

**Return of Organization Exempt from Income Tax**

OMB No. 1545-0047

**2003****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

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

**A For the 2003 calendar year, or tax year beginning** 10/01, **2003, and ending** 9/30, **2004****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY  
PO BOX 40466  
NASHVILLE, TN 37204**D Employer Identification Number**

62-0589380

**E Telephone number**

615-383-0490

**F Accounting method:**☐ Cash ☒ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

**H (a)** Is this a group return for affiliates? . . . ☐ Yes ☒ No**H (b)** If "Yes," enter number of affiliates ▶**H (c)** Are all affiliates included? . . . . . ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

**H (d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number. . . ▶**M** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G Web site:** ▶ WWW.GIRLSCOUTSOFCV.ORG**J Organization type**(check only one) . . . . . ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 11,496,515.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

<b>REVENUE</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support . . . . .	<b>1 a</b>	892,553.	
	<b>b</b> Indirect public support . . . . .	<b>1 b</b>	462,566.	
	<b>c</b> Government contributions (grants) . . . . .	<b>1 c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,355,119. noncash \$ ) . . . . .	<b>1 d</b>	1,355,119.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	<b>2</b>	505,181.	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments . . . . .	<b>4</b>		
	<b>5</b> Dividends and interest from securities . . . . .	<b>5</b>	105,450.	
	<b>6a</b> Gross rents . . . . .	<b>6 a</b>		
	<b>b</b> Less: rental expenses . . . . .	<b>6 b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) . . . . .	<b>6 c</b>		
<b>7</b> Other investment income (describe . . . . . ) . . . . .	<b>7</b>			
<b>REVENUE</b>	<b>8a</b> Gross amount from sales of assets other than inventory . . . . .	(A) Securities	2,998,282.	<b>8 a</b>
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		3,055,435.	<b>8 b</b>
	<b>c</b> Gain or (loss) (attach schedule). . . . .		-57,153.	<b>8 c</b>
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .	(B) Other	1,241.	
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here. . . . .		-1,241.	
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a) . . . . .			<b>8 d</b>
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) . . . . .			
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .			
	<b>b</b> Less: cost of goods sold . . . . .			
<b>EXPENSES</b>	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . .			
	<b>11</b> Other revenue (from Part VII, line 103) . . . . .			
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . .			
	<b>13</b> Program services (from line 44, column (B)) . . . . .			
	<b>14</b> Management and general (from line 44, column (C)) . . . . .			
	<b>15</b> Fundraising (from line 44, column (D)) . . . . .			
	<b>16</b> Payments to affiliates (attach schedule) . . . . .			
	<b>17</b> Total expenses (add lines 16 and 44, column (A)) . . . . .			
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .			
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .			
<b>NET ASSETS</b>	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) . . . . .			

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch) . . . . . ST 5	23	128,043.	128,043.	
24	Benefits paid to or for members (att sch) . . . . .	24			
25	Compensation of officers, directors, etc. . . . .	25	260,780.	199,566.	14,355.
26	Other salaries and wages . . . . .	26	2,238,708.	1,713,210.	123,237.
27	Pension plan contributions . . . . .	27	50,926.	38,959.	2,809.
28	Other employee benefits . . . . .	28	242,327.	185,385.	13,364.
29	Payroll taxes . . . . .	29	227,080.	173,721.	12,523.
30	Professional fundraising fees . . . . .	30			
31	Accounting fees. . . . .	31	15,500.		15,500.
32	Legal fees. . . . .	32			
33	Supplies . . . . .	33	182,895.	170,558.	2,430.
34	Telephone. . . . .	34	63,918.	52,155.	1,426.
35	Postage and shipping. . . . .	35	35,668.	28,088.	1,124.
36	Occupancy . . . . .	36	365,260.	340,987.	5,664.
37	Equipment rental and maintenance . . . . .	37	33,000.	30,800.	516.
38	Printing and publications . . . . .	38	84,385.	65,066.	2,236.
39	Travel . . . . .	39	101,206.	84,767.	3,704.
40	Conferences, conventions, and meetings . . . . .	40	180,851.	151,721.	9,621.
41	Interest . . . . .	41	14,594.	7,297.	
42	Depreciation, depletion, etc (attach schedule). . . . .	42	384,081.	357,893.	6,146.
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 6	43a	398,314.	305,557.	27,111.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44	5,007,536.	4,033,773.	241,766.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? ☐ SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)	
a	SEE STATEMENT 8		
	(Grants and allocations \$ _____)		4,033,773.
b			
	(Grants and allocations \$ _____)		
c			
	(Grants and allocations \$ _____)		
d			
	(Grants and allocations \$ _____)		
e	Other program services (Grants and allocations \$ _____)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		4,033,773.

