

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

**2003****Open to Public  
Inspection****A** For the 2003 calendar year, or tax year beginning **7/01/03**, and ending **6/30/04****B** Check if applicable:

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

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**THE ROCHELLE CENTER**

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

Room/suite

**1020 SOUTHSIDE COURT**

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

**NASHVILLE****TN 37203****D** Employer ID number**62-0813080****E** Telephone number**615-254-0673****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: ▶ **WWW.ROCHELLECENTER.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 instr.)

**H(d)** Is this a separate return filed by anorganization 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 ▶ **2,644,177****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

<b>R e v e n u e</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>203,729</b>	
	<b>b</b> Indirect public support	<b>1b</b>	<b>80,487</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>1,576,832</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1,861,048</b> noncash \$ )	<b>1d</b>	<b>1,861,048</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>735,521</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	<b>6,881</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6a</b> Gross rents	<b>6a</b>	<b>35,394</b>	
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>35,394</b>	
<b>7</b> Other investment income (describe )	<b>7</b>			
<b>E x p e n s e s</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>8d</b>		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
	<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	<b>5,333</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>2,644,177</b>		
<b>A s s e t s</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	<b>1,867,990</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	<b>374,637</b>	
	<b>15</b> Fundraising from line 44, column (D))	<b>15</b>	<b>831</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>	<b>2,243,458</b>	
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>400,719</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>1,579,321</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>1,980,040</b>	

**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 \$ _____ non-cash \$ _____ )	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages	26 1,138,316	897,335	240,981	
27 Pension plan contributions	27			
28 Other employee benefits	28 226,041	185,187	40,854	
29 Payroll taxes	29			
30 Professional fundraising fees	30 24,446	9,418	15,028	
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 73,062	66,164	6,898	
34 Telephone	34 27,885	19,631	8,216	38
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37 92,185	87,346	4,839	
38 Printing and publications	38			
39 Travel	39 10,980	10,958	22	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 108,556	91,180	16,783	593
43 Other expenses not covered above (itemize): a	43a			
b SEE STATEMENT 1	43b 541,987	500,771	41,016	200
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,243,458	1,867,990	374,637	831

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

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

▶ ☐ Yes ☒ No

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

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

**Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)**

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 2**

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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a <b>EVALUATION AND TRAINING OF MENTALLY REPTARDED ADULTS IN DAILY LIVING SKILLS, INCLUDING AN ENVIRONMENT OF SHELTERED EMPLOYMENT. THE CENTER SERVES 120-150 PERSONS PER YEAR.</b>	(Grants and allocations \$ _____ )	1,867,990
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)

▶ 1,867,990

**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
45	Cash-non-interest-bearing	401	45	440
46	Savings and temporary cash investments	758,266	46	960,516
47a	Accounts receivable	233,921		
b	Less: allowance for doubtful accounts	5,004	47c	228,917
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	7,380	53	13,262
54	Investments-securities <b>SEE STMT 3</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	708	54	2,695
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	2,323,738		
b	Less: accumulated depreciation (attach schedule) <b>SEE STMT 4</b>		57c	1,118,144
58	Other assets (describe <b>SEE STMT 5</b> )	5,672	58	29,674
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,727,370	59	2,353,648
60	Accounts payable and accrued expenses	148,049	60	117,608
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>		64b	256,000
65	Other liabilities (describe )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	148,049	66	373,608
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>				
67	Unrestricted	1,579,321	67	1,747,040
68	Temporarily restricted		68	233,000
69	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	1,579,321	73	1,980,040
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,727,370	74	2,353,648

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.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	<b>2,644,177</b>
<b>b</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 \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	<b>2,644,177</b>
<b>d</b>	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):		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	<b>2,644,177</b>

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	<b>2,243,458</b>
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	\$		
	Add amounts on lines (1) through (4)	<b>b</b>	
<b>c</b>	Line a minus line b	<b>c</b>	<b>2,243,458</b>
<b>d</b>	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)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	<b>2,243,458</b>

**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) Contnb to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PAUL MEDLIN 1020 SOUTHSIDE C NASHVILLE TN 37203	EXEC DIRECTO 40+	90,000	0	0
		0	0	0
SEE LISTING ATTACHED		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  
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
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide 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 <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	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	
83a	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
84a	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	N/A
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	N/A
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	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
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
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> , section 4912 <u>0</u> ; section 4955 <u>0</u>		
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
90a	List the states with which a copy of this return is filed <b>TN</b>		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	40
91	The books are in care of <b>JO ANNE COLES</b> Located at <b>1020 SOUTHSIDE COURT, NASHVILLE, TN</b>	Telephone no. <b>615-254-0673</b> ZIP + 4 <b>37203</b>	
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	

**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 sec 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 <b>SUPPORTED EMPLOYMENT</b>					93,384
b <b>PROGRAM FEES</b>					90,726
c <b>WORKSHOP SALES</b>					430,902
d <b>TRANSPORTATION</b>					11,762
e <b>SPECIAL EVENTS</b>					108,747
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	6,881	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					35,394
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					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b <b>MISCELLANEOUS</b>					5,333
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		6,881	776,248
105 Total (add line 104, columns (B), (D), and (E))					783,129

**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)
●	SEE STATEMENT 6

**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)

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.

