

Form **990**Department of the Treasury
Internal Revenue Service**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

2003Open to Public
Inspection**A** For the 2003 calendar year, or tax year beginning

and ending

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

C Name of organization**GILDA'S CLUB NASHVILLE**

Number and street (or P O box if mail is not delivered to street address)

1033 18TH AVENUE SOUTH

Room/suite

City or town, state or country, and ZIP + 4

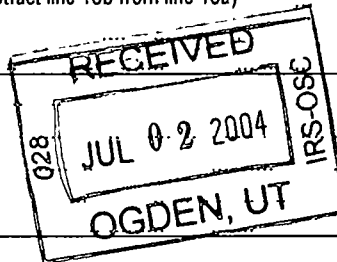
NASHVILLE, TN 37212**D** Employer identification number**62-1614190****E** Telephone number**615 834-0948****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

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

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website: ▶ **WWW.GILDASCLUBNASHVILLE.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.**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 ▶**536,291.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** **355,871.****b** Indirect public support**1b** **29,197.****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **385,068.** noncash \$)**1d** **385,068.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **4,442.****5** Dividends and interest from securities**5****6 a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe ▶)**7****8 a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8a****b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ **10,000.** of contributions reported on line 1a)**9a** **146,781.****b** Less direct expenses other than fundraising expenses**9b** **37,590.****c** Net income or (loss) from special events (subtract line 9b from line 9a)**SEE STATEMENT 2****9c** **109,191.****10 a** 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****11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **498,701.****13** Program services (from line 44, column (B))**13** **308,663.****14** Management and general (from line 44, column (C))**14** **54,969.****15** Fundraising (from line 44, column (D))**15** **43,686.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **407,318.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **91,383.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **353,555.****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** **444,938.**

Expenses

Net Assets

323001
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

2

Form 990 (2003)

12090622 781331 13535

2003.05050 GILDA'S CLUB NASHVILLE

13535_1

FILMED JUL 14 2004

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

Page 2

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 \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	51,828.	36,278.	8,812.
26	Other salaries and wages	26	153,073.	106,347.	25,914.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	37,704.	26,509.	6,174.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	8,429.	8,192.	37.
34	Telephone	34	5,480.	4,932.	274.
35	Postage and shipping	35	5,861.	3,521.	2,030.
36	Occupancy	36	57,969.	52,173.	2,898.
37	Equipment rental and maintenance	37	2,425.	2,020.	355.
38	Printing and publications	38	17,264.	14,911.	45.
39	Travel	39	322.	22.	300.
40	Conferences, conventions, and meetings	40	6,104.	5,562.	235.
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	6,086.	4,869.	304.
43	Other expenses not covered above (itemize).				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e	54,773.	43,327.	7,591.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	407,318.	308,663.	54,969.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☐

PROVIDE SUPPORT SERVICES FOR CANCER PATIENTS AND FAMILIES.

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	SEE STATEMENT 4	
	(Grants and allocations \$ _____)	308,663.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	308,663.

Part IV Balance Sheets

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	332,879.	45	357,463.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a	82,500.		
	b Less: allowance for doubtful accounts	48b	7,500.	48c	82,500.
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		4,750.	53	4,750.
	54 Investments - securities		54		
	55 a Investments - land, buildings, and equipment basis	55a	46,655.		
	b Less: accumulated depreciation	55b	39,399.	55c	7,256.
56 Investments - other		56			
57 a Land, buildings, and equipment: basis	57a				
b Less: accumulated depreciation	57b		57c		
58 Other assets (describe ▶)		58			
59 Total assets (add lines 45 through 58) (must equal line 74)		358,471.	59	451,969.	
Liabilities	60 Accounts payable and accrued expenses		60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
65 Other liabilities (describe ▶ ACCRUED EMPLOYEE LEAVE)		4,916.	65	7,031.	
66 Total liabilities (add lines 60 through 65)		4,916.	66	7,031.	
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		353,555.	67	444,938.
	68 Temporarily restricted		68		
	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)		353,555.	73	444,938.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		358,471.	74	451,969.

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 VI Other Information

		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? N/A	78b	
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 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or 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	
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? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	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		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	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? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	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	90b	8
91	The books are in care of ELAINE DORRIS Telephone no 615 834-0948		

Located at 1033 18TH AVENUE SOUTH NASHVILLE, TN

ZIP + 4 37212

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,442.	
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					
101 Net income or (loss) from special events			05	109,191.	
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.		113,633.	0.
105 Total (add line 104, columns (B), (D), and (E))					113,633.

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)

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	%			
	%			
	%			
	%			

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).

I, the preparer, certify that the information on this return is true, correct, and complete to the best of my knowledge and belief, and I am not aware of any information that would cause me to believe that the information on this return is not true, correct, and complete.

Date 02/28/04 SANDY TOWERS, EXEC. I

Preparer's SSN or PTIN

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

2003

Name of the organization

GILDA'S CLUB NASHVILLE

Employer identification number

62 1614190

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
NONE				

Total number of other employees paid over \$50,000 ▶

0

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
NONE		

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

0

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization 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 ☐ 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)(iv). (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 ☐ 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 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 acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations 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(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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.)	242,555.	263,122.	264,334.	221,124.	991,135.
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	131,560.	232,830.	96,315.	112,592.	573,297.
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	5,724.	8,037.	7,556.	4,483.	25,800.
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 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	379,839.	503,989.	368,205.	338,199.	1,590,232.
24 Line 23 minus line 17	248,279.	271,159.	271,890.	225,607.	1,016,935.
25 Enter 1% of line 23	3,798.	5,040.	3,682.	3,382.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					20,339.
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					178,844.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					1,016,935.
d Add: Amounts from column (e) for lines: 18 <u>25,800.</u> 19 <u>178,844.</u> 22 <u> </u> 26b <u> </u>					204,644.
e Public support (line 26c minus line 26d total)					812,291.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					79.8764%
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) N/A	(2001) N/A	(2000) N/A	(1999) N/A	
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) N/A	(2001) N/A	(2000) N/A	(1999) N/A	
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

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.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(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		

Schedule A (Form 990 or 990-EZ) 2003

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(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)

- 36** Total lobbying expenditures to influence public opinion (grassroots lobbying)
- 37** Total lobbying expenditures to influence a legislative body (direct lobbying)
- 38** Total lobbying expenditures (add lines 36 and 37)
- 39** Other exempt purpose expenditures
- 40** Total exempt purpose expenditures (add lines 38 and 39)
- 41** Lobbying nontaxable amount Enter the amount from the following table -
- | | |
|--|---|
| If the amount on line 40 is - | The lobbying nontaxable amount is - |
| Not over \$500,000 | 20% of the amount on line 40 |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |
- 42** Grassroots nontaxable amount (enter 25% of line 41)
- 43** Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36
- 44** Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

N/A

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				N/A
	(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

FOOTNOTES

STATEMENT 1

PROPERTY AND EQUIPMENT ARE REPORTED AT COST AT THE DATE OF PURCHASE, AT FAIR MARKET VALUE AT THE DATE OF GIFT IF THE VALUE IS READILY DETERMINABLE, OR OTHER REASONABLE BASIS, AS DETERMINED BY THE BOARD OF DIRECTORS, IF COST IS UNKNOWN. DEPRECIATION IS CALCULATED BY THE STRAIGHT-LINE METHOD, DOWN TO THE ESTIMATED SALVAGE VALUE OF THE ASSETS, OVER THEIR ESTIMATED USEFUL LIVES, WHICH RANGE 5 YEARS FOR COMPUTERS AND RELATED EQUIPMENT AND 7 YEARS FOR FURNITURE.

FURNITURE AND EQUIPMENT
LESS: ACCUMULATED DEPRECIATION

46,655.
39,399.

7,256.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
----------	-------------------------------	-----------	---

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DINNER PARTY, ANNIVERSARY PARTY, ETC.	156,781.	10,000.	146,781.	37,590.	109,191.
TO FM 990, PART I, LINE 9	156,781.	10,000.	146,781.	37,590.	109,191.

FORM 990	OTHER EXPENSES	STATEMENT	3
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	202.	30.	172.	
BOOKEEPING SERVICES	2,999.	2,699.	150.	150.
DUES & MEMBERSHIPS	436.	392.	22.	22.
EQUIPMENT LEASE	562.	506.	28.	28.
FOOD & BEVERAGE	4,435.	4,065.	303.	67.
GIFTS & PROMOTIONS	3,309.	2,731.	3.	575.
INSURANCE	10,269.	8,445.	1,459.	365.
MGMT INFO ASSISTANCE	2,002.	1,087.	475.	440.
CREDIT CARD FEES	2,742.		2,742.	
PROFESSIONAL FEES	5,720.	1,974.	1,874.	1,872.
UTILITIES	3,768.	3,392.	188.	188.
CONTRACT LABOR	11,445.	11,209.	118.	118.
OUTREACH	5,834.	5,805.	18.	11.
BUSINESS TAXES & LICENSES	907.	849.	39.	19.
EDUCATIONAL AND LIBRARY EXPENSE	143.	143.		
TOTAL TO FM 990, LN 43	54,773.	43,327.	7,591.	3,855.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
----------	--	-----------	---

DESCRIPTION OF PROGRAM SERVICE ONE

GILDA'S CLUB OF NASHVILLE PROVIDES SUPPPORT AND NETWORKING GROUPS, LECTURES, WORKSHOPS AND SOCIAL EVENTS IN A NON-RESIDENTIAL, HOME-LIKE SETTING, PROVIDED FREE OF CHARGE TO ADULTS & CHILDREN LIVING WITH CANCER AND THEIR FAMILIES AND FRIENDS. DURING 2003 GILDA'S CLUB SPONSORED AND/OR CONDUCTED 1895 ACTIVITIES WITH 7290 MEMBER VISITS. A SUBSTANTIATED NUMBER OF VOLUNTEERS CONTRIBUTED APPROXIMATELY 5000 HOURS. FOR ADDITIONAL INFORMATION, SEE ALSO STMT 9.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		308,663.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	5
----------	---	-----------	---

DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES NETTED WITH FUNDRAISING REVENUE	13,346.
TOTAL TO FORM 990, PART IV-B	13,346.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	6
----------	------------------------------------	-----------	---

DESCRIPTION	AMOUNT
FUNDRAISING EXPENSES NETTED WITH FUNDRAISING REVENUE	<13,346.>
TOTAL TO FORM 990, PART IV-A	<13,346.>

STATEMENT 8

Gilda's Club Nashville – Volunteer Hours 2003

The total volunteer hours for 2003 is approximately 5000, and includes Workshops and Lectures, Customized Membership Plans, Noogieland, Special Events, Phone and Clerical, and Potluck Socials.

STATEMENT 9

Gilda's Club Nashville – Program Services 2003

1. **Support Groups:** Weekly ongoing groups facilitated by a licensed clinician to provide emotional and social support for men, women and children with cancer, their families and friends.
2. **Networking Groups:** Monthly or bi-monthly groups that are diagnosed specific or issue specific, facilitated by licensed clinicians or oncology nurses, and are for men, women and children with cancer, their families and friends.
3. **Lectures and Workshops:** Educational opportunities providing self-skill tools for living with cancer, facilitated by trained volunteers, and are for men, women and children with cancer, their families and friends.
4. **Socials:** Opportunities for members to gather for social interaction, and includes men, women and children with cancer, their families and friends.

In 2003, there were a total of 7290 member visits.

STATEMENT 10

Gilda's Club Nashville – Three Major Events in 2003

Fan Fair Auction: June 7, 2003

This event is geared towards out-of-towners visiting for Fan Fair. It is a live auction of autographed memorabilia mostly from country music artists. Items include autographed guitars, tour jackets, photos, CD's, etc. Attendance is free of charge.

American Artisan Festival Dinner Party & Art Auction: June 26, 2003

This event is a seated dinner in a private home. Both a live and silent auction take place. Auctioned pieces consist of mostly art items with a few trips included. This is an invitation only event with a ticket fee to attend.

5th Anniversary Gilda's Gala: October 24, 2003

This event is a seated dinner- a program is held where GCN honors people with a Spirit of Gilda Award and a Vision Award. There is always some kind of entertainment for the last hour of the evening. This is an invitation only event with a ticket fee to attend.

GILDA'S CLUB NASHVILLE

Fleming Wilt (President)

Christie Cookies
1205 3rd Avenue North
Nashville, TN 37208
w) 242-3817 x 145 fx) 242-5572
h) 269-5502
fleming.wilt@christiecookies.com

Nancy Saturn (Vice-President)

American Artisan
4231 Harding Road
Nashville, TN 37205
w) 298-4691 fx) 298-4604
h) 383-5571
saturnan@aol.com

Derek Schraw (Treasurer)

Deloitte & Touche
424 Church St. #2400
Nashville TN 37219-2396
w) 259-1860, fx) 884-0679
dschraw@deloitte.com

Jack Goodwin (Secretary)

The Saint Paul Companies
5409 Maryland Way, Suite 320
Brentwood, TN 37027
w) 221-6354 cell) 804-3044
fax) 221-0249
jack.goodwin@stpaul.com

Albie Del Favero

Nashville Scene
2120 8th Avenue South
Nashville, TN 37204
w) 844-5500, fx) 744-3390
adelfavero@nashvillescene.com

Dick Fleming

Colliers Turley Martin Tucker
5250 Virginia Way, Suite 100
Brentwood, TN 37027
w) 301-2914, fx) 301-2958
dfleming@cmnt.com

Fletcher Foster

Capitol Records
5609 Ottershaw Court
Brentwood, TN 37027
w) 269-2068, fx) 269-2059
h) 661-4302
Fletcher.Foster@emicap.com

2003/2004 BOARD OF DIRECTORS

Ron Galbraith

Management 21
111 10th Avenue South #401
Nashville, TN 37203
w) 871-4321 fax) 871-9821
rgalbraith@management21.com

Cathy Tyne Jackson

5819 Hillsboro Pike
Nashville, TN 37215
h) 665-2442
tallujack@aol.com

Gerry Mace

Waller Lansden Dortch & Davis, PLLC
511 Union Street, Suite 2100
Nashville, TN 37219
w) 850-8912 fx) 244-6804 h) 298-5453
gmace@wallerlaw.com

Ronna Rubin

Rubin Media
PO Box 158161
Nashville, TN 37215
w) 298-4400 fx) 298-4040
rubinmedia1@aol.com

Tom Snyder

National Bank of Commerce
221 4th Ave. North
Nashville, TN 37219
w) 871-7116 fx) 871-7118
tom.snyder@ncfcorp.com

Becky Sohr

1156 Crater Hill Drive
Nashville, TN 37215
h) 665-7000 fx) 665-8600
cell) 491-1960
sotelli98@hotmail.com

Sheri Warnke

TBA Entertainment
300 10th Avenue South
Nashville, TN 37203
w) 742-9000 fx) 742-9180
swarnke@tbaent.com

Advisory Board

Walter Campbell, Ex Officio
Joe Barker
Yvette Boyd
Hope Hines
Merwin Ullestad
Barbara Winfrey

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	GILDA'S CLUB OF NASHVILLE	62-1614190
	Number, street, and room or suite no. If a P.O. box, see instructions. 1033 18TH AVENUE SOUTH	
File by the due date for filing your return See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37212	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until AUGUST 15, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 2003 or
► ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ... \$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Kevin J. Dostales Title ► CPA Date ► 5/12/04
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)