C's Foundation</b>	660 Stanley St	Crossville	TN	38555	931-260-8868
helps with College Scholarships					
<b>Avalon Center:</b>	100 Woodmere Mall, Suite 105	Crossville	TN	38557	931-456-0747
Shelter for victims of domestic violence and prevention classes					
<b>Azalea Gardens</b>	266 Taylor St	Crossville	TN	38557	931-484-2990
frail elderly housing					
<b>Boy Scouts of America - CC Troops</b>	5700 Hwy 68	Crossville	TN	38555	931-484-8756
Character building					
<b>Cardiac/Pulmonary Rehab Alumni, Inc</b>	CMC	Crossville	TN	38557	931-456-0391
Cardiac/Pulmonary Rehab for the under and non-insured					
<b>Christian Counseling Center of CC, Inc.</b>	348 Taylor Street Suite #105	Crossville	TN	38555	931-707-8200
Christian counseling provided on sliding scale					
<b>Crab Orchard Care Center</b>	87 Commerce St	Crab Orchard	TN	37723	931-704-1109
Provides food on Wednesday's in Crab Orchard					
<b>Creative Compassion, Inc.</b>	20 Penny Ln	Crossville	TN	38557	931-456-6654
Home repair for those that can't afford it					
<b>Crossville Housing Authority Resident Council</b>	67 Irwin Ave	Crossville	TN	38557	931-484-8192
Housing Authority residents care closet					
<b>Cumberland County 4-H</b>	1398 Livingston Rd	Crossville	TN	38557	931-484-6743
programs in the schools					
<b>Cumberland County Young Marines</b>	236 Taylor St	Crossville	TN	38555	931-484-2990
Character building for youth					
<b>Cumberland County Youth Center</b>	286 Hayes St	Crossville	TN	38555	931-484-9736
athletic programs					
<b>Cumberland Adult Reading Council</b>	67 Irwin Ave	Crossville	TN	38555	931-337-5809
Learning how to read services for adults					
<b>House of Hope Cumberland Children's Center</b>	165 Bob Tollett Loop	Crossville	TN	38557	931-707-2273
Provides for needs of children removed from their homes and foster children					
<b>CC Imagination Library %Friends of the Art C</b>	3 East Street	Crossville	TN	38555	941-484-6790
free books from birth to 5 years of age					
<b>Cumberland County Emergency &amp; Rescue S</b>	101 10th St	Crossville	TN	38557	931-484-9143
provides emergency help during disasters, search for lost persons, etc					
<b>Cumberland County TAD Center</b>	261 Yvonne Ave	Crossville	TN	38557	931-456-2859
After/summer care for children + athletic programs					
<b>Cumberland Good Samaritans Inc.</b>	281 10th St	Crossville	TN	38557	931-484-3225
provides help with food, clothing and other basic needs					
<b>Fair Park Senior Center</b>	1433 Livingston Rd	Crossville	TN	38571	931-484-7416
activities for Sr. Citizens					
<b>Hilltoppers, Inc.</b>	151 Sweeney Dr	Crossville	TN	38555	931-484-2535



residential and day services for adults with disabilities					
<b>Home Away From Home</b>	18 Obed St & 115 Pinewood Dr	Crossville	TN	38555	931-484-3238
provides childcare for pre-schoolers					
<b>Kids on the Rise</b>	348 Taylor Street Suite #102	Crossville	TN	38555	931-459-2388
mentoring program for school children					
<b>LBJ&amp;C Foster Grandparent Program</b>	240 Carlen Dr	Cookeville	TN	38501	931-528-6488
team Sr. Citizens up with pre-school programs to offer classroom assistance					
<b>LBJ&amp;C Development Head Start</b>	1150 Chocolate Dr	Cookeville	TN	38501	931-528-3361 ex 226
provides childcare for pre-schoolers					
<b>NAMI (National Alliance on Mental Illness)</b>	2003 Hwy 68	Crossville	TN	38555	931-484-9104
helps people and families with mental health issues					
<b>Oakmont Apartment Complex</b>	268 Taylor St	Crossville	TN	38557	931-484-2990
housing for the frail elderly					
<b>Rural Health Clinic of the Cumberlands</b>	9400 Sparta Hwy	Crossville	TN	38572	931-277-5992
provides medical services for non/under insured					
<b>Second Harvest Food Bank of East Tennessee</b>	922 Delaware Ave	Knoxville	TN	37923	865-521-0000
food for school back pack program					
<b>Senior Living Fnd/WyndRidge</b>	456 Wayne Ave	Crossville	TN	38557	484-6129
provides for unmet needs of senior adults					
<b>Stephens Center</b>	616 North Church St Ste B	Livingston	TN	38570	931-823-6432
education on how to prevent child abuse					
<b>Tennessee Poison Center</b>	501 Oxford House 1161 21st Ave	Nashville	TN	37232-4	1-800-222-1222
toll free # emergency info how to treat a poisoning					
<b>The Arc of Cumberland County</b>	269 Hayes St Suite 101	Crossville	TN	38557	931-456-0206
provides support for families and individuals with disabilities/ also structured athletics and Special Olympics					
<b>The Place of Refuge Church &amp; Outreach</b>	164 Oak Rd	Crossville	TN	38555	931-707-8114
free food every Thursday 3:30					
<b>Upper Cumberland Human Resource Agency</b>	73 Methodist Campground Loop	Crossville	TN	38555	931-456-0691
home delivered meals for the elderly					
<b>Visually Impaired Support Group of CC</b>	208 Woodmere Mall, Suite 105	Crossville	TN	38555	931-787-1772
Support group for the Visually Impaired					
<b>Youth Achievement Foundation Inc.</b>	838 Rickie Lane	Crossville	TN	38555	931-484-6775
Education preparing students for the life in the world					
<b>Cooperating Agencies (does not receive funding)</b>					
<b>Cumberland County Habitat for Humanity</b>	329 McLarty Ln	Crossville	TN	38557	931-484-4565
new homes for those that qualify					
<b>Peavine Care Center</b>	1853 Peavine Rd Suite 102	Crossville	TN	38571	931-484-4570
free food on Wednesday's at 11:30 am					



# The United Fund of Cumberland County 2015 Campaign Goal - \$365,000

## PARTNERING AGENCIES



**Hilltoppers, Inc.**  
Supported Employment  
931-484-2535



**Home Away From Home**  
Child Care/Headstart Center  
931-484-3238



**House of Hope**  
931-707-2273



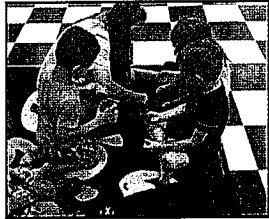
**Imagination Library**  
931-484-6790  
Ext. 241



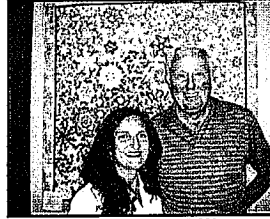
**Kids On The Rise**  
931-459-2388



**LBJ&C Head Start**  
931-528-3361  
Ext. 226



**LBJ&C Foster**  
Grandparent Program  
1-877-928-6488



**NAMI National Alliance**  
on Mental Illness  
931-484-9104



**Rural Health Clinic**  
931-277-5992



**Second Harvest**  
Food Bank  
865-521-0000



**Senior Living/**  
WyndRidge  
931-484-6129



**Exchange Club/Stephens**  
Center For The Prevention of  
Child Abuse 931-484-8923



**Teens Against Drugs**  
(TAD) Center  
931-456-2859



**The Place of Refuge**  
931-707-8114



**TN Poison Center**  
Help Number  
1-800-222-1222



**The Arc**  
Cumberland County  
931-456-0206



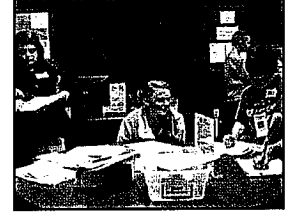
**Upper Cumberland**  
Human Resource  
Agency (UCHRA)  
931-456-0691



**Visually Impaired**  
Support Group (VIS)  
931-787-1772



**Young Marines**  
931-484-5978

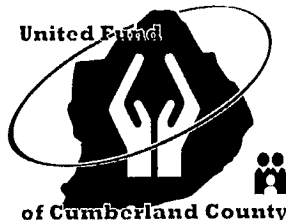


**Youth Achievement**  
Foundation  
931-335-1032

## COOPERATING AGENCIES (Receive No Funding)



**Cumberland County Habitat For**  
Humanity 931-484-4565



**Peavine Care Center**  
931-484-4570

# The United Fund of Cumberland County, Inc.

## 2015 Campaign Goal - \$365,000

### PARTNERING AGENCIES



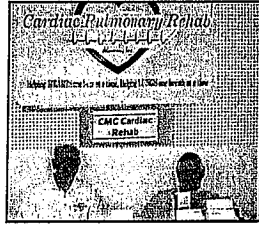
**Avalon Center**  
931-456-0747  
Crisis # 1-800-641-3434