**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	<b>45</b> Cash — non-interest-bearing .....	2,490,916.	<b>45</b>	3,177,308.
	<b>46</b> Savings and temporary cash investments .....		<b>46</b>	
	<b>47a</b> Accounts receivable .....	<b>47a</b> 79,801.		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>	105,568.	<b>47c</b> 79,801.
	<b>48a</b> Pledges receivable .....	<b>48a</b> 764,814.		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>	1,079,354.	<b>48c</b> 764,814.
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch.) .....	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use .....	260,161.	<b>52</b>	157,118.
	<b>53</b> Prepaid expenses and deferred charges .....	70,300.	<b>53</b>	53,210.
	<b>54</b> Investments — securities (attach schedule) .. SEE ST. 9 ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,855,985.	<b>54</b>	4,199,002.
	<b>55a</b> Investments — land, buildings, & equipment: basis .....	<b>55a</b> 12,216,889.		
	<b>b</b> Less: accumulated depreciation (attach schedule) .. STATEMENT 10 ..	<b>55b</b> 5,997,172.	6,509,162.	<b>55c</b> 6,219,717.
<b>56</b> Investments — other (attach schedule) .....		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis .....	<b>57a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57b</b>		<b>57c</b>	
<b>58</b> Other assets (describe ▶ .....		<b>58</b>		
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	14,371,446.	<b>59</b>	14,650,970.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....	346,333.	<b>60</b>	182,542.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....	93,141.	<b>62</b>	55,334.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .. SEE STATEMENT 11 ..	771,000.	<b>64b</b>	736,416.
	<b>65</b> Other liabilities (describe ▶ SEE STATEMENT 12 ..)	111,520.	<b>65</b>	94,041.
<b>66 Total liabilities</b> (add lines 60 through 65) .....	1,321,994.	<b>66</b>	1,068,333.	
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted .....	10,648,251.	<b>67</b>	11,429,952.
	<b>68</b> Temporarily restricted .....	1,330,348.	<b>68</b>	1,049,706.
	<b>69</b> Permanently restricted .....	1,070,853.	<b>69</b>	1,102,979.
	<b>Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	13,049,452.	<b>73</b>	13,582,637.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	14,371,446.	<b>74</b>	14,650,970.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements. . . . .	<b>a</b>	5,543,321.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments. . . . \$ 329,443.		
(2)	Donated services and use of facilities. . . . \$ 3,762.		
(3)	Recoveries of prior year grants. . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4). . . .	<b>b</b>	333,205.
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . .	<b>c</b>	5,210,116.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990. . . . \$		
(2)	Other (specify):		
	SEE STM 13 \$ 1,162.		
	Add amounts on lines (1) and (2). . . .	<b>d</b>	1,162.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . .	<b>e</b>	5,211,278.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements. . . . .	<b>a</b>	5,010,136.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities. . . . \$ 3,762.		
(2)	Prior year adjustments reported on line 20, Form 990. . . . \$		
(3)	Losses reported on line 20, Form 990. . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4). . . .	<b>b</b>	3,762.
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . .	<b>c</b>	5,006,374.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990. . . . \$		
(2)	Other (specify):		
	SEE STMT 14 \$ 1,162.		
	Add amounts on lines (1) and (2). . . .	<b>d</b>	1,162.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . .	<b>e</b>	5,007,536.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 15				
		260,780.	11,601.	0.

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? . . . . .

☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions.

