- Department of the Treasury

**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)

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

OMB No. 1545-0047 Open to Public

	Revenue Service   The organization may have to use a copy of this return to satisfy state reporting the companion of the comp	ng requirements.	spection
Fo	r the 200 <u>3 calendar year, or tax year beginning</u> , 2003, and en	ding	
Chec	ik if applicable Please C Name of organization	D Employer identification	on numbe
	Address change use IRS MONROE HARDING, INC.	62-0476670	
	Name change print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
	Initial return type.		
	Final return Specific 1120 GLENDALE LANE	(615) 298-5573	3
Ī	Amended Instruc- City or town, state or country, and ZIP + 4	F Accounting method Cash	X Ac
	Application tions. NASHVILLE, TN 37204	Other (specify)	
_		t applicable to section 527 organ	nızations
	Annata minet attack a seminated October 1 to 4 (2) 000 000 200	··	Yes X
W	1 to N == 4=	enter number of affiliates	
			Yes
	lif the organization's gmss receipts are normally not more than \$25,000. The	attach a list See Instructions)	
	H(d) Is this a se	eparate return filed by an on covered by a group ruling?	Yes X
		kemption Number	. 00   21
	M Check		not requi
G		Sch. B (Form 990, 990-EZ, or 99	
art		<del></del>	18U-FF)
ui (	, , , , , , , , , , , , , , , , , , , ,	Structions.)	
	The state of the s		
	a Direct public support	<u>'4.</u>	
P	b Indirect public support		
	c Government contributions (grants)		
	d Total (add lines 1a through 1c) (cash \$ 423,515. noncash \$		423,5
<b>Y</b>	Program service revenue including government fees and contracts (from Part VII, line 93)		<u>851,0</u>
	Membership dues and assessments		
5	Interest on savings and temporary cash investments	1 1	8
7	5 Dividends and interest from securities	5	186,0
`	6 a Gross rents		
ŭ	b Less: rental expenses		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
CHIMED	7 Other investment income (describe		
ζ	8 a Gross amount from sales of assets other (A) Securities (B) Other		
	than inventory	<u>)5.</u>	
	b Less cost or other basis and sales expenses 1,930,557. 8b 29,75	<u>2.</u> '	
1	c Gain or (loss) (attach schedule)	3.	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d 6	673,3
	9 Special events and activities (attach schedule) If any amount is from gaming, check here		
	a Gross revenue (not including \$ of	[ ' ]	
	contributions reported on line 1a)		
	b Less: direct expenses other than fundraising expenses		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10 a Gross sales of inventory, less returns and allowances		
	b Less: cost of goods sold		
	C Gross profit or (loss) from sales of inventory (attach schedule) spitting the (10) from the 10a)	10c	
	11 Other revenue (from Part VII, line 103)	• •	19,8
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1)	· ·	54,6
			48,2
}	Program services (from line 44, column (B))	• •	47,0
!	Management and general (from line 44, column (C))  Fundraising (from line 44, column (D))		57,3
ķ	16 Payments to affiliates (attach schedule)	16	, <u>.</u>
-	ayments to anniates (attach screedile)	•	\FQ
	17 Total expenses (add lines 16 and 44 column (A))		コつノード
_	17 Total expenses (add lines 16 and 44, column (A))		
_	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 1	01,9
	<ul> <li>Excess or (deficit) for the year (subtract line 17 from line 12)</li> <li>Net assets or fund balances at beginning of year (from line 73, column (A))</li> </ul>	. 18 1 . 19 7,4	01,9 32,3
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18 1 19 7,4 20 1,2	01,9 32,3 10,4