Please

Executive Director

Date

09-14-04

**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

**THE ROCHELLE CENTER****62-0813080****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 ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**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 ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

**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 <b>►</b> \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B )	1		<b>X</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.				
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		<b>X</b>
b	Lending of money or other extension of credit?	2b		<b>X</b>
c	Furnishing of goods, services, or facilities?	2c		<b>X</b>
d	Payment of compensation (or payment or reimbursement of expense if more than \$1,000)? <b>SEE PART V, FORM 990 SEE STMT 7</b>	2d	<b>X</b>	
e	Transfer of any part of its income or assets?	2e		<b>X</b>
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	3a		<b>X</b>
3b	Do you have a section 403(b) annuity plan for your employees?	3b		<b>X</b>
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		<b>X</b>

**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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	594,088	633,454	626,419	653,839	2,507,800
<b>16</b> Membership fees received					0
<b>17</b> 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	1,511,407	1,400,953	1,599,121	1,322,274	5,833,755
<b>18</b> Gross income from interest, dividends, amounts received from payment 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	21,878	26,171	21,322	11,978	81,349
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. <b>STMT 8</b>	4,114	4,928	2,638	2,323	14,003
<b>23</b> Total of lines 15 through 22	2,131,487	2,065,506	2,249,500	1,990,414	8,436,907
<b>24</b> Line 23 minus line 17	620,080	664,553	650,379	668,140	2,603,152
<b>25</b> Enter 1% of line 23	21,315	20,655	22,495	19,904	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					52,063
<b>b</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					
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					2,603,152
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>81,349</u> 19 _____ 22 <u>14,003</u> 26b _____					95,352
<b>e</b> Public support (line 26c minus line 26d total)					2,507,800
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					96.3371 %
<b>27</b> Organizations described on line 12: <b>a</b> 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) _____					N/A
<b>b</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) _____					N/A
<b>c</b> Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
<b>d</b> Add: Line 27a total _____ and line 27b total _____					
<b>e</b> Public support (line 27c total minus line 27d total)					
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					%

**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)

	N/A	Yes	No
<b>29</b> 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?	<b>29</b>		
<b>30</b> 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?	<b>30</b>		
<b>31</b> 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.)	<b>31</b>		
<b>32</b> Does the organization maintain the following.			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities?	<b>33h</b>		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</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.	<b>34b</b>		
<b>35</b> 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	<b>35</b>		

**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) **N/A**Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **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												
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-														
<table border="0"> <tr> <td><b>If the amount on line 40 is-</b></td> <td><b>The lobbying nontaxable amount is-</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>	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	<b>41</b>	
<b>If the amount on line 40 is-</b>	<b>The lobbying nontaxable amount is-</b>													
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													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

**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
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) **N/A**

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.)

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

Yes	No	Amount



Forms  
**990 / 990-PF****Mortgages and Other Notes Payable****2003**

For calendar year 2003, or tax year beginning

**7/01/03**, and ending**6/30/04**

Name

Employer Identification Number

**THE ROCHELLE CENTER****62-0813080****FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>US BANK</b>	
(2) <b>US BANK</b>	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>200,000</b>	<b>6/02/04</b>	<b>6/02/09</b>	<b>MONTHLY PAYMENTS OF \$1,162</b>	<b>4.940</b>
(2) <b>56,000</b>	<b>6/02/04</b>	<b>6/02/09</b>	<b>MONTHLY PAYMENTS OF \$325</b>	<b>4.940</b>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>1132 GRAYCROFT AVE, MADISON, TN</b>	<b>PURCHASE REAL AND PERSONAL PROPERTY</b>
(2) <b>1088 12TH AVENUE, SOUTH NASHVILLE, TN</b>	<b>PURCHASE REAL AND PERSONAL PROPERTY</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		<b>200,000</b>
(2)		<b>56,000</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>		<b>256,000</b>

**Federal Statements**

FYE: 6/30/2004

**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
UTILITIES	65,092	63,663	1,429	
CONTRACTED SERVICES	204,907	197,963	6,944	
WORKSHOP WAGES AND BENEFITS	230,117	230,117		
TRAINING	8,999	5,540	3,459	
INSURANCE	28,414		28,414	
BAD DEBTS	776	776		
MISCELLANEOUS	3,682	2,712	770	200
TOTAL	\$ 541,987	\$ 500,771	\$ 41,016	\$ 200

**Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO ENABLE PERSON WITH DISABILITIES TO ACHIEVE THEIR HIGHEST  
LEVEL OF FUNCTIONING AND TO ASSIST THEIR FAMILIES OR CARE  
GIVERS IN ACQUIRING NEEDED SERVICES, TRAINING AND SUPPORT.