**Part VI Other Information** (See instructions.)

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	<b>77</b>	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.	<b>79</b>	X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b> If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures. See line 81 instructions.	<b>81a</b>	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X
<b>b</b> If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>	3,762.
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	X
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	N/A
<b>c</b> Dues, assessments, and similar amounts from members.	<b>85c</b>	N/A
<b>d</b> Section 162(e) lobbying and political expenditures.	<b>85d</b>	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	<b>85e</b>	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e).	<b>85f</b>	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	N/A
<b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12.	<b>86a</b>	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	N/A
<b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders	<b>87a</b>	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	N/A
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	<b>88</b>	X
<b>89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911</b> <u>0.</u> ; <b>section 4912</b> <u>0.</u> ; <b>section 4955</b> <u>0.</u>		
<b>b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.</b>	<b>89b</b>	X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>90a</b> List the states with which a copy of this return is filed <u>TENNESSEE</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	<b>90b</b>	68
<b>91</b> The books are in care of <u>PAM SELF</u> Telephone number <u>615-383-0490</u> Located at <u>4522 GRANNY WHITE PIKE, NASHVILLE, TN</u> ZIP + 4 <u>37204</u>		
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> — Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <u>92</u>		N/A

**Part VII Analysis of Income-Producing Activities** (See instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> CAMPING & PROGRAMS					505,181.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts					
<b>96</b> Dividends & interest from securities			14	105,450.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop.					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	-58,394.	
<b>101</b> Net income or (loss) from special events			1	180,140.	
<b>102</b> Gross profit or (loss) from sales of inventory					3,102,282.
<b>103</b> Other revenue: <b>a</b>					
<b>b</b> BELL SOUTH EASEMENT			1	1,500.	
<b>c</b> TDOT INCOME			1	20,000.	
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				248,696.	3,607,463.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					3,856,159.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 16

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See instructions.)

**a** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

**b** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

<b>Please Sign Here</b>	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.			
	Signature of officer		Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed)		EIN	Preparer's SSN or PTIN (see General Instruction W)
	address, and ZIP + 4		Phone no.	

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Supplementary information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No. 1545-0047

**2003**

**Name of organization**

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

**Employer identification number**

62-0589380

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule — see instructions.)