**Boy Scouts**  
865-851-4092

Forty-eight years ago the United Fund was created to raise money to help people in our community. In the years since, through the generosity of many people and businesses we are now able to assist 36 partner agencies. With the United Fund you can be assured that your donation stays local and you are helping to build a better Cumberland County.

Our partner agencies aid the homeless, the hungry, emergencies, disasters, adult and child victims of domestic violence and sexual

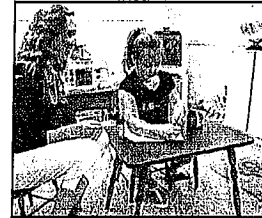


**Cardiac Pulmonary Rehab Alumni**  
931-456-0391

assault, citizens with brain disorders and disabilities, low-income families, the elderly and the county's most precious resource, our children and youth.



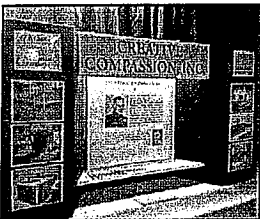
**Azalea & Oakmont Gardens**  
931-484-2990



**Christian Counseling Center**  
931-707-8200



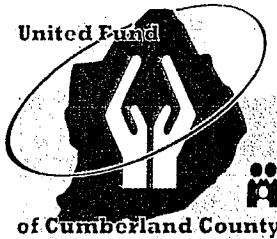
**Crab Orchard Care Center**  
931-707-5616



**Creative Compassions**  
931-456-6654



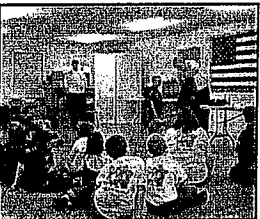
**Crossville Housing Authority Resident Council**  
931-484-8192



**Crossville/Cumberland County Youth Center**  
931-484-9736



**Cumberland Adult Reading Council**  
931-337-5809



**Cumberland County Emergency & Rescue Squad**  
931-337-4717



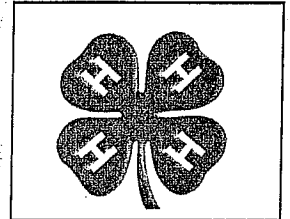
**Cumberland Good Samaritans**  
931-484-3225



**Fair Park Senior Center**  
931-484-7416



**Four C's Scholarships**  
931-260-8868



**UT/TSU Cumberland County 4-H**  
931-484-6743

## PLEDGE NOW!

### TOUCHING LIVES IN OUR COMMUNITY

United Fund of Cumberland County, Inc.  
348 Taylor Street, Suite 101 Crossville, TN 38555  
931-484-4082 Visit us @ [www.cumberlandunitedfund.org](http://www.cumberlandunitedfund.org)

(Please Print) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  Yes, I'll help! (Cash/Check/Credit Card)  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Ph: \_\_\_\_\_

- One-Time Gift \$ \_\_\_\_\_ (enclosed)
- Donate \$ \_\_\_\_\_ on-line @ [www.cumberlandunitedfund.org](http://www.cumberlandunitedfund.org)
- Bill Me Total Yearly Pledge \$ \_\_\_\_\_
  - Monthly  Quarterly  Annually
- Glenn S. Miller Endowment Fund \$ \_\_\_\_\_
  - I would like more info about Planned Giving.
- Giving in Honor/Memory \$ \_\_\_\_\_
  - Please provide name and address of those you would like to notify of gift. \_\_\_\_\_

Credit Card



Please Print

Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Print Name as it Appears on Card: \_\_\_\_\_  
Date: \_\_\_\_\_

**Thank You  
For  
Mailing  
Your  
Pledge  
Card**

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: UNITED FUND OF CUMB. COUNTY, INC., 2013, 62-0759793, 348 TAYLOR STREET STE 101, CROSSVILLE, TN 38555.

Part I Summary

Summary table with 22 rows: 1. Mission: RAISE FUNDS/LOCAL CHARITIES; 2-7. Governance metrics; 8-12. Revenue (Total: 368,130); 13-19. Expenses (Total: 371,215); 20-22. Net Assets or Fund Balances (Total: 279,124).

Part II Signature Block

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.

Signature block for Trisha G Burnett, EA, dated 5/28/14, with a 'YOUR COPY' stamp.

Preparer information: Trisha G Burnett, EA, LANSFORD & STEPHENS CPAs, 92 ROCKWOOD AVENUE, CROSSVILLE TN 38555, Phone: 931-484-6105.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and sponsoring organizations.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOLLY NEAL DIRECTOR	20.00	X		X			19,684	0	0	
(2) MCKINLEY TABOR PRESIDENT				X			0	0	0	
(3) CARMEN WYATT VICE PRESIDENT				X			0	0	0	
(4) GLENDA BOND SECRETARY				X			0	0	0	
(5) AMANDA ELMORE TREASURER				X			0	0	0	
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

**Part VIII** Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns . . . . .	1a	357,795				
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . . .	1d					
	e	Government grants (contributions) . . . . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f . . . . .		357,795				
<b>Program Service Revenue</b>	Business Code							
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
g	Total. Add lines 2a-2f . . . . .							
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		985	985			
	4	Income from investment of tax-exempt bond proceeds . . . . .						
	5	Royalties . . . . .						
	6a	Gross rents . . . . .	(i) Real	(ii) Personal				
	b	Less: rental expenses . . . . .						
	c	Rental income or (loss) . . . . .						
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses . . . . .						
c	Gain or (loss) . . . . .							
d	Net gain or (loss) . . . . .							
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a						
b	Less: direct expenses . . . . .	b						
c	Net income or (loss) from fundraising events . . . . .							
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	a						
b	Less: direct expenses . . . . .	b						
c	Net income or (loss) from gaming activities . . . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
b	Less: cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue			Business Code					
11a	RENT INCOME		531120	9,350	9,350			
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			9,350				
12	Total revenue. See instructions . . . . .			368,130	10,335	0		



**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	86,114	1	88,709
	2	Savings and temporary cash investments	66,058	2	63,881
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 347,295		
	b	Less: accumulated depreciation	10b 36,492	319,377	10c 310,803
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	3,028
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		471,549	16	466,421
Liabilities	17	Accounts payable and accrued expenses	1,208	17	1,302
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	188,132	23	185,995
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25		189,340	26
Net Assets of Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	282,209	27	276,096
	28	Temporarily restricted net assets		28	3,028
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>		282,209	33	279,124
34	<b>Total liabilities and net assets/fund balances</b>		471,549	34	466,421

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

UNITED FUND OF CUMB. COUNTY, INC.

Employer identification number

62-0759793

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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 a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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-Non-functionally integrated
- 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 it 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 supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends; payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 lines 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 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

Name of organization UNITED FUND OF CUMB. COUNTY, INC.	Employer identification number 62-0759793
---	--

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COLINX EMPLOYEES  1536 GENESIS ROAD  CROSSVILLE, TN 38555	\$ 80,131	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COLINX CORPORATE  1536 GENESIS ROAD  CROSSVILLE, TN 38555	\$ 91,710	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FLOWERS SNACKS OF TENNESSEE  PO BOX 495  CROSSVILLE, TN 38557	\$ 5,788	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MASTERCORP EMPLOYEES  PO BOX 4027  CROSSVILLE, TN 38557	\$ 8,854	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MASTERCORP CORPORATE  PO BOX 4027  CROSSVILLE, TN 38557	\$ 8,904	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DANA CORPORATE  PO BOX 3469  CROSSVILLE, TN 38557	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED FUND OF CUMB. COUNTY, INC.

Employer identification number

62-0759793

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and questions about donor advisement.

Part II Conservation Easements

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Conservation Easements including checkboxes for purposes (land, habitat, open space, historic), table for held at end of tax year (2a-2d), and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts for revenues and assets.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (A) through (H), and a Total row.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and a Total row.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and a Total row.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) through (9), and a Total row.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

Open to Public  
Inspection

Name of the organization

UNITED FUND OF CUMB. COUNTY, INC.

Employer identification number

62-0759793

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>SEE ATTACHED SCHEDULE</b>							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Employer identification number

UNITED FUND OF CUMB. COUNTY, INC.