	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 (attach schedule)					
	(cash \$)	22				
23	Specific assistance to Individuals (attach schedule)	$\overline{}$				) V
24	Benefits paid to or for members (attach schedule)	24			AND WELL THE ARCHARDS TO THE	The state of the s
25	Compensation of officers, directors, etc.		77,896.	63,952.		4,963
26	Other salaries and wages	26	1,145,536.	947,035.	124,283.	74,218
27	Pension plan contributions	27_				
28	Other employee benefits	28	163,599.	135,191.		
29	Payroll taxes	29	142,079.	117,408.	15,476.	9,195
30	Professional fundraising fees	30	00 100		00 100	
11	Accounting fees	31	20,192.	<del></del>	20,192.	
2	Legal fees	32	156 200	100.000	6 006	01 000
3	Supplies	33	156,308.	128,293.		
4	Telephone	34	21,004.	18,256.		672
5	Postage and shipping	35	12,440.	1,493.	317.	10,630
6	Occupancy	36	59,826.	51,485.	8,341.	
7	Equipment rental and maintenance	37	59,285.	57,014.	2,271.	17 600
8	Printing and publications	38 39	17,679.	25. 2,196.	25. 192.	17,629
9	Travel	40	3,504.	2,196.	192.	1,116
10 11	Conferences, conventions, and meetings .	41				
2	Interest	42	83,480.	60,912.	22,568.	
13	Depreciation, depletion, etc (attach schedule)  Other expenses not covered above (itemize) <b>STMT_3</b>	42 43a	89,853.	65,035.	18,296.	6,522
. J t		43b	09,655.	65,035.	10,290.	0,522
		43c				
		43d				
e		43e				
	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	/Ing S	2,052,681. SOP 98-2.	1,648,295.	247,044.	157,342
loii \re f "Y	nt Costs. Check  if you are follow any joint costs from a combined educational es," enter (I) the aggregate amount of these joint costs.	ring S campa int cos	SOP 98-2. aign and fundraising soli sts\$	citation reported in (B) Pro	ogram services? ated to Program services	.► Yes X No
loli ire i "Y ii) (	nt Costs. Check  if you are follow if you are follow any joint costs from a combined educational es," enter (I) the aggregate amount of these joint amount allocated to Management and gen	/ing S campa int co: eral \$	SOP 98-2. aign and fundraising soli	citation reported in (B) Pro ; (II) the amount alloc ; and (Iv) the amount a	ogram services? ated to Program services illocated to Fundraising \$	.► Yes X No
loii kre f "Y III) ( Pa	nt Costs. Check  if you are follow any joint costs from a combined educational es," enter (I) the aggregate amount of these joint amount allocated to Management and general Statement of Program Service.	ring Scampaint conternal \$	SOP 98-2. aign and fundraising solicests complishments (Se	citation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a see page 25 of the in	ogram services? ated to Program services illocated to Fundraising \$ structions.)	Yes X No
oii re "Y ii) ( Pa	nt Costs. Check  if you are follow if you are follow any joint costs from a combined educational es," enter (I) the aggregate amount of these joint amount allocated to Management and gen	ving \$ campa int cos eral \$ e Ac ?  urpos suss a	aign and fundraising solicits \$  complishments (Secomplishments in a classification of the control of the contr	citation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a see page 25 of the in UCATION, COUNSE ear and concise manne not measurable. (Sectio	ogram services? ated to Program services allocated to Fundraising \$ structions.) ELING ar. State the number in 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and
oli ire F "Y III) ( Pa Vha All of corga	nt Costs. Check if you are follow any joint costs from a combined educational es," enter (I) the aggregate amount of these joint he amount allocated to Management and general in Statement of Program Servicat is the organization's primary exempt purpose organizations must describe their exempt publications issued, etc. Discontinuous discontinuous describe their exempt publications issued, etc. Discontinuous discontinuous discontinuous describe their exempt publications issued, etc. Discontinuous discon	campaint coreral \$ e Acceptage and a coreral \$ e Acceptage and a coreral \$ coreral \$ e Acceptage and a coreral \$ e	aign and fundraising solicits \$  complishments (Secomplishments in a classification of the control of the contr	citation reported in (B) Pro ; (ii) the amount alloc ; and (iv) the amount a see page 25 of the in UCATION, COUNSE ear and concise manne not measurable. (Sectio	ogram services? ated to Program services allocated to Fundraising \$ structions.) ELING ar. State the number in 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts; but optional for
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Volument of the control of the contr	if you are follow any joint costs from a combined educational es," enter (I) the aggregate amount of these joint amount allocated to Management and general III Statement of Program Servications to the organization's primary exempt purpose organizations must describe their exempt publications served, publications issued, etc. Disciplications and 4947(a)(1) nonexempt charital RESIDENTIAL CHILDCARE SERVICE.	ving scamping to camping to camping to camping to camping to camping to camping the camping	GOP 98-2.  aign and fundraising solidates \$  complishments (Secomplishments (Secomplishments (Secomplishments in a clear content of the conte	citation reported in (B) Pro ; (II) the amount alloc ; and (Iv) the amount a see page 25 of the in UCATION, COUNSE ear and concise manne not measurable. (Section amount of grants and a and allocations \$ and allocations \$ and allocations \$	ogram services? ated to Program services allocated to Fundraising \$ structions.) ELING ar. State the number in 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts; but optional for

P	art IV	Balance Sheets (See page 25 of the instru	uctions	s.)			
<u></u>	Note:	Where required, attached schedules and amounts v column should be for end-of-year amounts only.	he description	(A) Beginning of year		(B) End of year	
	45	Cash - non-interest-bearing			247,448.	45	209,616.
	46	Savings and temporary cash investments				46	
	ļ		1 1				
		Accounts receivable		143,985.		323a att	
	b	Less: allowance for doubtful accounts	47b		131,796.	47c	143,985
						<b>&gt;</b>	
		Pledges receivable		21,625.			
		Less: allowance for doubtful accounts			46,000.		21,625
	1	Grants receivable			<del></del> -	49	<del></del>
	50	Receivables from officers, directors, trustees, and k	-	• •		1 1	
		(attach schedule)				50	
	51a	Other notes and loans receivable (attach	lea-l		,	16. 8	
şţs	_	schedule)	518			51c	
Assets						52	
4	53	Inventories for sale or use		• • • • • • • • • • • • •	9,765.		19,276.
	54	Investments - securities (attach schedule) STMT .4			5,453,880.		6,759,567.
	1	Investments - land, buildings, and	. – _			W 7	0,733,307.
	000	<del>_</del>	55a	1,940,678.		2.44.4	
	b	Less: accumulated depreciation (attach		2,340,0,0		12.	
	~	schedule)	55b	968,903.	1,010,256.		971,775.
	56	Investments - other (attach schedule)				56	
		Land, buildings, and equipment: basis				4	
		Less: accumulated depreciation (attach				] ]	
		schedule)	57b			57c	
	58	Other assets (describe ▶	601,241.	58	688,520.		
						1	
	59	Total assets (add lines 45 through 58) (must equa			7,500,386.		8,814,364.
		Accounts payable and accrued expenses			44,528.	60	47,802.
		Grants payable				61	
		Deferred revenue				62	
iies	1	Loans from officers, directors, trustees, and key em		•			
iabilities		schedule)				63	
Ŀ		Tax-exempt bond liabilities (attach schedule)				64a	<del></del>
		Mortgages and other notes payable (attach schedul	le)			64b	
	65	Other liabilities (describe ►		STMT 6 )	23,486.	65	21,712.
	66	Total liabilities (add lines 60 through 65)			68,014.	66	69,514.
	Orga	inizations that follow SFAS 117, check here $\triangleright$ X	and	complete lines	08,014.	40.7	09,314.
		67 through 69 and lines 73 and 74.	Jana	complete intes			
Ø	ľ	Unrestricted			1,330,775.	67	1,450,559.
8	68	Temporarily restricted			46,476.		6,607.
alai	I	Permanently restricted			6,055,121.		7,287,684.
Net Assets or Fund Balances	1	nizations that do not follow SFAS 117, check here			0,000,222.		.,
Ţ		complete lines 70 through 74.					
ō		Capital stock, trust principal, or current funds		70			
ets	71	Paid-in or capital surplus, or land, building, and equ				71 72	
SS		Retained earnings, endowment, accumulated incor		72			
¥ A	ľ	Total net assets or fund balances (add lines 67 th		K'99'1!?"			
ž	]	70 through 72,	7 420 270	72	0 744 050		
	74	column (A) must equal line 19; column (B) must equal line 19; total liabilities and net assets / fund balances (ad	7,432,372. 7,500,386.		8,744,850. 8,814,364.		
		TOTAL HADRILLOS ARO HOL ASSOLS / TURIU DAIMICOS (MI	iu iiiies	OU GING (U) · · · ·	1,500,500.	779	U,UI4,JU4.

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.

Form	99	n	/201	าวา

X No

If "Yes," attach schedule - see page 28 of the instructions

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?

For	m 990 (2003) 62-0476670			Page 5
Pa	ort VI Other Information (See page 28 of the 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.			
78:	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		_x
	o If "Yes," has it filed a tax return on Form 990-T for this year?	78b		х
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x
808	a 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?	80a	x	
ı	of "Yes," enter the name of the organization MIDDLE TENNESSEE PRESBYTERY OF THE		{	,
	PRESBYTERIAN CHURCH and check whether it is X exempt or nonexempt.	}		
816	Enter direct and indirect political expenditures. See line 81 instructions			
ı	Did the organization file Form 1120-POL for this year?	81b		х
82	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			Ì
	or at substantially less than fair rental value?	82a	X	ļ
1	o 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.)	11	1 111	
838	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	ļ <u>.</u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	х	
848	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		x
	o If "Yes," did the organization include with every solicitation an express statement that such contributions	Par. →	· 9,	n d
	or gifts were not tax deductible?	84b	N/	A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/	Α
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	<b>A</b>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	'' ''	ĺ · · ·	' '
	received a waiver for proxy tax owed for the prior year.	<sub>p</sub> tr		٠.
•	Dues, assessments, and similar amounts from members 85c N/A	_		ĺ
	Section 162(e) lobbying and political expenditures	_	'	1
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<u>.</u>	٠.,	
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	<u>A</u>
ł	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?	85h	N/	A
	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	_		
	Gross receipts, included on line 12, for public use of club facilities	4	į	ŀ
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	<b>-</b>		
t	Gross income from other sources. (Do not net amounts due or paid to other	1.	l .	1
	sources against amounts due or received from them.)	-		1
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			ļ
	partnership, or an entity disregarded as separate from the organization under Regulations sections			1
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X.
89 a	1 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	,	[ ,	100
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A	1	Paris (	ļ. ·
t	501(c)(3) and 501(c)(4) orgs. 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	89b	L	<u> </u>
(	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		/-	
	sections 4912, 4955, and 4958		N/A	
	I Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A	
	List the states with which a copy of this return is filed NONE	100:	140	
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b		
91	The books are in care of PATRICIA L HARMAN Telephone no 615-29	<u> </u>	13	
	Located at ▶ 1120 GLENDALE LANE, NASHVILLE, TN ZIP+4 ▶ 37204			$\neg$
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here	• • •	 N7/2	▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A	<del></del>

Form **990** (2003)

Note: Enter	Alialysis of illoulib-riouuc	ing Activitie	s (See page 33	62- of the instruction	ons.)	Page
	gross amounts unless otherwise		ed business income		section 512, 513, or 514	(E)
Indicated.		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function
_	ım service revenue:	-				income
	LD SUPPORT	<del> </del>	- ···· · -	<del></del>		851,092
ь		<del></del>	<u>.</u>			
		-				
d						
e	<del></del>					<del></del>
f Medica	re/Medicald payments					
g Fees a	nd contracts from government agencles.		<del> </del>			
94 Memb	ership dues and assessments	<u> </u>	<del></del>			
95 Interest	on savings and temporary cash investments •	ļ		14	860.	
96 Divide	nds and interest from securities			14	186,003.	
97 Net re	ntal income or (loss) from real estate:			21 ( Type 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second of the second o
a debt-fi	nanced property					
b not de	bt-financed property					
	al income or (loss) from personal property		-			
	investment income					
00 Gain or	(loss) from sales of assets other than inventory			18	673,332.	
	come or (loss) from special events .					
	profit or (loss) from sales of inventory			-		
	evenue: a					
	CELLANEOUS					19,866
	32322					19,800
_						
e						
	al (add columns (B), (D), and (E))				860,195.	870,958
				1, 1, 11	000,193.	
05 Total (	add line 104, columns (B), (D), and (E	))				
05 Total ( lote: Line 1	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal th	e))	e 12, Part I.		· · · · · · • · · · · · · · · · · · · ·	1,731,153
05 Total ( lote: <i>Line 1</i> Part VIII	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal th Relationship of Activities t	i))	e 12, Part I.	empt Purpose	s (See page 34 of th	1,731,153 ne instructions.)
05 Total (lote: <i>Line 1</i> l Part VIII Line No.	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which	e amount on lin  o the Accor  income is repo	ne 12, Part I.  Inplishment of Extra column (E) of the column (E)	empt Purpose	s (See page 34 of th	1,731,153 ne instructions.)
05 Total (lote: <i>Line 1</i> Part VIII Line No.	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal th Relationship of Activities t Explain how each activity for which of the organization's exempt purpos	e amount on lin  o the Accor  income is repo	ne 12, Part I.  Inplishment of Extra column (E) of the column (E)	empt Purpose	s (See page 34 of th	1,731,153 ne instructions.)
05 Total (lote: <i>Line 1</i> ) Part VIII Line No.	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which	e amount on lin  o the Accor  income is repo	ne 12, Part I.  Inplishment of Extra column (E) of the column (E)	empt Purpose	s (See page 34 of th	1,731,153 ne instructions.)
05 Total (lote: <i>Line 1</i> ) Part VIII Line No.	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal th Relationship of Activities t Explain how each activity for which of the organization's exempt purpos	e amount on lin  o the Accor  income is repo	ne 12, Part I.  Inplishment of Extra column (E) of the column (E)	empt Purpose	s (See page 34 of th	1,731,153 ne instructions.)
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05 Total ( Note: Line 19 Part VIII Line No.	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which of the organization's exempt purpos STMT 9	o the Accomincome is reposes (other than	ne 12, Part I.  Inplishment of Extra ted in column (E) of by providing funds for the second sec	rempt Purpose f Part VII contribut such purposes).	s (See page 34 of the ted importantly to the according	1,731,153 ne instructions.) mplishment
05 Total ( Note: Line 19 Part VIII Line No.	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal the Relationship of Activities t Explain how each activity for which of the organization's exempt purpos STMT 9	o the Accomincome is reposes (other than	ne 12, Part I.  Inplishment of Extred in column (E) of by providing funds for the providing funds for	empt Purpose f Part VII contribute such purposes).	s (See page 34 of the ted importantly to the accordance of the secondary (See page 34 of the	1,731,153 ne instructions.) mplishment instructions.)
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O5 Total ( Note: Line 19 Part VIII Line No.	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal the Relationship of Activities t Explain how each activity for which of the organization's exempt purpos STMT 9  Information Regarding Taxal (A)	o the Accomincome is reposes (other than	ries and Disreg  (B) Percentage of mershlp interest	rempt Purpose  f Part VII contribute  such purposes).  arded Entities  (C)	S (See page 34 of the ted importantly to the accordance of the control of the con	1,731,153 ne instructions.) mplishment instructions.)
O5 Total ( Note: Line 19 Part VIII Line No.	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which of the organization's exempt purposed STMT 9  Information Regarding Taxal (A) (A) ame, address, and EIN of corporation,	o the Accomincome is reposes (other than	ries and Disreg  (B)  Percentage of mership interest  %	rempt Purpose  f Part VII contribute  such purposes).  arded Entities  (C)	S (See page 34 of the ted importantly to the accordance of the control of the con	1,731,153 ne instructions.) mplishment instructions.)
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O5 Total (Note: Line 1) Part VIII Line No.	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which of the organization's exempt purpose STMT 9  Information Regarding Taxal (A)  ame, address, and EIN of corporation, partnership, or disregarded entity	the Accommoder of the Accommod	ries and Disreg  (B) Percentage of mership interest  %  %  %  %  %	rempt Purpose  f Part VII contribute  such purposes).  arded Entities  (C) ture of activities	S (See page 34 of the ted importantly to the accordance)  (See page 34 of the (D) Total income	1,731,153 ne instructions.) mplishment  instructions.)  End-of-year assets
Part IX  Part X	add line 104, columns (B), (D), and (E D5 plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which of the organization's exempt purpose STMT 9  Information Regarding Taxal (A) ame, address, and EIN of corporation, partnership, or disregarded entity  Information Regarding Trans	ble Subsidia	ries and Disreg (B) Percentage of mership interest % % % % iated with Person	rempt Purpose  f Part VII contribute  such purposes).  arded Entities  (C) ture of activities	(See page 34 of the (See page 34 of the (D) Total income	instructions.)  instructions.)  [End-of-year assets]
Part IX  Part X	add line 104, columns (B), (D), and (E 05 plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which of the organization's exempt purpose STMT 9  Information Regarding Taxal (A)  ame, address, and EIN of corporation, partnership, or disregarded entity	ble Subsidia	ries and Disreg (B) Percentage of mership interest % % % % iated with Person	rempt Purpose  f Part VII contribute  such purposes).  arded Entities  (C) ture of activities	(See page 34 of the (See page 34 of the (D) Total income	instructions.)  instructions.)  End-of-year assets  of the instructions.)
O5 Total ( lote: Line fi Part VIII Line No.  Part IX  N I/A  Part X  (a) Did the (b) Did the	Information Regarding Tranorganization, during the year, receive an eorganization, during the year,	ble Subsidia  sfers Assoc y funds, directly or pay premium	ries and Disreg  (B) Percentage of Mership interest  % % % % % iated with Personals, directly, to pay premins, directly or indirectly, and indirectly or indirectly.	rempt Purpose  f Part VII contribute such purposes).  arded Entities (C) ture of activities  conal Benefit Co	(See page 34 of the (See page 34 of the (D) Total income	instructions.)  instructions.)  instructions.)  End-of-year assets  of the instructions.)  Yes x No
Part IX  Part X  (a) Did the (b) Did the	Add line 104, columns (B), (D), and (E) plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which of the organization's exempt purpose STMT 9  Information Regarding Taxal (A) ame, address, and EIN of corporation, partnership, or disregarded entity  Information Regarding Transpartnership, or disregarding the year, receive an eleganization, during the year, fest to (b), file Form 8870 and Fo	ble Subsidia  sfers Assoc y funds, directly or pay premium  and amount on line on the Accom Income is repo is repo is selected in the control on the Accom Income is repo is selected in the control on the Accom on	ries and Disreg  (B) Percentage of mership interest  % % % iated with Person ins, directly or indinstructions).	rempt Purpose  f Part VII contribute such purposes).  arded Entities (C) ture of activities  pnal Benefit Co	S (See page 34 of the ted importantly to the accordance (See page 34 of the (D) Total income (See page 34 of the ontracts (See page 34 of the page 34 of the page 34 of the contracts (See page 34 of the	instructions.)  End-of-year assets  of the instructions.)  Yes x No Yes x No
Part IX  Part X  (a) Did the (b) Did the	Add line 104, columns (B), (D), and (E) plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which of the organization's exempt purpose STMT 9  Information Regarding Taxal (A) ame, address, and EIN of corporation, partnership, or disregarded entity  Information Regarding Transpartnership, or disregarding the year, receive an eleganization, during the year, fest to (b), file Form 8870 and Fo	ble Subsidia  sfers Assoc y funds, directly or pay premium  and amount on line on the Accom Income is repo is repo is selected in the control on the Accom Income is repo is selected in the control on the Accom on	ries and Disreg  (B) Percentage of mership interest  % % % iated with Person ins, directly or indinstructions).	rempt Purpose  f Part VII contribute such purposes).  arded Entities (C) ture of activities  pnal Benefit Co	S (See page 34 of the ted importantly to the accordance (See page 34 of the (D) Total income (See page 34 of the ontracts (See page 34 of the page 34 of the page 34 of the contracts (See page 34 of the	instructions.)  End-of-year assets  of the instructions.)  Yes x No Yes x No
Part IX  Part X  (a) Did the (b) Did th Note: If "Y	Information Regarding Tranorganization, during the year, receive an eorganization, during the year,	ble Subsidia  sfers Assoc y funds, directly or pay premium  and amount on line on the Accom Income is repo is repo is selected in the control on the Accom Income is repo is selected in the control on the Accom on	ries and Disreg  (B) Percentage of mership interest  % % % iated with Person ins, directly or indinstructions).	rempt Purpose  f Part VII contribute such purposes).  arded Entities (C) ture of activities  pnal Benefit Co	S (See page 34 of the ted importantly to the accordance (See page 34 of the (D) Total income (See page 34 of the ontracts (See page 34 of the page 34 of the page 34 of the contracts (See page 34 of the	instructions.)  End-of-year assets  of the instructions.)  Yes x No Yes x No
Part IX  Part X  N  Part X  N  Part X  N  Part IX  N  Part IX  Part IX	Add line 104, columns (B), (D), and (E) plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which of the organization's exempt purpose STMT 9  Information Regarding Taxal (A) ame, address, and EIN of corporation, partnership, or disregarded entity  Information Regarding Transpartnership, or disregarding the year, receive an eleganization, during the year, fest to (b), file Form 8870 and Fo	ble Subsidia  sfers Assoc y funds, directly or pay premium  and amount on line on the Accom Income is repo is repo is selected in the control on the Accom Income is repo is selected in the control on the Accom on	ries and Disreg  (B) Percentage of mership interest  % % % iated with Person ins, directly or indinstructions).	rempt Purpose  f Part VII contribute such purposes).  arded Entities (C) ture of activities  pnal Benefit Co	S (See page 34 of the ted importantly to the accordance (See page 34 of the (D) Total income (See page 34 of the ontracts (See page 34 of the page 34 of the page 34 of the contracts (See page 34 of the	instructions.)  End-of-year assets  of the instructions.)  Yes x No Yes x No
O5 Total ( lote: Line fi Part VIII Line No.  Part IX  N I/A  Part X  (a) Did the (b) Did the	Add line 104, columns (B), (D), and (E) plus line 1d, Part I, should equal the Relationship of Activities to Explain how each activity for which of the organization's exempt purpose STMT 9  Information Regarding Taxal (A) ame, address, and EIN of corporation, partnership, or disregarded entity  Information Regarding Transpartnership, or disregarding the year, receive an eleganization, during the year, fest to (b), file Form 8870 and Fo	ble Subsidia  sfers Assoc y funds, directly or pay premium  and amount on line on the Accom Income is repo is repo is selected in the control on the Accom Income is repo is selected in the control on the Accom on	ries and Disreg (B) Percentage of mership interest indirectly, to pay premins, directly or indirectrons). mined this return, includation of preparer (other	rempt Purpose  f Part VII contribute such purposes).  arded Entities (C) ture of activities  pnal Benefit Co	(See page 34 of the ted importantly to the accordance (See page 34 of the following (D) Total income (D) Total income (See page 34 of the following (See pag	instructions.)  End-of-year assets  of the instructions.)  Yes x No Yes x No

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization MONROE HARDING TNC Employer Identification number

	MONROE HARDING, INC	C			62-0476670		
Part I	Compensation of the Five Higher (See page 1 of the instructions. List e	ach one. If there	rees Other Than are none, enter "	Officers, Director None.")			
(a) N	lame and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances		
NONE							
Total numb	per of other employees paid over	NONE	for the first of the first	1= 11/40- 14 mb + 14	Compression of the Hilling		
Part II	Compensation of the Five Higher (See page 2 of the instructions. List e	st Paid Indeper each one (whethe	ndent Contracto er individuals or fil	ors for Profession rms). If there are no	nal Services one, enter "None.")		
(a) Na	me and address of each independent contractor paid in	nore than \$50,000	(b) Туре	e of service	(c) Compensation		
NONE	<b></b>						
					,_,_,		
Total num	ber of others receiving over \$50,000 for al services	NONE		-1			

Sche	edule /	4 (Form 990 or 990-EZ) 2003 62-0476670			Page
Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	N
1	Dur	ing the year, has the organization attempted to influence national, state, or local legislation, including any			Π
	atte	empt to Influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid	l		İ
	or i	ncurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,			
	Par	t VI-A, or line I of Part VI-B.)	1		12
	Org	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	orga	anizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of		, s	
	the	lobbying activities.	100	1 :	Į.,
2	Dur	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	sub	stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or	'.		
	with	n any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			İ
	own	ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining			
	the	transactions.)			
а	Sale	e, exchange, or leasing of property?	2a		
b	Len	ding of money or other extension of credit?	2b		1
c	Fur	nlshing of goods, services, or facilities?	2c		<u> </u>
				1	
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	х	<u> </u>
е	Trai	nsfer of any part of its income or assets?	2 e		<u> </u>
3a		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		K
b		you have a section 403(b) annuity plan for your employees?	3b		
4	Did	you maintain any separate account for participating donors where donors have the right to provide advice			
	on t	he use or distribution of funds?	4_		K
Da	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
		Neason for Non-Fittate i Outloation Status (See pages 5 tillough 6 of the instructions.)			
The	organ	nization is not a private foundation because it is (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
6	Ш	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).			
8		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 hospital's name	, city,		
	_	and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(	1)(A)(i	v).	
		(Also complete the Support Schedule in Part IV-A.)			
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b	$\perp$	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross	ss		
		receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3%	of		
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqu			
		by the organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)			
13	X	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	ns		
		described 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)(2). (See			
		section 509(a)(3).)			
		Provide the following information about the supported organizations. (See page 5 of the instructions )			
		(a) Name(c) of supported experiention(c) (b) Line	numb	эг	
		(a) Name(s) of supported organization(s) from a	evode		_
		MIDDLE TENNESSEE PRESBYTERY OF THE PRESBYTERIAN CHURCH	13		
14	Ш	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
JSA 3E12	20 1 00	Schedule A (Form 9	90 or 9	90-EZ	) 20

	rt IV-A Support Schedule (Complete only if						_
No	te:You may use the worksheet in the instruction	ns for converting fro	om the accrual to the	he cash method of a	accounting.	<u>гои</u> _	APPLICABLE
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2002	(b) 2001	(c) 2000	(d) 199	9	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.) · · · · ·		<del> </del>				
16	Membership fees received						
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	organization's charitable, etc., purpose	<del> </del>					
18	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	·					
19	Net income from unrelated business						
	activities not included in line 18		· , ,				
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf						
21							
	the organization by a governmental unit						
	without charge. Do not include the value of						
	services or facilities generally furnished to the						
	public without charge		<del></del>				
22	Other income. Attach a schedule Do not						
	Include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22				<del></del>		
	Line 23 minus line 17	· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>		10 8 100 0
	Enter 1% of line 23 · · · · · · · · · · · · · · ·					Γ	90.00
	Organizations described on lines 10 or 11: a					26a	
	Prepare a list for your records to show the r		-	•			'
	governmental unit or publicly supported organi			-		206	
	amount shown in line 26a. Do not file this list				amounts		
	Total support for section 509(a)(1) test: Enter line 24	• • •		• • • • • • • • •	🟲	26c	* [fil
	Add: Amounts from column (e) for lines: 18	19			_		112.
	Public support (line 26c minus line 26d total)						
	Public support percentage (line 26e (numerator) d						
	Organizations described on line 12: a For						
21	person," prepare a list for your records to sho						
	Do not file this list with your return. Enter the sum				,		
	(2002) (2001)		(2000)	NOT APPLICA	RT.F: (1999	1	
ь	For any amount included in line 17 that was re						
	show the name of, and amount received for each						
	(Include in the list organizations described in line						
	the difference between the amount received an amounts) for each year:	d the larger amou	nt described in (1)	) or (2), enter the	sum of these	a diffe	rences (the excess
	(2002) (2001)		(2000)		(1999	١	
	(2002) (2001)		(2000)		(1000	/	
c	Add: Amounts from column (e) for lines: 15	16	•				
Ů	17 20					27.0	
d	Add: Line 27a total	and line 27b total	·-··			27d	
	Public support (line 27c total minus line 27d total)						
f	Total support for section 509(a)(2) test: Enter amour						
g	Public support percentage (line 27e (numerator) d					27a	<b>%</b>
h	Investment income percentage (line 18, column (e						
28	Unusual Grants: For an organization described	d in line 10, 11,	or 12 that rece	eived any unusual	grants durin	g 199	99 through 2002,
	prepare a list for your records to show, for description of the nature of the grant. Do not file this					the	grant, and a brief
JSA		s list with your return	i. Do not include th	ese grants in line 15.		A (For	n 990 or 990-EZ) 2003
3E1	21 1 000				2034410	•••	

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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	·	ŀ	"
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	<u> </u>	<del>}                                    </del>
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			
	About markers the markers because to all markers of the markers because with the markers of	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<u> </u>		- , ·
		** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		P., 54
		, ,		
		j. spr.),	,	
	***************************************	1		
32	Does the organization maintain the following:	1. 34	ar i e e e e	g <sup>roph</sup> Ar g
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	206		
	basis?  c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
		32c		
	with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			1
				ĺ
33	Does the organization discriminate by race in any way with respect to:		′ر ج ر	. <u>1</u> [[1]
_	Students' rights or privileges?		, ,	
а	Students' rights or privileges?	_33a		
b	Admissions policies?	33b		
	Admissions policies:	000		
C	Employment of faculty or administrative staff?	33c		<u> </u>
d	Scholarships or other financial assistance?	33d		<u> </u>
	Education of callists 0			1
е	Educational policies?	33е		<del></del>
f	Use of facilities?	33f		
•	Ose of facilities:	- 551		
g	Athletic programs?	33g		<u> </u>
_				
h	Other extracurricular activities?	33h		, st ts '
		'	- 1"	'
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		1	( )
		1 2		
		' '		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	<u> </u>			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		ļ
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	,		.
				ĺ '
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	_ [		
JSĀ	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

16	art VI-A		pleted <b>ONLY</b> by an e	•		_			,	BI.E	
Che	eck ▶a	<del></del>	zation belongs to an affili		k <b>⊳</b> b					ntrol" provisi	ons apply
		L	imits on Lobbying "expenditures" means	Expenditures	curred )			Affiliat	(a) ed group tals	To be cor for ALL o	npleted electing
26	Total lak	<del></del>	<del>`</del>		<u></u>	,	26			Organiz	
36			tures to influence publi				36 37			<del> </del>	
37 38			tures to influence a leg tures (add lines 36 and				38				
39			expenditures				39				
40			expenditures (add line				40				
41			mount. Enter the amou		na tahla -	• • •	40	<del></del>			
~.		nount on line		bying nontaxable	-	ŀ		., .	1	1	
						_ <b>`</b>			1 1		The second
			\$1,000,000 \$100,000						'	1	Allerina de la compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania de la compania de la compania de la compania de la compania de la compania de la compania del compania
			er \$1,500,000 \$175,000				41	•	* "!		1 11 11 11
			er \$17,000,000 \$225,000			1 1			नवेर्भुद्र ें ्	, , ,	الإعتاقاتين
			\$1,000,0			1 1			-, ', ', ',		
42			amount (enter 25% of				42			, , , , , , , , , , , , , , , , , , ,	
			ne 36. Enter -0- if line				43				
44	Subtract	t line 41 from li	ine 38. Enter -0- if line	41 is more than line	38		44				
									_		
	Caution	: If there is an	amount on either line	43 or line 44, you mu	ust file Form	4720.		<u>'', ''</u>	, , , ;	, P.,	
				Averaging Perio			•	•			
	(Sc	ome organizatı	ons that made a section							below.	
			See the instruction	ns for lines 45 throu	igh 50 on pa	age 11	of the	instruction	ons)		
				Lobbying Expend	ditures Du	ring 4-\	<b>'ear</b>	Averagi	ng Period		
		year (or fiscal	(a)	(b)		(c)			(d)	_(e)	
		nning in) ▶	2003	2002	20	001		2	000	Tota	<u>al</u>
		nontaxable									
<u>45</u>					<del></del>						
		ceiling amount			,	¢					
46	(150% of	line 45(e))		···	<del></del>	1 1	<del>' </del>			<u> </u>	
<u>47</u>	Total lobby	dng expenditures									
	Grassroo	ts nontaxable					1				
48	amount										
	Grassroots	ceiling amount		2 4 2	,	٠.	.		*		
<u>49</u>	(150% of I	ine 48(e)) • •	<u> </u>	<u> </u>		٠					
	Grassroo	ts lobbying									
_		ıres	4: 14 1 10 1	D 111 01 111							_
Pa	rt VI-B		ctivity by Nonelectin	•		\ /I A	\		10 mg 4h m 1m		
			ng only by organizat					e page	12 01 1110 111	istructions.)	
			zation attempt to influence nion on a legislative matte	·	_		g any		Yes No	Amou	ınt
	•	•			•						
	Poid etc	ff or managem	ent (Include compens	ation in expenses to	norted on lin			h\	X		'
c b		-					_		X	, '	1
d	Mailings	to membere	egislators, or the public	· · · · · · · · · · · · · · · · · · ·		• • • •	• • •	• • • • •	x		
u e	Publicati	ione or publick	egistators, or the public ned or broadcast staten	'	• • • • • •	• • • •	• • •	• • • • •	x		-
f			ations for lobbying pur						X		
g			slators, their staffs, go						X		
y h			siators, their stairs, go s, seminars, conventio						X		
i			tures (Add lines <b>c</b> throu								<del></del>
•		• • .	bove, also attach a sta						tivities.		_ <del></del>

JSA 3E1240 1 000

Schedule A (Form 990 or 990-EZ) 2003

Part V			Transfers To and Transactions an (See page 12 of the instructions.)	d Relationships With Noncharitabl	le	
	d the re	porting organization direc	tly or indirectly engage in any of the folloion 501(c)(3) organizations) or in sectio	<del>-</del> -		section
		•		- · · · · · · · · · · · · · · · · · · ·	_	es No
			zation to a noncharitable exempt organiz			
					51a(i)	X_
					a(ii)	X
		nsactions:		}		
(1	i) Sale	s or exchanges of assets	with a noncharitable exempt organization	١	b(l)	X
(ii	i) Purc	chases of assets from a no	oncharitable exempt organization		b(ii)	X_
(iii	i) Reni	tal of facilities, equipment,	or other assets		_b(iii)	X
(iv	r) Rein	nbursement arrangements			b(iv)	X
(v	/) Loar	ns or loan guarantees			<u>b(v)</u>	X
(vi	i) Perf	ormance of services or m	embership or fundraising solicitations 🚬		b(vi)	X
c Sh	aring of	f facilities, equipment, ma	iling lists, other assets, or paid employee	s	c	<u> </u>
d If t	he answ	er to any of the above is "Ye	s," complete the following schedule. Column	(b) should always show the fair market value	of the	
god	ods, othe	er assets, or services given b	y the reporting organization. If the organization	on received less than fair market value in any		
tra	nsaction	or sharing arrangement, sho	ow in column (d) the value of the goods, other	assets, or services received:		
(	(a)	(b)	(c)	(d)		
Line	e no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sha	aring arrang	ements
N/A	·					
<del></del> -						
			<del></del>			
		·	<del> </del>			
				<del></del>		
de	escribe	d in section 501(c) of the complete the following sch		n section 527? ▶	Yes	X No
	Nar	(a) ne of organization	(b) Type of organization	(c) Description of relationshi	in	
- /-		no or organization	Type of organization	Description of relationship	<u> </u>	
N/A		<del></del>	<del> </del>			
N/A	7					
			<del> </del>	<del></del>		
			<del> </del>			<del></del>
				<del></del>		
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_						
			i i			

## FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT 
DONATED USE OF SERVICES	43,594.
UNREALIZED GAIN ON INVESTMENTS UNREALIZED GAIN ON BENEFICIAL INTERESTS	1,089,156.
IN TRUSTS	77,741.
TOTAL	1,210,491.

FORM 990, PART II - OTHER EXPENSES

	•			
DESCRIPTION	TOTAL	Program Services	MANAGEMENT AND GENERAL	FUNDRAISING
	!	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	! ! ! ! !
ALLOWANCES	10,607.	10,607.		
AUTOMOBILE	6,974.	6,974.		
CONTRACTED SERVICES	11,018.	1,825.	6,043.	3,150.
INSURANCE	22,711.	17,296.	5,415.	
TRAINING	15,368.	10,833.	3,265.	1,270.
DUES AND PUBLICATIONS	6,182.	3,116.	2,791.	275.
LICENSES AND PERMITS	1,194.	619.	215.	300
BANKING FEES	2,094.		567.	1.527.
RECRUITMENT	6,109.	6,109.		
MISCELLANEOUS	7,596.	7,596.		
	1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1	
TOTALS	89,853.	65,035.	18,296.	6,522.

STATEMENT

#### FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
STOCKS & BONDS INTEREST BEARING ACCOUNTS	5,220,184. 233,696.	6,246,314. 513,253.
TOTALS	5,453,880.	6,759,567.

#### FORM 990, PART IV - OTHER ASSETS

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
BENEFICIAL INTERESTS IN			
PERPETUAL TRUSTS		601,241.	528,117.
RECEIVABLES FROM TRUST		NONE	160,403.
	TOTALS	601,241.	688,520.

#### FORM 990, PART IV - OTHER LIABILITIES

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
RESIDENTS' ACCOUNTS		23,486.	21,712.
	TOTALS	23,486.	21,712.

#### FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

**DESCRIPTION** AMOUNT -----UNREALIZED GAIN ON INVESTMENTS 1,089,156. UNREALIZED GAIN ON BENEFICIAL INTEREST IN TRUSTS 77,741. TOTAL 1,166,897. \_\_\_\_\_

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	6,232.
COMPENSATION	77,896.
TITLE AND TIME DEVOTED TO POSITION	PRESIDENT/
NAME AND ADDRESS	PATRICIA L HARMAN 1212 WOODLAND NASHVILLE, TN 37206

6,232.

77,896.

GRAND TOTALS

STATEMENT

#### FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME LINE IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED NO. IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

93A OUR EXEMPT PURPOSE IS TO PROVIDE CHILDCARE SERVICES FOR AND EDUCATION AND COUNSELING; AND FAMILY COUNSELING FOR 103 TROUBLED FAMILIES. OUR INCOME ENABLES US TO HIRE EMPLOYEES TO CARE FOR THE CHILDREN AND TO PROVIDE COUNSELING TO THEM AND THEIR FAMILIES. IT ALSO ENABLES US TO FEED, EDUCATE

AND PROVIDE LODGING FOR THE CHILDREN.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D 

SALARY OF PATRICIA HARMAN, EXECUTIVE BOARD OF DIRECTORS

SCHEDULE B, PART III - SECTION 501(C)(7),(8), OR (10) ORGANIZATIONS THAT RECEIVED MORE THAN \$1,000 IN CHARITABLE GIFTS DURING THE YEAR 

(A) NO. FROM PART I	(B)	PURPOSE OF GIFT
1		
	(C)	USE OF GIFT
	(D)	DESCRIPTION OF HOW GIFT IS HELD
	(E)	TRANSFER OF GIFT
		RECIPIENT'S NAME, ADDRESS, AND ZIP CODE
	~	RELATIONSHIP TO TRANSFEREE
(A) NO. FROM		
PART I	(B)	PURPOSE OF GIFT
1	(C)	USE OF GIFT
	(D)	DESCRIPTION OF HOW GIFT IS HELD

SCHEDULE B, P	ART III -	SECTION !	501(C)(7),(8),	OR (10)	ORGANIZATIONS
THAT RECEIVED	MORE THAN	\$1,000	IN CHARITABLE	GIFTS DU	RING THE YEAR

(E)	TRANSFER OF GIFT
	RECIPIENT'S NAME, ADDRESS, AND ZIP CODE
	RELATIONSHIP TO TRANSFEREE

#### FEDERAL FOOTNOTES 222222222222222

THE PROPERTY, PLANT AND EQUIPMENT OF MONROE HARDING CHILDREN'S HOME CONSISTED OF THE FOLLOWING AT DECEMBER 31, 2000:

LAND BUILDINGS AND CONTENTS LAND IMPROVEMENTS AUTOS AND TRACTOR	\$ 23,513 1,312,943 51,598 85,166
LESS ACCUMULATED DEPRECIATION	1,470,003 (833,370)
NET LAND, BUILDINGS AND EQUIPMENT	\$ 639,850

#### Monroe Harding Children's Home Board of Directors 2003/2004

Lizbeth R. Schuler, Chair 1781 Tyne Blvd. Nashville, TN 37215 Edwina Hefner 2904 John A. Merritt Blvd. Nashville, TN 37209

Ron Rossmann, Vice-Chair 403 Autumn Lake Trail Franklin, TN 37067

Wes Mayers 1321 Kinnard Drive Franklin, TN 37064

Denise Bentley 2601 Bransford Avenue Nashville, TN 37209 Robert Munn 515 Hodges Court Franklin, TN 37067

Kim Brannon 9205 Weston Drive Brentwood, TN 37027 Mary Nichols 4400 Belmont Park Terrace #216 Nashville, TN 37215

Susan Brantley 200 Lynnwood Blvd. Nashville, TN 37205 Mary Parker 209 10<sup>th</sup> Ave. South, Suite 511 Nashville, TN 37203

Lisa Cheek 221 Evelyn Avenue Nashville, TN 37205 Frank Parsons 503 Waxwood Drive Brentwood, TN 37027

Fabio Fallico 4104 Ashley Park Drive Nashville, TN 37203 Mike Red 2063 Lombardy Avenue Nashville, TN 37215

Mark Garvin 1007 James Parkway Brentwood, TN 37027 Jacqueline Shrago 2424 21<sup>st</sup> Avenue south Nashville, TN 37212

Carol Hastings 6211 Bresslyn Road Nashville, TN 37205 Jody Stanton 706 Omandale Drive Nashville, TN 37204

### Monroe Harding Children's Home Board of Directors 2003/2004

Dan Thompson 1502 Clairmont Place Nashville, TN 37215

Judy Tygard 617 Poplar Creek Trace Ct. Nashville, TN 37221

Philip Wenk 5316 Meadow Lake Road Brentwood, TN 37027

Scott White 1646 Highfield Lane Brentwood, TN 37027

Larry Worlund 100 Raush Drive Brentwood, TN 37027

Patty Harman, President & CEO 1120 Glendale Lane Nashville, TN 37204