**General Rule —**

- ☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules —**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANSLEY FUND/FRIST FOUNDATION 3319 WEST END AVENUE, STE 900 NASHVILLE, TN 37203	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ALVIN & SALLY BEAMAN FDN 5141 VIRGINIA WAY, SUITE 240 BRENTWOOD, TN 37027	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LAURA BRISKY 5143 STANFORD DRIVE NASHVILLE, TN 37215	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	COMMUNITY FOUND. OF MIDDLE TN 3833 CLEGHORN AVENUE, SUITE 40 NASHVILLE, TN 37215	\$ 8,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DOLLAR GENERAL CORPORATION 100 MISSION RIDGE GOODLETTSVILLE, TN 37072	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DOROTHY CATE/THOMAS FRIST FDN. C/O T. FRAZIER 1 BURTON HILLS NASHVILLE, TN 37215	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DRAUGHON FOUNDATION 315 DEADERICK STREET NASHVILLE, TN 37237	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE FRIST FOUNDATION 3319 WEST END AVENUE, STE. 900 NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	GENESCO INC. P.O. BOX 731 NASHVILLE, TN 37202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	GIRL SCOUTS OF THE USA 420 FIFTH AVENUE NEW YORK, NY 10018	\$ 68,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	LANDIS B. GULLETT 11 BURTON HILLS BLVD. #453 NASHVILLE, TN 37315	\$ 11,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	THE HARNISCH FAMILY FOUNDATION P.O. BOX 50797 NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	HCA FOUNDATION ONE PARK PLAZA NASHVILLE, TN 37202	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	M. STRATTON FOSTER FOUNDATION 401 BOWLING AVE. #82 NASHVILLE, TN 37205	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	MARTHA/BRONSON INGRAM FOUND. 4400 HARDING RD. 9TH FLOOR NASHVILLE, TN 37205	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	THE MARTIN FOUNDATION 20 BURTON HILLS BLVD, STE. 100 NASHVILLE, TN 37215	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MR. & MS. CLAYTON MCWHORTER 823 TYNE VALLEY CT. NASHVILLE, TN 37220	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	PHILLIPS FOUNDATION 200 42ND AVENUE NORTH NASHVILLE, TN 37209	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	MR. & MS. JAMES E. RICHARDS III 1078 VAUGHN CREST DRIVE FRANKLIN, TN 37069	\$ 17,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	SATURN CORPORATION 100 SATURN PARKWAY SPRING HILL, TN 37174	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	TRISTAR HEALTH SYSTEM 110 WINNERS CIRCLE, 1ST FLOOR BRENTWOOD, TN 37027	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	WASHINGTON FOUNDATION P.O. BOX 159057 NASHVILLE, TN 37215	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	A.O. SMITH WATER PRODUCTS. CO 500 LINDAHL PARKWAY ASHLAND CITY, TN 37015	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	AIG AMERICAN GENERAL AMERICAN GENERAL CENTER, 394S NASHVILLE, TN 37250	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	CBRL GROUP FOUNDATION PO BOX 787 LEBANON, TN 37088	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	ORRIN INGRAM 1475 MORAN ROAD FRANKLIN, TN 37069	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	KROGER COMPANY 2620 ELM HILL PIKE NASHVILLE, TN 37214	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	CAL TURNER FAMILY FOUNDATION 30 BURTON HILLS BLVD. STE 550 NASHVILLE, TN 37202	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	US BANK 150 4TH AVENUE NORTH NASHVILLE, TN 37219	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	VANDERBILT UNIV. & MEDICAL CTR 1301 22ND AVENUE SOUTH NASHVILLE, TN 37232	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	FIRST TENNESSEE BANK 511 UNION STREET, SUITE 200 NASHVILLE, TN 37219	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	UNITED PARCEL SERVICE 705 MASSMAN DRIVE NASHVILLE, TN 37210	\$ 27,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	DELL FOUNDATION ONE DELL WAY ROUND ROCK, TX 78682-1810	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	METRO. DEV. & HOUSING AGENCY P.O. BOX 846 NASHVILLE, TN 37202	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	PURITY DAIRIES, INC. P.O. BOX 100957 NASHVILLE, TN 37224	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	AGENIA AND CHARLES CLARK 9445 HIGHWOOD HILLS ROAD BRENTWOOD, TN 37027	\$ 15,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	JOHN E. MAYFIELD 1280 SPRING VALLEY DRIVE PEGRAM, TN 37143	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	TENNESSEE TITANS FOUNDATION 460 GREAT CIRCLE ROAD NASHVILLE, TN 37228	\$ 10,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	1ST FARMERS/MERCHANTS BANK P.O. BOX 1148 COLUMBIA, TN 38402	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	UNION PLANTERS BANK 401 UNION STREET NASHVILLE, TN 37219	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	WAL-MART FOUNDATION 702 SW 8TH STREET BENTONVILLE, AR 72716	\$ 9,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	MR. AND MRS. HENRY W. HOOKER 370 VAUGHN ROAD NASHVILLE, TN 37221	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	LAURA MORRIS 1225 WATERSTONE BLVD. FRANKLIN, TN 37069	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	MCCARROLL TRUST FUND P.O. BOX 2800 HOPKINSVILLE, KY 42241	\$ 5,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	PINNACLE NATIONAL BANK 211 COMMERCE STREET, SUITE 300 NASHVILLE, TN 37201	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	MR. AND MRS. THOMAS HUDSON, JR 5200 STANFORD DRIVE NASHVILLE, TN 37215	\$ 5,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	BARBARA F. RICHARDS 1916 EDENBRIDGE WAY NASHVILLE, TN 37215	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	FIRST FEDERAL SAVINGS & LOAN P.O. BOX 688 CLARKSVILLE, TN 37041	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	GANNETT FOUNDATION, INC. 1100 BROADWAY NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	PUBLIX SUPER MARKETS CHARITIES 8105 MOORES LANE BRENTWOOD, TN 37027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	DR. & MRS. THOMAS F. FRIST, JR 1304 CHICKERING ROAD NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	UNITED WAY NASHVILLE, TN	\$ 460,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization

Employer identification number

GIRL SCOUT COUNCIL OF CUMBERLAND VALLEY

62-0589380

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once — see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee