Form 990

Return of Organization Exempt from Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

2004

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	ie 2004 calen	dar year, o	r tax year beginning	, 2004, a	and e	nding		<u> </u>		
В	Check it	ii applicable:					, ,	ntification Number			
	Add	dress change IRS label S1. LURES COMMONTH HOUSE, TNC. 62-						62-048			
	Nai							Telephone nu	mber		
	Init	tial return	See specific	NASHVILLE, TN 37209	,				615-35	0-7893	
	Fin	nal return	instruc- tions.					F	Accounting method:	Cash X	Accrual
	Arr	nended return							Other (sp	ecify)	_
	H _A	plication pending	• Section	on 501(c)(3) organizations and	4947(a)(1) nonexempt		H and I	are not applicable	to section 527	organizations.	
			charit	able trusts must attach a comp 1990 or 990-EZ).	oleted Schedule A			Is this a group ret		_	X No
G	Web s	site: ► WWW .	.STLUKE	SCOMMUNITYHOUSE.ORG	}			If 'Yes,' enter numb			Π
	0	nization type					H (C)	Are all affiliates in (If 'No,' attach a li			∐ No
	(chec	k only one)		X 501(c) 3 ◀ (insert no	o.) 4947(a)(1) or	527	U (4)	•		•	
ĸ	Check	k here 🟲 🦳 i	if the organ	nization's gross receipts are no			п (а)	Is this a separate organization cover			X No
	\$25,0	000. The orga	nization ne	eed not file a return with the IR	S; but if the organization	1		Group Exemp			No No
	Some	ved a Form 9 e states requi	ire a comp	e in the mail, it should file a re lete return.	turn without financial da	ta.	I M				
		<u>. </u>	·		1 026 620		IVI			ation is n <mark>ot requi</mark> r 0, 990-EZ, or 990-F	
L ISS				, 8b, 9b, and 10b to line 12 ► 3 nses, and Changes in Ne		Pala	2000		·	7, 030-62, 01 030-1	
Га						Dalai	ices	(See instruction	ons)		
	i			ants, and similar amounts recei			1	1 210 22			
	l	•					+	1,210,33	200000000000000000000000000000000000000		
	i .	•						389,62	2,000,000,000		
				ons (grants)			1	37,98			005
				1,454,770. noncash							<u>, 935.</u>
	1	-		ue including government fees a						223	,270.
	3	•		assessments							- 207
	4		-	d temporary cash investments.							,387.
	5			from securities		1		• • • • • • • • • • • • •	5	28	,583.
	1			oss) (subtract line 6b from line		• • • •		• • • • • • • • • • • • • • • • • • • •			
R	7	Other invest	ment incor	me (describe	· · · · · · · · · · · · · · · · · · ·	Γ	_	(D) Other) 7		
R E V E N U	8 a			les of assets other	(A) Securities	8 8	,	(B) Other			
U	Ь	Less: cost o	r other bas	sis and sales expenses		81	0	1,37	76.		
	c	Gain or (loss) (attach schedu	le)STATEMENT1		8 0	=	-1,37	76.		
	d	Net gain or	(loss) (con	nbine line 8c, columns (A) and	(B))				8d		,376.
	9	Special ever	nts and ac	tivities (attach schedule). If any	amount is from gaming	, che	ck her	e ≻ ∏			
	a	Gross reven	ue (not inc	cluding \$ 44,6	90. of contributions						
		reported on	line 1a)			9 8	a	25,36	50.		
	Ь	Less: direct	expenses	other than fundraising expense	s	91	2	15,11	LO.		
	С	Net income	or (loss) fr	om special events (subtract line	e 9b from line 9a)			STATEMENT	7.2 9c	10),250.
	10 a	Gross sales	of invento	ry, less returns and allowances		10 8	a				
	Ь	Less: cost o	f goods so	ıld		101	o	 			
	_ c	Gross profit or	(loss) from s	ales of inventory (attach schedule) (sub	tract line 10b from line 10a)				10 c		
	11	Other reven	ue (from P	art VII, line 103)					11	g	,103.
	12	Total revenu	ie (add line	es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11)				12	1,910),152.
Ε	13	Program se	rvices (fror	m line 44, column (B))					13	1,107	7 <u>,978.</u>
E X P	14	-	_	eral (from line 44, column (C)).							5,136.
E N	15	-		44, column (D))						9.8	3,113.
S E S	16			(attach schedule)							
Š	17	Total expens	ses (add li	nes 16 and 44, column (A))	<u></u>				17	1,531	L,227.
A	18	Excess or (deficit) for	the year (subtract line 17 from	line 12)				18	378	3,925.
ž s	19			ances at beginning of year (fro							649.
N S	20	Other chang	jes in net a	assets or fund balances (attach	explanation)		SEE	STATEMENT	ľ3 <u>20</u>		730.
Ś	21	Net assets of	or fund bal	ances at end of year (combine	lines 18, 19, and 20)	.			21	5,189	9,304.

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.

D	o 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)	23					
24	Benefits paid to or for members (att sch)	24	200,354.	166,583.	33,771.		
25 26	Compensation of officers, directors, etc Other salaries and wages	26	520,903.	433,102.	87,801.		
27	Pension plan contributions	27	46,948.	33,220.	13,728.	·	
28	Other employee benefits	28	63,992.	58,136.	5,856.		
29	Payroll taxes.	29	54,043.	44,825.	9,218.		
30	Professional fundraising fees	30					
31	Accounting fees	31					
32	Legal fees	32					
33	Supplies	33	20,402.	19,330.	1,072.		
34	Telephone	34	14,575.	13,572.	1,003.		
35	Postage and shipping	35	9,009.	459.	8,550.		
36	Occupancy	36	21,242.		21,242.		
37	Equipment rental and maintenance	37	70,290.	64,572.	5,718.		
38	Printing and publications	38	11,874.	960.	10,914.		
39	Travel	39	7,433.	4,313.	3,120.		
40	Conferences, conventions, and meetings		10,781.	2,078.	8,703.		
41	Interest	41	23,136.	, , , , , , , , , , , , , , , , , , , ,	23,136.		
42	Depreciation, depletion, etc (attach schedule)	42	78,041.	78,041.			
43	Other expenses not covered above (itemize):		, , , , , , , , , , , , , , , , , , , ,				
	SEE STATEMENT 4	43 a	378,204.	188,787.	91,304.	98,113.	
	0	43 b	9.37.3311				
	`	43 c					
	ı	43 d					
	¹	43 e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,531,227.	1,107,978.	325,136.	98,113.	
	t Costs. Check . If you are following				, ,, , , , , , , , , , , , , , , , , , 	 	
	any joint costs from a combined educationa			licitation reported in (B)	Program services?	► Yes X No	
	es, enter (i) the aggregate amount of these				amount allocated to Prog		
\$			to Management and ge	eneral \$; and (iv) th	e amount allocated	
	undraising \$.			· · · · · · · · · · · · · · · · · · ·			
Par	t III Statement of Program Ser	vice A	Accomplishments			· · · · · · · · · · · · · · · · · · ·	
Wha	t is the organization's primary exempt purp	ose? •	SOCIAL SER			Program Service Expenses	
All c	rganizations must describe their exempt puts ts served, publications issued, etc. Discuss ons and 4947(a)(1) nonexempt charitable t	rpose	achievements in a clear	and concise manner. St	tate the number of	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) Irusts; bul optional for others.)	
izati	ons and 4947(a)(1) nonexempt charitable t	rusts m	just also enter the amou	ent of grants & allocation	s to others.)	optional for others.)	
1	SEE STATEMENT 5				:		
		_					
		. .					
			(Grants ar	nd allocations \$)	1,107,978.	
	b						
			. 				
			(Grants ar	nd allocations \$			
	c						
			(Grants ar	nd allocations \$	<u>)</u>		
	d						
			(Grants ar	nd allocations \$	<u> </u>		
	Other program services		(Grants ar	nd allocations \$)		
	Total of Program Service Evnenses (sho	uld ea	ual line 44 column (B)	Program services)	>	1.107.978	

Part IV Balance Sheets (See Instructions)

			7				
Note:	Where required, attached schedules an column should be for end-of-year amou	d amounts within the description unts only.	(A) Beginning of year		(B) End of year		
			788,474.	45	526,014.		
	45 Casin — Hori-interest-bearing	ments	291,357.	46	206,116.		
	46 Savings and temporary cash invose						
	47 a Accounts receivable	47 a					
	b Less: allowance for doubtful account		9,312.	47 c			
	2 2000. 4.100.4.100 (0. 2000.100						
	48 a Pledges receivable						
	b Less: allowance for doubtful account		1,877,971.	48 c	1,193,448.		
				49			
	En Daneiusblas from officers directors	trustees and key		50			
A S S E T S							
Ē	51 a Other notes & loans receivable (attach sch).		+	51 c			
S	b Less: allowance for doubtful accou			52			
				53			
	53 Prepaid expenses and deferred ch	arges	,	54			
		, , _	<u> </u>				
	55 a Investments — land, buildings, & e	equipment: basis. 554	╡				
	b Less: accumulated depreciation	55 b		55 c			
1	(attach schedule)	dule)SEE STMT .6.	601,200.	56	737,851.		
İ	57 a Land, buildings, and equipment: b	asis	302/230				
1			•				
1	b Less: accumulated depreciation (attach schedule)STA	TEMENT7 57b 402,869	. 1,682,453.	57 c	4,421,262.		
	58 Other assets (describe ► SEE		E0.000		77,790.		
	59 Total assets (add lines 45 through	58) (must equal line 74)	5,310,663.	59	7,162,481.		
\rightarrow		penses		60	120,553.		
ı.				61			
Ā				62			
A B I		d key employees (attach schedule)		63			
-		n schedule)		64 a			
Ţ	b Mortgages and other notes payable (attach	schedule)SEE .STATEMENT 9	50,000	. 64 ь	1,852,624.		
E S)		65			
	66 Total liabilities (add lines 60 throu	ıgh 65)		. 66	1,973,177.		
	Organizations that follow SFAS 117, chec	ck here.► X and complete lines 67					
N E T	through 69 and lines 73 and 74.						
1	67 Unrestricted		. 2,270,633		3,436,637.		
ş Ş					1,193,782.		
ANNETS			. 539,423	. 69	558,885.		
Q R	Organizations that do not follow SFAS 1	17, check here ► and complete lines					
1	70 through 74.			70			
	70 Capital stock, trust principal, or cu	70 Capital stock, trust principal, or current funds71 Paid-in or capital surplus, or land, building, and equipment fund					
Ĕ	72 Retained earnings, endowment, a	accumulated income, or other funds		72			
BALANCEの	73 Total net assets or fund balances	(add lines 67 through 69 or lines 70 through	4 700 640	•	E 100 204		
ES	72; column (A) must equal line 19	g; column (B) must equal line 21)	4,780,649		5,189,304.		
- 1	74 Total liabilities and not assets/fur	ad balances (add lines 66 and 73)	5,310,663	. 74	7,162,481.		

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

Parl	IV-A Reconciliation of Revenue		Pai	<u>t IV-B</u> Reconcilia	tion of Expenses	per Audited
	Financial Statements with per Return (See instruction			Financial S per Return	Statements with I	-xpenses
	per Keturii (See iiistructio	113.)		per itetarii		1
a	Total revenue, gains, and other support per audited financial statements	1,958,406.	а	Total expenses and lo financial statements.	osses per audited	1,549,751.
b	Amounts included on line a but not on line 12, Form 990:		ь	Amounts included on on line 17, Form 990:		
` '	Net unrealized gains on investments \$ 29,730.		(*	Donated serv- ices and use of facilities \$	3.414.	
	Donated serv-		(2	2) Prior year adjust- ments reported on line 20, Form 990 \$		
(3)	of facilities \$ 3,414. Recoveries of prior		(:	- no betroner sesso I (S		
(4)	year grants \$Other (specify):		(-	line 20, Form 990 \$ \$		
	SEE STM 10 \$ 15,110.			SEE STMT 11 \$		
	Add amounts on lines (1) through (4)	ь 48,254.		Add amounts on lines (1)		
С	Line a minus line b	c 1,910,152.	С	Line a minus line b		c 1,531,227.
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included on Form 990 but not on	line 17, line a:	
(1)	Investment expenses not included on line		(1) Investment expenses not included on line		
(0)	6b, Form 990 \$,	6b, Form 990 \$		
(2)	Other (specify):		(2) Other (specify):		
	s			\$		
	Add amounts on lines (1) and (2)	d	1	Add amounts on line	s (1) and (2)	d
e	Total revenue per line 12, Form		l e	Total expenses per l	ine 17. Form	
	990 (line c plus line d)			990 (line c plus line	d)	e 1,531,227.
Par	V List of Officers, Directors,			loyees (List each on	e even if not compen	sated; see instructions.)
	(A) Name and address	(B) Title and average ho per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	account and other
SEE	STATEMENT 12					
				200,354.	53,331	. 0.
						
	· · · · · · · · · · · · · · · · · · ·		-			
					 	
75	Did any officer dispeter buston as the	u employee receive acces		compensation of mass		
/5	Did any officer, director, trustee, or key than \$100,000 from your organization a \$10,000 was provided by the related or	y employee receive aggre and all related organizations?	ons,	of which more than	· •	Yes X No
	If 'Yes,' attach schedule — see instruct		• • • •			
BAA						Form 990 (2004)

Form 990 (2004) ST. LUKES COMMUNITY HOUSE, INC.	62-048418	3	Page 5
Part VI Other Information (See instructions.)			Yes No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS		77	X
If 'Yes,' attach a conformed copy of the changes.			Ä
78a Did the organization have unrelated business gross income of \$1,000 or more during the year	covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the			
year? If 'Yes,' attach a statement		79	X
80a Is the organization related (other than by association with a statewide or nationwide organizat membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt org	ion) through common	80 a	X
h If 'Yes' enter the name of the organization ► N/A	amzation,	1000	
b If 'Yes,' enter the name of the organization ► N/A and check whether it is ex	kempt or nonexempt.		
81 a Enter direct and indirect political expenditures. See line 81 instructions	81 a 0.		
b Did the organization file Form 1120-POL for this year?		81 ь	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities			
substantially less than fair rental value?		82a	X
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.)			
83a Did the organization comply with the public inspection requirements for returns and exemption	• •	83 a	
b Did the organization comply with the disclosure requirements relating to quid pro quo contribu		83Ъ	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contact tax deductible?	ntributions or gifts were	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85 a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c N/A		
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		-	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		-	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	85 h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
line 12	86a N/A		
b Gross receipts, included on line 12, for public use of club facilities	86b N/A	7	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/I		
b Gross income from other sources. (Do not net amounts due or paid to other sources			
against amounts due or received from them.)	87b N/I	7	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable c or an entity disregarded as separate from the organization under Regulations sections 301.77	orporation or partnership, 01-2 and 301.7701-3?	00	
If 'Yes,' complete Part IX		88	X
section 4911 \(\sigma\) 0. ; section 4912 \(\sigma\) 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess		+	
during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	'Yes.' attach a statement	89 b	l l _x
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	e ►		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed TENNESSEE			
b Number of employees employed in the pay period that includes March 12, 2004 (See instructi	ons.)	90 b	31
91 The books are in care of ► SHELLY CURTIS Telephone nu	mber ► 615-350-78	93	
Located at > 5601 NEW YORK AVENUE, NASHVILLE, TN	ZIP + 4 ► 3720	19	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year	here	N/	'A ►
and enter the amount of tax-exempt interest received or accrued during the tax year			$N\overline{A}$

		i lavalada.	d business increase	Fuelveled by as	olion E10 E12 or E14	
Note: Enter otherwise in	gross amounts unless ndicated.	(A) Business code	d business income (B) Amount	(C) Excluded by se	ction 512, 513, or 514 (D) Amount	(E) Related or exempt function income
	gram service revenue: OGRAM SERVICES					223,270.
. —						
						
ď						
e						
	dicare/Medicaid payments & contracts from government agencies					
_	nbership dues and assessments					
95 Intere	est on savings & temporary cash invmnts			14	2,387.	
	dends & interest from securities			14	28,583.	
. 97 Net r	rental income or (loss) from real estate:					
a deb	t-financed property					
	debt-financed property					
	rental income or (loss) from pers prop		:			
100 Gair	er investment income					
	er than inventory			18	-1,376.	10.050
	income or (loss) from special events			 		10,250.
	s profit or (loss) from sales of inventory er revenue: a					
	SCELLANEOUS					9,103.
C E	BCEBBANEOUS			-		9,103.
ď						
е					·	
104 Subt	total (add columns (B), (D), and (E))				29,594.	242,623.
	al (add line 104, columns (B), (D),				· · · · · · · · · · · · · · · · · · ·	272,217.
	105 plus line 1d, Part I, should equ					
Part VIII	Relationship of Activities	to the Acco	mplishment of Ex	cempt Purpos	ses (See instructions.)	
Line No. ▼	Explain how each activity for which of the organization's exempt purp	h income is re oses (other th	ported in column (E) o an by providing funds f	f Part VII contrib or such purposes	uted importantly to the	accomplishment
	SEE STATEMENT 13		· · · · ·			
Part IX	Information Regarding Ta	xable Subs	idiaries and Disre	garded Entiti	es (See instructions.)	
	(A)	(B)	(0	C)	(D)	(E)
Name,	address, and EIN of corporation,	Percentag	e of Nature of	activities	Total	End-of-year
par	tnership, or disregarded entity	ownership in		activities	income	assets
N/A			%			
			%			
			٥١٥			
**********	11.6	<u> </u>	%	1.5 (5)	<u></u>	<u> </u>
Part X	Information Regarding Tr					
	e organization, during the year, receive any fu		• • • • •	•		Laborate Park
b Did th	ne organization, during the year, pa	y premiums, o	directly or indirectly, on	a personal bene	efit contract?	Yes X No
Note: //	f 'Yes' to (b), file Form 8870 and Fo	orm 4720 (see	instructions).			
		eve examined this preparer (other than	return, including accompanying officer) is based on all inform	ng schedules and state nation of which prepar	ments, and to the best of my er has any knowledge.	knowledge and belief, it is
Please	Under penalties of periury, I declare that I be true, correct, and complete. Declaration of perius and complete.	eve examined this preparer (other than	return, including accompanyin n officer) is based on all inforn	ng schedules and state nation of which prepar	ements, and to the best of my er has any knowledge.	knowledge and belief, it is
Please Sign		eye examined this preparer (other than	return, including accompanyin officer) is based on all inform	ng schedules and state nation of which prepar	. // _	knowledge and belief, it is
	Under penalties of perjury, I declare that I be true, correct, and complete. Declaration of perjury.	exe examined this proparer (other than	return, including accompanyin officer) is based on all inform		17/7/05	knowledge and belief, it is
Sign	Under penalties of perjury, I declare that I be true, correct, and complete. Declaration of perjury.	0		ing schedules and state nation of which prepare	17/7/05	knowledge and belief, it is
Sign Here	Under penalties of perjury, I declare that I brue, correct, and complete. Declaration of perjury. Signature of officer Type or print name and title.	0			Date Director	
Sign	Under penalties of periury, I declare that I be true, correct, and complete. Declaration of periury. Signature of officer	0		Execution	Date Oirector Check if self.	knowledge and belief, it is Preparer's SSN or PTIN (See General Instruction W)
Sign Here Paid Pre- parer's	Under penalties of periury, I declare that I brue, correct, and complete. Declaration of periury. Signature of officer Type or print name and title. Preparer's signature Firm's name (or FRASIER, DE	W. VI	RD, PLLC	Execution	Date Check if self-employed	Preparer's SSN or PTIN (See General Instruction W)
Sign Here Paid Pre-	Under penalties of perjury, I declare that I brue, correct, and complete. Declaration of perjury. Signature of officer Type or print name and title. Preparer's signature Firm's name (or FRASIER, DE pours if call.	W. Di	RD, PLLC	Execution	Date Oirector Check if self-	Preparer's SSN or PTIN (See General Instruction W)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information — (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. Employer identification number Name of the organization 62-0484183 LUKES COMMUNITY HOUSE, INC Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions (c) Compensation (e) Expense (a) Name and address of each (b) Title and average to employee benefit plans and deferred employee paid more hours per week account and other thán \$50,000 devoted to position allowances compensation NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service KATHRYN S. THOMPKINS <u>51,425.</u> NASHVILLE, TN 37205 CONSULTING DANNY DEMONBREUN'S ROOFING CHAPMANSBORO, TN 37035 CONSTRUCTION 80,021. RCP CONTRACTING GAINESBORO, TN 38562 CONSTRUCTION 94,075.

Total number of others receiving over \$50,000 for professional services

Schedule A (Form 990 or 990-EZ) 2004 ST. LUKES COMMUNITY HOUSE, INC. 62-0-	484183	P	age 2
Part III Statements About Activities (See instructions.)		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attento influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid	npt		
or incurred in connection with the lobbying activities ▶ \$ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
			···
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or prin beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	n any cipal		
a Sale, exchange, or leasing of property?	<u>2</u> a		X
b Lending of money or other extension of credit?	<u>2b</u>		Χ
c Furnishing of goods, services, or facilities?	<u>2c</u>		Х
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	
e Transfer of any part of its income or assets?	2e		Х
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a		Χ
b Do you have a section 403(b) annuity plan for your employees?	3b		Χ
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		Х
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		+	X
Part IV Reason for Non-Private Foundation Status (See instructions.)			
The organization is not a private foundation because it is: (Please check only ONE applicable box.) 5			
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the ho	spital's name	city,	
and state > 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. (Also complete the Support Schedule in Part IV-A.)	Section 170(b)(1)(A)	(iv).
11 a X An organization that normally receives a substantial part of its support from a governmental unit or from the great section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	eneral public.		
11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership for from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33 from gross investment income and unrelated business taxable income (less section 511 tax) from businesses organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	-1/3% of its su	ipport i	ots
An organization that is not controlled by any disqualified persons (other than foundation managers) and suppodescribed in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)	orts organizati 509(a)(2). (Se	ons e	
Provide the following information about the supported organizations. (See instruction	ns.)		
(a) Name(s) of supported organization(s)		ine nur m abov	
<u></u>			
An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)	000 . 5	200 57	

Schedule A (Form 990 or 990-EZ) 2004 ST. LUKES COMMUNITY HOUSE, INC. 62-0484183 Page 3 Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year (d) 2000 (a) 2003 beginning in)..... Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)... 2,073,655 1,415,708. 1,031,812 998,991 5,520,166. Membership fees received.... Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 301,577 282,066. 282,873. 286,146. 1,152,662. charitable, etc, purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . 31.769 28,455. 33,057. 40,342. 133,623. Net income from unrelated business activities not included in line 18. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf..... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE . STMT . 14 4.215. 12,802. 9,382. 29,909 Total of lines 15 through 22 . . . 2,411,216. 729,739 1,360,544. 1,334,861. 6,836,360. 2,109,639. 447,673 1,077,671 048,715 Line 23 minus line 17...... 5,683,698 24,112. 17,297. 13,605. 13.349 Enter 1% of line 23...... a Enter 2% of amount in column (e), line 24..... 26 a 113,674 Organizations described on lines 10 or 11: b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose lotal gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your 26 b return. Enter the total of all these excess amounts 349,652. c Total support for section 509(a)(1) test: Enter line 24. column (e) 5,683,698 26 c 133, 623. 19 d Add: Amounts from column (e) for lines: 513,184. 26 d 170,514. e Public support (line 26c minus line 26d total). 26 e 26 f 90.97 Organizations described on line 12: N/A a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2002) (2001) (2000) bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After

computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

c Add: Amounts from column (e) for lines: 20 d Add: Line 27a total.... and line 27b total 27 d 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) > 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator))...... å 27 g

27 h

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a	*******	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	•	320	 	
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33 a		-
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?			
	g Athletic programs?	33 g	-	+
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
		-		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended?	341	,	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No.' attach an explanation.	35	10000000	-possesses

Schedule A (Form 990 or 990-EZ) 2004 Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) Part VI-A

_		_	
١T	•	70	

Check ► a if the organization belongs to an affiliated group. Check ► b if you checked 'a' and 'limited control' pro	
	(b) be completed
(The term towned thread money amounts paid or inquered)	or ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	
38 Total lobbying expenditures (add lines 36 and 37)	
39 Other exempt purpose expenditures	
40 Total exempt purpose expenditures (add lines 38 and 39)	
41 Lobbying nontaxable amount. Enter the amount from the following table —	
If the amount on line 40 is — The lobbying nontaxable amount is —	
Not over \$500,000	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.	

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

			Lobbying Eyper	ditures During 4 -Year	Averaging Period	
	Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
7	Total lobbying expenditures					
18	Grassroots non-taxable amount					
19	Grassroots ceiling amount (150% of line 48(e))					
0	Grassroots lobbying expenditures					

Part VI:B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

3.1		7
IV	1	А

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			•
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body	-		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			
If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activitie			

ST. LUKES COMMUNITY HOUSE, INC. Page 6 Schedule A (Form 990 or 990-EZ) 2004 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: No Yes Χ 51 a (i) a (ii) X (ii) Other assets..... **b** Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization..... b (i) Χ b (ii) (ii) Purchases of assets from a noncharitable exempt organization X b (iii) (iii) Rental of facilities, equipment, or other assets..... Χ (iv) Reimbursement arrangements..... b (iv) (v)Loans or loan guarantees..... b (v) Χ X (vi) Performance of services or membership or fundraising solicitations..... b (vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees..... d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (a) (c) (d) Line no. Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements Amount involved N/A 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?..... b If 'Yes,' complete the following schedule: (b) (c)
Description of relationship (a) Type of organization Name of organization N/A

Schedule A (Form 990 or 990-EZ) 2004

2004 FEDERAL STATEMENTS PAGE 1 ST. LUKES COMMUNITY HOUSE, INC. 62-0484183 **CLIENT 27092** 6/24/05 01:16PM STATEMENT 1 FORM 990, PART I, LINE 8 NET GAIN (LOSS) FROM NONINVENTORY SALES OTHER ASSETS DESCRIPTION: PARCEL 6 - 5610 CALIFORNIA DATE ACQUIRED: 6/30/1996 HOW ACQUIRED: **PURCHASE** DATE SOLD: 12/31/2004 TO WHOM SOLD: GROSS SALES PRICE: COST OR OTHER BASIS: 3,023. DEPRECIATION: 3,023. GAIN (LOSS) 0. DESCRIPTION: EOUIPMENT DATE ACQUIRED: VARIOUS HOW ACQUIRED: **PURCHASE** DATE SOLD: 12/31/2004 TO WHOM SOLD: GROSS SALES PRICE: 0. COST OR OTHER BASIS: 7,148. DEPRECIATION: 5,772. GAIN (LOSS) -1,376. TOTAL GAIN (LOSS) OTHER ASSETS \$ TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,376. STATEMENT 2

STATEMENT 2 FORM 990, PART I, LINE 9 NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS		GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
DINNER	TOTAL	70,050. \$ 70,050.	44,690. \$ 44,690.	25,360. \$ 25,360.	15,110. \$ 15,110.	10,250. \$ 10,250.

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS $\frac{$}{29,730}$.

2004 FEDERAL STATEMENTS							
CLIENT 27092	ST. LUKES COMMUNITY HOUSE, INC.						
6/24/05					01:16PM		
STATEMENT 4 FORM 990, PART II, LINE 43 OTHER EXPENSES							
	_	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING		
BAD DEBT EXPENSE CONTRACT LABOR FOOD INSURANCE LICENSES, FEES, PERMITS MARKETING MISCELLANEOUS		56,193. 4,497. 101,797. 30,656. 4,490. 13,168. 143.	4,497. 100,365. 30,656. 776.	56,193. 1,432. 3,714. 13,168. 143.			
OFFICE SUPPLIES PROFESSIONAL FEES UTILITIES	_	13,243. 114,135. 39,882.	36,690.	2,334. 11,128. 3,192.	98,113.		
	TOTAL \$	378,204.	\$ 188,787.	\$ 91,304.	\$ 98,113.		
STATEMENT 5 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SE			TS	GRANTS AND	PROGRAM SERVICE		
PRESCHOOL CHILDCARE - AVE	DESCRIPTION OF THE PROPERTY OF		O CUTINDEN	ALLOCATIONS	<u>EXPENSES</u> 573,486.		
SCHOOL AGE CHILDCARE - BE ENROLLMENT OF 112 YOUTHS; ENROLLMENT OF 97 YOUTHS.	FORE & AF	TER CARE AVE	RAGE		234,596.		
SENIOR SERVICES - 94 SENI DELIVERED, 21,086 MEALS S PROGRAM	ORS IN CA	SE LOAD, 598 ROUGH THE MOE	COMMODITIES		159,672.		
COMMUNITY SERVICES - 2315 FOOD BOXES DELIVERED, 534 COUNSELING SESSIONS SERVING 35 FAMILIES, 27 HOMES REPAIRED, COMMUNITY EVENTS WITH 910 PARTICIPANTS, 1327 CHILDREN SERVED THROUGH THE TOY STORE PROGRAM, 317 FAMILIES SERVED THROUGH THE ADOPT-A-FAMILY PROGRAM, 263 INDIVIDUALS RECEIVED FINANCIAL ASSISTANCE, AND TAX RETURNS PREPARED FOR 46 FAMILIES.							
VOLUNTEERS - ORGANIZATION VOLUNTEERS SERVING THROUG PROVIDED BY THE ORGANIZAT	HOUT THE			•	83,483. : 34,390. :		
FAMILY RESOURCE CENTERC PROGRAMS AND SERVICES BAS	RGANIZES				22,351.		

0. \$1,107,978.

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STATEMENT 6 FORM 990, PART IV, LINE 56 INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
EPISCOPAL ENDOWMENT CORP COMMON TRUST FD	MARKET VALUE TOTAL	\$ 737,851. \$ 737,851.

STATEMENT 7 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	 ACCUM. DEPREC.	_	BOOK VALUE
FURNITURE AND FIXTURES MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS LAND TOTAL	\$ L <u>\$</u>	96,959. 217,056. 4,382,746. 2,000. 125,370. 4,824,131.	\$ 4,660. 27,745. 369,986. 478.	\$	92,299. 189,311. 4,012,760. 1,522. 125,370. 4,421,262.

STATEMENT 8 FORM 990, PART IV, LINE 58 OTHER ASSETS

CASH SURRENDER VALUE OF LIFE INSURANCE. \$ 77,790. TOTAL \$ 77,790.

STATEMENT 9 FORM 990, PART IV, LINE 64B MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME: DATE OF NOTE: MATURITY DATE:

BANK OF AMERICA 6/01/2003 6/01/2012

REPAYMENT TERMS:

ORT PMTS \$30,877 PLUS INTEREST 5.27%

INTEREST RATE: SECURITY PROVIDED:

PROPERTY

PURPOSE OF LOAN:

NEW BUILDING AND RENOVATION

ORIGINAL AMOUNT:

3,500,000.

BALANCE DUE:

\$ 1,852,624.

TOTAL \$ 1,852,624.

2004	FEDERAL STATEMEN	NTS		PAGE 4
CLIENT 27092 S	T. LUKES COMMUNITY HOUS	E, INC.		62-0484183
6/24/05		_ <u>-</u>		01:16PM
STATEMENT 10 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS				
SPECIAL EVENT EXPENSES	· · · · · · · · · · · · · · · · · · ·	······································		15,110. 15,110.
STATEMENT 11 FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS				
SPECIAL EVENT EXPENSES			\$ TOTAL \$	15,110. 15,110.
STATEMENT 12 FORM 990, PART V LIST OF OFFICERS, DIRECTORS,	TRUSTEES, AND KEY EMPLO	YEES		
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
DOUGLAS L. ANDERSON	EXECUTIVE DIREC 60	\$ 102,550.	\$ 34,071.	\$ 0.
NASHVILLE, TN				
TIFFANY ISRAEL	ASSOC EXEC DIR	47,802.	9,518.	0.
NASHVILLE, TN	50			
CAROL LYNN MCCARTY	DEV. DIRECTOR	50,002.	9,742.	0.
NASHVILLE, TN	50			
BETH C. ALEXANDER	PRESIDENT	0.	0.	0.
NASHVILLE, TN	. 4			
MELINDA BASS	COUNCIL ADVISRS	0.	0.	0.
NASHVILLE, TN	. 2			
RICHARD BRACKEN	BOARD MEMBER	0.	0.	0.
	.5			
NASHVILLE, TN				
NASHVILLE, TN TODD CATO	BOARD MEMBER	0.	0.	0.
	BOARD MEMBER	0.	0.	0.
TODD CATO		0.	0.	0.

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STATEMENT 12 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRIBUTION EBP &	TO	EXPENSE ACCOUNT/ OTHER
CLEO COWAN	HONORARY MEMBER	\$	0. \$	0.\$	0.
FRANKLIN, TN	U				
STEVE FRIDRICH	BOARD MEMBER		0.	0.	0.
NASHVILLE, TN	.23				
RAMSEY DORAN	BOARD MEMBER		0.	0.	0.
NASHVILLE, TN	.5				
ANTHONY F. HOLT	BOARD MEMBER		0.	0.	0.
HERMITAGE, TN	.23				
DAVID HERBERT	HONORARY MEMBER		0.	0.	0.
NASHVILLE, TN	U .				
CHRISTY MCMAHAN	BOARD MEMBER		0.	0.	0.
BRENTWOOD, TN	.5				
JOE LEVI	TREASURER		0.	0.	0.
NASHVILLE, TN	.5				
MARLENE MOSES	BOARD MEMBER		0.	0.	0.
NASHVILLE, TN	0				
MARIAN OTT	BOARD MEMBER		0.	0.	0.
NASHVILLE, TN	0				
ARTHUR J. REBROVICK, JR.	BOARD MEMBER		0.	0.	0.
NASHVILLE, TN	.5				
RT. REV. BERTRAM HERLONG	BOARD MEMBER		0.	0.	0.
NASHVILLE, TN	. 25				
R. SCOTT JACKSON, JR. NASHVILLE, TN	BOARD MEMBER .25		0.	0.	0.

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STATEMENT 12 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	,
CLAIRE W. TUCKER	BOARD MEMBER	\$ (). \$ 0.	\$ 0.
BRENTWOOD, TN	.25			•
JERRY B. WILLIAMS	SECRETARY .25		0.	0.
NASHVILLE, TN	.23			•
BETSY WILLS	BOARD MEMBER	(0. 0.	0.
NASHVILLE, TN	.5			
EMILY ZERFOSS	BOARD MEMBER	(0.	0.
NASHVILLE, TN	1			
JAN BAKER PASS	BOARD MEMBER	+	0.	0.
NASHVILLE, TN	.5			
WILLIAM T. DELAY	BOARD MEMBER	(0. 0.	0.
NASHVILLE, TN	0			
STAMBAUGH WENDE	BOARD MEMBER	1	0. 0.	0.
NASHVILLE, TN	0			
	TOTAL	\$ 200,35	<u>\$ 53,331.</u>	\$ 0.

STATEMENT 13 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	PROGRAM SERVICE REVENUES ALLOW THE ORGANIZATION TO PROVIDE LOW-COST CHILDCARE AND OTHER SERVICES TO HELP LOW INCOME WORKING FAMILIES ACHIEVE THEIR POTENTIAL AND PREVENT PROBLEMS THAT THREATEN THE STABILITY OF FAMILIES AND COMMUNITY.
101	SPECIAL EVENTS ATTRACT NEW AND POTENTIAL DONORS.
103	MISCELLANEOUS REVENUES HELP TO OFFSET THE MISCELLANEOUS COSTS OF OPERATING THE CHILDCARE FACILITIES.

FEDERAL STATEMENTS

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STATEMENT 14 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION		_(A	2003	(B	3) 2002	_	C) 2001	(D	2000	<u>(E</u>) TOTAL
MISCELLANEOUS REVENUE		\$	4,215.	\$	3,510.	\$	12,802.	\$	9,382.	\$	29,909.
	TOTAL	\$	4,215.	\$	3,510.	\$	12,802.	\$	9,382.	\$	29,909.

FEDERAL SUPPLEMENTAL INFORMATION

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CLIENT 27092

ST. LUKES COMMUNITY HOUSE, INC.

62-0484183

6/24/05

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990, PART II, LINE 42 DEPRECIATION EXPENSE

LAND, BUILDING AND EQUIPMENT ARE STATED AT COST OR IF CONTRIBUTED, AT FAIR MARKET VALUE AT DATE OF GIFT. DEPRECIATION IS CALCULATED USING THE STRAIGHT-LINE BASIS WITH ESTIMATED USEFUL LIVES RANGING FROM 3-39 YEARS FOR BUILDING AND EQUIPMENT.