

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)

OMB No 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or**B Check if applicable**

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

Please use IRS label or print or type See Specific Instructions

73371 *****AUTO**5-DIGIT 37203
 SENIOR CITIZENS INC
 174 RAINS AVE
 NASHVILLE TN 37203-5319

1
P 87 R
B 20 S

6/30/2004

D Employer identification number

62-0566419

E Telephone number

(615) 743-3400

F Accounting method ☐ Cash ☒ Accrual☐ Other (specify) _____

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

G Website: scitn.org**J Organization type** (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

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

H and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates _____**H(c)** Are all affiliates included? ☐ Yes ☐ No

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I Group Exemption Number** _____**M Check** ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **3,658,576****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)**1 Contributions, gifts, grants, and similar amounts received:****a Direct public support****1a** 888,642**b Indirect public support****1b** 721,831**c Government contributions (grants)****1c** 863,957**d Total** (add lines 1a through 1c) (cash \$ 2,474,430 noncash \$ 0)**1d** 2,474,430**2 Program service revenue including government fees and contracts** (from Part VII, line 93)**2** 477,790**3 Membership dues and assessments****3** 122,228**4 Interest on savings and temporary cash investments****4** 114,099**5 Dividends and interest from securities****5** 0**6a Gross rents****6a** _____**b Less rental expenses****6b** _____**c Net rental income or (loss)** (subtract line 6b from line 6a)**6c** 0**7 Other investment income** (describe _____)**7** 0**8a Gross amount from sales of assets other than inventory**

(A) Securities

(B) Other

8a 1,040**b Less cost or other basis and sales expenses****8b** 0**c Gain or (loss)** (attach schedule)**8c** 1,040**d Net gain or (loss)** (combine line 8c, columns (A) and (B))**8d** 1,040**9 Special events and activities** (attach schedule) If any amount is from **gaming**, check here ☐**a Gross revenue** (not including \$ 888,642 of contributions reported on line 1a)**9a** 468,989**b Less direct expenses other than fundraising expenses****9b** 109,379**c Net income or (loss)** from special events (subtract line 9b from line 9a)**9c** 359,610**10a Gross sales of inventory, less returns and allowances****10a** _____**b Less cost of goods sold****10b** _____**c Gross profit or (loss)** from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c** 0**11 Other revenue** (from Part VII, line 103)**11** 0**12 Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 3,549,197**13 Program services** (from line 12, column (B))**13** 3,051,520**14 Management and general** (from line 12, column (C))**14** 663,416**15 Fundraising** (from line 12, column (D))**15** 224,924**16 Payments to affiliates** (attach schedule)**16** 0**17 Total expenses** (add lines 16 and 14, column (A))**17** 3,939,860**18 Excess or (deficit)** for the year (subtract line 17 from line 12)**18** -390,663**19 Net assets or fund balances at beginning of year** (from line 73, column (A))**19** 13,587,726**20 Other changes in net assets or fund balances** (attach explanation)**20** 0**21 Net assets or fund balances at end of year** (combine lines 18, 19, and 20)**21** 13,197,063

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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. (See page 22 of the instructions.)

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 \$ 76,482 noncash \$ 0)	22 76,482	76,482		
23	Specific assistance to individuals (attach schedule)	23 286,933	286,933		
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc	25 201,809		201,809	
26	Other salaries and wages	26 1,545,658	1,220,774	195,602	129,282
27	Pension plan contributions	27 88,224	41,081	42,282	4,861
28	Other employee benefits	28 265,593	193,819	56,464	15,310
29	Payroll taxes	29 134,682	91,520	33,439	9,723
30	Professional fundraising fees	30 0			
31	Accounting fees	31 0			
32	Legal fees	32 0			
33	Supplies	33 162,020	148,374	7,546	6,100
34	Telephone	34 70,671	60,093	8,262	2,316
35	Postage and shipping	35 43,374	16,782	14,481	12,111
36	Occupancy	36 305,279	275,606	17,676	11,997
37	Equipment rental and maintenance	37 26,837	19,387	2,515	4,935
38	Printing and publications	38 67,943	15,826	38,445	13,672
39	Travel	39 75,267	71,488	3,391	388
40	Conferences, conventions, and meetings	40 20,406	15,260	3,906	1,240
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 392,000	392,000	0	0
43	Other expenses not covered above (itemize). a Fees	43a 145,457	109,267	27,007	9,183
	b Dues	43b 18,859	7,091	8,362	3,406
	c Recognition	43c 11,717	9,246	2,071	400
	d Other	43d 649	491	158	0
	e	43e 0			
	f	43f 0			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 3,939,860	3,051,520	663,416	224,924

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ Operate senior citizen centers

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

	Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others
a Senior Citizen Centers: Operate six senior citizen centers providing recreational and educational activities and nutrition services to over 1,000 participants.	
(Grants and allocations \$ 76,482)	1,626,045
b Living at Home: Provide services to enable senior adults to continue living at home including food services to over 1,000 adults.	
(Grants and allocations \$)	748,640
c Foster Grand Parents Program: Match senior adults with disabled children with approximately 75 participants.	
(Grants and allocations \$)	308,934
d Retired Senior Volunteer Program: Match senior adults to community activities. Approximately 48,000 volunteer hours provided	
(Grants and allocations \$)	178,263
e Other program services (attach schedule) (Grants and allocations \$)	189,638
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,051,520

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		1,535,862	45	523,582
	46	Savings and temporary cash investments			46	291,827
	47 a	Accounts receivable	47a 132,589			
	b	Less allowance for doubtful accounts	47b 0	114,930	47c	132,589
	48 a	Pledges receivable	48a 1,123,474			
	b	Less allowance for doubtful accounts	48b 246,228	1,460,384	48c	877,246
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a 0			
	b	Less allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		5,272	53	18,819
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		389,979	54	1,596,641
	55 a	Investments—land, buildings, and equipment basis	55a 0			
	b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c	0
56	Investments—other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment basis	57a 12,205,262				
b	Less: accumulated depreciation (attach schedule)	57b 2,313,427	10,201,360	57c	9,891,835	
58	Other assets (describe <input type="checkbox"/> See attached worksheet)		199,479	58	200,287	
59	Total assets (add lines 45 through 58) (must equal line 74)		13,907,266	59	13,532,826	
Liabilities	60	Accounts payable and accrued expenses		241,627	60	280,662
	61	Grants payable			61	
	62	Deferred revenue		8,771	62	21,760
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe <input type="checkbox"/> Conservator trust funds liability)		69,142	65	33,341
66	Total liabilities (add lines 60 through 65)		319,540	66	335,763	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		10,884,822	67	10,175,955
	68	Temporarily restricted		2,702,904	68	3,021,108
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		13,587,726	73	13,197,063
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		13,907,266	74	13,532,826

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	3,729,707
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 129,086		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	Spec event exp \$ 109,379		
	\$		
	Add amounts on lines (1) through (4)	b	238,465
c	Line a minus line b	c	3,491,242
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	Knowles Trust \$ 57,955		
	\$		
	Add amounts on lines (1) and (2)	d	57,955
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,549,197

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

a	Total expenses and losses per audited financial statements	a	4,178,325
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 129,086		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	Spec event exp \$ 109,379		
	\$		
	Add amounts on lines (1) through (4)	b	238,465
c	Line a minus line b	c	3,939,860
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,939,860

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Janet Jernigan Str 174 Rains Ave City Nashville ST TN ZIP 37203	Title Executive Direc Hr/WK 40	80,616	3,225	0
Name Fran Mezzafero Str 174 Rains Ave City Nashville ST TN ZIP 37203	Title Assist Exec Dire Hr/WK 40	61,067	2,443	0
Name Doug Swann Str 174 Rains Ave City Nashville ST TN ZIP 37203	Title CFO Hr/WK 40	60,126	2,405	0
Name Board Members ar Str See listing City ST ZIP	Title See listing Hr/WK 1	0	0	0
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			
Name Str City ST ZIP	Title Hr/WK			

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

Yes ☐ No ☒

Part 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? If "Yes," attach a conformed copy of the changes.	77	X
78 a	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	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 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
b	If "Yes," enter the name of the organization Knowles Trust Fund		
	and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	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.)	82b	129,086
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	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	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
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, 2003 (See instructions.)	90b	69
91	The books are in care of Name Doug Swann Telephone no (615) 743-3400 Located at 174 Rains Avenue City Nashville ST TN Zip + 4 37203		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Rental income					62,992
b Newspaper					41,379
c Program fees					373,419
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					122,228
95 Interest on savings and temporary cash investments			14	114,099	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			19	1,040	
101 Net income or (loss) from special events					359,610
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		115,139	959,628
105 Total (add line 104, columns (B), (D), and (E))					1,074,767

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Rent from agencies supporting this agency's activities
93b	Newspaper essential to communicate agency activities to participants
93c	Fees essential to allow agency to provide services not covered by public support
101	Special events revenue essential to allow agency to provide services not covered by public support

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date

CFO

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Senior Citizens Inc

62-0566419

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name 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
Name Rebecca M Perry Str 174 Rains Ave City Nashville ST TN Zip 37203 Country	Title Devel Director Avg hr/wk 40	51,849	2,074	0
Name Donna P Clark Str 174 Rains Ave City Nashville ST TN Zip 37203 Country	Title Commun Director Avg hr/wk 40	50,904	2,036	0
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000	None			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services	None	

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 beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	4,807,040	3,365,751	4,781,962	7,603,210	20,557,963
16 Membership fees received	107,328	101,217	94,697	92,391	395,633
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	448,570	454,017	390,408	492,380	1,785,375
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	42,210	93,650	136,197	19,078	291,135
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	5,405,148	4,014,635	5,403,264	8,207,059	23,030,106
24 Line 23 minus line 17	4,956,578	3,560,618	5,012,856	7,714,679	21,244,731
25 Enter 1% of line 23	54,051	40,146	54,033	82,071	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 424,895
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 total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 2,500,000
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 21,244,731
d Add: Amounts from column (e) for lines:					
18 291,135		19 0			
22 0		26b 2,500,000			
e Public support (line 26c minus line 26d total)					26d 2,791,135
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e 18,453,596
					26f 86.86%
27 Organizations described on line 12: 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)	(1999)	
b For 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:	(2002)	(2001)	(2000)	(1999)	
c Add: Amounts from column (e) for lines:					
15 0		16 0			
17 0		20 0	21 0		
d Add Line 27a total	0	and line 27b total	0		
e Public support (line 27c total minus line 27d total)					27c 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27d 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27e 0
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27f 0
					27g 0.00%
					27h 0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.					

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)

	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?		
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?		
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? 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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
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?		
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?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
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?		
b Has the organization's right to such aid ever been revoked or suspended? 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated groupCheck **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for 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)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

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:

- 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.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 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:

Yes	No
-----	----

(i) Cash

51a(i)	X
--------	---

(ii) Other assets

a(ii)	X
-------	---

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

b(i)		X
-------------	--	---

(ii) Purchases of assets from a noncharitable exempt organization

b(ii)		X
--------------	--	---

(iii) Rental of facilities, equipment, or other assets

b(iii)		X
---------------	--	---

(iv) Reimbursement arrangements

b(iv)	X
-------	---

(v) Loans or loan guarantees

b(v)		X
-------------	--	----------

(vi) Performance of services or membership or fundraising solicitations

b(vi)		X
-------	--	---

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

C		X
---	--	---

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

[illegible]

52 a 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?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Line 1a (990) - Direct public support

1	Contributions	1	468,989
2	Non Cash Contributions	2	
3	Special events contributions (Line 9 - Special Events)	3	0
4	Capital campaign contributions	4	419,653
5	-----	5	
6	-----	6	
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	888,642

Line 8 (990) - Gain/loss from sale of assets other than inventory

Totals:										Gross sales		Cost, other basis and expenses	
										Public Securities		Non-Public Securities	
										Other sales			
Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements	
										Cost	Donated value		
1	Minor equipment sales				various individuals	various	purchase	various	1,040	0	0		
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													

To add more lines to this schedule, press CTRL+Q

[illegible]

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Crown Ball	Star Spangled Salute	Barbeque	Whistle Stop Move Feast	
1a Number of special events	1	1	1	5	
2 Gross receipts	162,720	52,117	71,989	182,163	2 468,989
3 Less contributions					3 0
4 Gross revenue	162,720	52,117	71,989	182,163	4 468,989
5 Less direct expenses	31,771	25,218	10,861	41,529	5 109,379
6 Net income or (loss)	130,949	26,899	61,128	140,634	6 359,610

Line 22 (990) - Grants and allocations

Line 22 (990) - Grants and allocations										Print These
Check box if grantee is a business			Class of activity	Grantee's name	Address	City	State	Zip code	Amount given	Relationship
1			Charitable	Senior Citizens Foundation	174 Rains Avenue	Nashville	TN	37203	76,482	1
2	Totals								76,482	1

Line 47 (990) - Accounts receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	General receivables	1	114,930	132,589	0
2		2			0
3		3			
4		4			
5		5			
6		6			
7		7			
8		8			
9		9			
10		10			
11	Total accounts receivable	11	114,930	132,589	0

Line 48 (990) - Pledges receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	Capital Campaign	1	1,773,960	549,669	313,576
2	United Way	2		483,805	246,228
3	Senior Foundation	3		90,000	
4		4			
5		5			
6		6			
7		7			
8		8			
9		9			
10		10			
11	Total pledges receivable	11	1,773,960	1,123,474	313,576

Line 54 (990) - Investments - Securities

Check one box below to indicate how securities are report:

☐ Cost☒ End of year market value (FMV)

	Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV
Securities at end of year				
1 Certificates of Deposit			300,000	1,500,000
2 Mutual Funds			84,935	96,641
3 Common stocks			5,044	0
4				
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0
21 Totals . . .	21	0	0	389,979
				1,596,641

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)				Land (net of any amortization)			
		Beginning				End	
1	Land	1	1,620,440	1		1,620,440	
2		2		2			
3		3		3			
4		4		4			
5		5		5			
6	Total land (net of any amortization)	6	1,620,440	6		1,620,440	

Buildings and equipment				Accumulated depreciation			
		Beginning				End	
7	Buildings and improvements	7	9,197,509	7	1,159,515	1,399,163	
8	Construction in progress	8	26,126	8	0	0	
9	Furniture and equipment	9	1,039,422	9	548,123	694,772	
10	Vehicles	10	239,290	10	213,789	219,492	
11		11		11			
12		12		12			
13		13		13			
14		14		14			
15		15		15			
16		16		16			
17	Total buildings and equipment	17	10,502,347	17	1,921,427	2,313,427	
18	Buildings and equipment (less accumulated depreciation)	18		18	8,580,920	8,271,395	
19	Total land, buildings and equipment	19		19	10,201,360	9,891,835	

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11	Total	11	0	0

Line 58 (990) - Other assets

		Beginning	End
1	Conservator trust accounts	1	69,142
2	Pension plan intangible asset	2	130,337
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11	Total other assets	11	199,479

Line 65 (990) - Other liabilities

		Beginning	End
1 Conservator trust funds liability	1	69,142	33,341
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other liabilities	11	69,142	33,341

Part III e Other Program**Total:** 189,638

1 Adult Day Care	1	189,638
2	2	
3	3	
4	4	
5	5	

Line 1b for 990**Total:** 721,831

1 United Way	1	504,132
2 Senior Foundation	2	130,000
3 Knowles Foundation	3	87,699
4	4	
5	5	

**SENIOR CITIZENS, INC.
BOARD OF TRUSTEES
ROSTER 2004-2005**

NAME	HOME	OFFICE
ANDERSON JR, Ed (Dr) 1st term expires 2006	116 Wentworth Ave. Nashville, TN 37215 297-5856	St. Thomas Medical Plaza 4230 Harding Road Ste 601 East Nashville, TN 37205 222-3278 (O) 222-3715 (Fax) E-mail: ebaj@comcast.net
ASBURY, Barbara 2nd term expires 2006 Finance Committee	424 Church Street Ste 300 Nashville, TN 37219	Vice-President SunTrust Bank 748-5217 (O) 297-9405 (Fax) E-mail: barbara.asbury@SunTrust.com
BAULCH JR, Robert E 2nd term expires 2007 Finance Committee	6420 Currywood Drive Nashville, TN 37205 352-0914 (H)	The Crescent Bowling Company P.O. Box 1900565 Nashville, TN 37219-0565 259-2386 (C) 259-2388 (Fax)
BIRTHRIGHT, Edward 2nd term expires 2007	4 Redbud Drive Nashville, TN 37215-2423 297-9004 (H) 383-2372 (Fax)	B & C Investments P.O. Box 153586 Nashville, TN 37215-8586
CHEN, Ruth (Dr.) 1st term expires 2006	3108 Woodlawn Drive Nashville, TN 37215 463-7347 463-9263 (Fax) 403-0139 (cell)	TN Dept of Environment & Conservation L & C Tower 5th Floor 401 Church Street Nashville, TN 37243-1535 532-0881 (O) 532-0886 (Fax) E-mail: ruth.chen@state.tn.us
CLIFTON, Rob 1st term expires 2006 Dev. Com Committee Chair	715 River Rock Blvd Murfreesboro, TN 37128 867-7400 (H)	867-2395 (O) 476-2015 (cell) E-mail: rob.Clifton@bellsouth.net
COLE, Kathy 1st term expires 2005 Co-Chair Human Resources Committee	5744 Brentwood Trace Brentwood, TN 37027 370-4342 (h) 969-7568 (cell phone)	CFS-Crowe Chizek 105 Continental Place Ste 200 Brentwood, TN 37027 360-5539 (O) Fax: 515-3839 E-mail: Kcole@crowechizek.com

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Committee
2nd term expires 2007

9238 Hunterboro Drive
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661-6683 (H)

Hospital Corporation of America
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344-5941 (O)
344-1925 (Fax)

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Committee Co-Chair

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397-1673 (Cell)

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Vice President
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MD UCCRIA
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615-771-5885

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DOBBS, Dot
(Public Policy
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321-5659 (O)
329-0891 (Fax)

E-mail: dobven@aol.com

DUNN, Betty
1st term expires 2006
Leadership Committee

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352-2123 (H)
356-4350 (Fax)

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343-2310 (FAX)
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Advisory Council)
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794-8573

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HALL, Daron
1st term expires 2007

Sheriff
Davidson County Sheriff Dept
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HART, Patricia
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885-0733

Willie Nelson Museum
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Nashville, TN 37214
885-1515

FUGGINS, Susan
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297-9730 (Fax)

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Email: david.smith3@cigna.com

STEINER, Elise
2nd term expires 2005

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292-4439
269-8688 Fax

Community Volunteer

STERN, John
Chair Program Resources
Committee
2nd term expires 2005

P.O. Box 8118
Hermitage, TN 37076-8118
885-3234
271-8777 (Pager)

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889-3100 (O) 391-0945 (Fax)
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