62-0759793

**01. Form 990 governing body review (Part VI, line 11)**

THE ORGANIZATION DOES NOT HAVE AN OFFICIAL PROCESS USED TO REVIEW THE FORM 990.

**02. Governing documents, etc, available to public (Part VI, line 19)**

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE  
PUBLIC UPON REQUEST.



United Fund of Cumberland County, Inc. 62-0759793  
 Grants & Allocations  
 Schedule I, Part II  
 2013

Agency Name	Address					
ARC of Cumberland County	269 Hayes St, Suite 101	Crossville	TN	38555	6,500.00	
Avalon Center	100 Woodmere Mall, Suite 105	Crossville	TN	38555	13,000.00	
Azalea Gardens, Inc.	266 Taylor St	Crossville	TN	38555	8,000.00	
Boy Scouts of America	1333 Old Weisgarber Rd	Knoxville	TN	37950	3,000.00	
Christian Counseling Center	348 Taylor St, Suite 105	Crossville	TN	38555	10,000.00	
Community Mediation Center	584 Hwy 70 East	Crossville	TN	38555	35,000.00	
Creative Compassion	20 Penny Ln	Crossville	TN	38555	5,000.00	
Cross. Housing Authority Resident Council	67 Irwin Ave	Crossville	TN	38555	8,000.00	
Cumb. Adult Reading Council	67 Irwin Ave	Crossville	TN	38555	5,000.00	
Cumb. Children's Center House of Hope	165 Bob Tollett Lp	Crossville	TN	38555	19,312.00	
Cumberland County 4-H Club	1398 Livingston Rd	Crossville	TN	38555	1,900.00	
Cumb. County Cardiac/Pulmonary Alumni	CMC Rehab Office	Crossville	TN	38555	3,500.00	
Cumberland County Drug Alliance	261 Yvonne Ave	Crossville	TN	38555	9,000.00	
Cumberland County Girl Scouts	11837 Hwy 127 N	Crossville	TN	38572	1,500.00	
Cumberland County Good Samaritians, Inc	281 10th St	Crossville	TN	38555	5,000.00	
Cumberland County Habitat for Humanity	329 McLarty Ln	Crossville	TN	38555	1,750.00	
Cumberland County Imagination Library	3 East St	Crossville	TN	38555	2,000.00	
Cumberland County Rescue Squad	409 W Tenth St	Crossville	TN	38555	13,000.00	
Cumberland County Youth Center	286 Hayes St	Crossville	TN	38555	12,500.00	
Fair Park Senior Citizens Center	1433 Livingston Rd	Crossville	TN	38555	12,000.00	
Four C's Foundation	660 Stanley St	Crossville	TN	38555	3,000.00	
Helping Hands Ministry	488 Peavine Rd	Crossville	TN	38571	1,800.00	
Hilltopper's Inc	151 Sweeney Dr	Crossville	TN	38555	28,000.00	
Kids on the Rise	348 Taylor St, Suite 102	Crossville	TN	38555	15,000.00	
LBJ&C Development Corp. Headstart	1150 Chocolate Dr	Cookeville	TN	38501	6,325.00	
LBJ&C Foster Grandparents	240 Carlen Dr	Cookeville	TN	38501	3,000.00	
Oakmont Apartment Complex	268 W Taylor St	Crossville	TN	38555	8,000.00	
Rural Health Clinic of the Cumberlands	9400 Sparta Hwy	Crossville	TN	38572	10,000.00	
Second Harvest Food Bank	136 Harvest Ln	Maryville	TN	37801	10,000.00	
Senior Living Fund	456 Wayne Ave	Crossville	TN	38555	3,000.00	
TN Poison Center	1161 21st Ave S	Nashville	TN	37232	1,000.00	
The Phoenix Wings	203 Taylor St	Crossville	TN	38555	6,500.00	
The Place of Refuge Church & Outreach	164 Oak Rd	Crossville	TN	38555	3,000.00	
The Stephens Center/The Exchange Center	616 N Church St, Ste B	Livingston	TN	38570	12,000.00	
Upper Cumberland Human Resources	73 Methodist Campground Lp	Crossville	TN	38555	10,000.00	
Visually Impaired Support Group	110 Greenbrier Lp	Crossville	TN	38558	4,000.00	
Youth Achievement Foundation	838 Rickie Ln	Crossville	TN	38555	1,500.00	

**Total Cash Grants & Allocations**

**\$ 301,087.00**