**Statement 3 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK			
40 SHARES OF GENESCO STOCK	708	2,695	MARKET
	708	2,695	

**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDINGS & EQUIPMENT	\$ 1,892,343	\$ 1,097,038	\$ 2,282,688	\$ 1,205,594
LAND	41,050		41,050	
TOTAL	\$ 1,933,393	\$ 1,097,038	\$ 2,323,738	\$ 1,205,594

**Statement 5 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
SPECIAL EVENTS RECEIVABLE	\$ 5,672	\$ 29,674
TOTAL	\$ 5,672	\$ 29,674

**Statement 6 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	REIMBURSEMENTS FOR PROVIDING PUBLIC EMPLOYMENT FOR CLIENTS WITH HANDICAPS.
93B	REVENUE RELATED TO SPECIAL PROGRAMS
93C	WORKSHOP REVENUES RESULTING FROM CONTACT JOBS OBTAINED TO PROVIDE SHELTERED EMPLOYMENT TO THE MENTALLY RETARDED.
93D	MTA FEES COLLECTED FROM CLIENTS. USED TO OFFSET TRANSPORT. EXPENSE.
93E	VR EVALUATIONS-FEES COLLECTED FOR VOCATIONAL REHAB SERVICES.

**Statement 7 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp**

SEE FORM 990, PART V

**Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
MISCELLANEOUS	\$ 4,114	\$ 4,928	\$ 2,638	\$ 2,323
TOTAL	\$ 4,114	\$ 4,928	\$ 2,638	\$ 2,323

## ROCHELLE CENTER

### BOARD OF DIRECTORS 2003 - 2004 LIST

<u>OFFICERS:</u>	<u>NAME &amp; ADDRESS:</u>	<u>TELEPHONE:</u>
President	Susie Fagan (2004) 705 Baugh Road Nashville, Tennessee 37221	Res: 646-2060 Bus: 835-9069 Fax: 662-7937
E-mail: <a href="mailto:Lfagan9885@aol.com">Lfagan9885@aol.com</a>		
Vice-President	Charlie Monk (2004) Monk Family Music P.O. Box 150768 Nashville, Tennessee 37215	Bus: 292-6811 Fax: 292-7266
Secretary	Henri Giles (Henriette) (2004) 492 Cedar Park Circle LaVergne, Tennessee 37086	Res: 793-4887 Cell: 330-0003
E-mail: <a href="mailto:hg.wrapitup@att.net">hg.wrapitup@att.net</a>		
Treasurer	Joe Edgens (2004) 5529 Granberry Heights Drive Brentwood, Tennessee 37027	Bus: 259-8516 Res: 834-7931 Fax: 259-8750
E-mail: <a href="mailto:Joe.Edgens@MNPS.org">Joe.Edgens@MNPS.org</a>		
Past President	Penny Hooper (2 <sup>nd</sup> – 2006) 736 Hill Road Brentwood, Tennessee 37027	Cell: 202-2246 Res: 373-5076 Fax: 221-9024
E-mail: <a href="mailto:pshooper@worldnet.att.net">pshooper@worldnet.att.net</a>		
Life Member	Eleanor Willis 50 Vaughn Road Nashville, Tennessee 37221-3706	Bus: 370-8053 Res: 383-6708 Fax: 880-2261
E-mail: <a href="mailto:williseleanor@hotmail.com">williseleanor@hotmail.com</a>		
Life Member:	Beverly Hanselman 104 Westhampton Place Nashville, Tennessee 37205	Res: 383-6483
E-mail: <a href="mailto:bwhans@aol.com">bwhans@aol.com</a>		
Life Member:	Frank Rochelle 112 Clearlake Drive E. Nashville, Tennessee 37217	Res: 367-2290
E-mail: <a href="mailto:frochell@bellsouth.net">frochell@bellsouth.net</a>		



**BOARD MEMBERS TERM EXPIRES JUNE 2004**

Sue Bishop  
5511 Granny White Pike  
Brentwood, Tennessee 37027  
Phone : Res: 373-0440

E-mail: [mizzous@aol.com](mailto:mizzous@aol.com)

Steve Gordon (2<sup>nd</sup> term)  
Metro Purchasing  
222 Third Avenue, North  
Nashville, Tennessee 37201  
Phone: Bus: 862-6180  
Res: 833-6346  
Fax: 862-6179

E-mail: [Stephen.Gordon@Nashville.Gov](mailto:Stephen.Gordon@Nashville.Gov)

Walter Overton  
222 3<sup>rd</sup> Avenue North  
Nashville, Tennessee 37201  
Phone: Bus: 880-1021

Fax: 880-1990

E-mail: [walter.overton@nashville.gov](mailto:walter.overton@nashville.gov)

Keith Roberts (2<sup>nd</sup> term)  
6440 Murray Lane  
Brentwood, Tennessee 37027

Phone: Res: 373-9508

**BOARD MEMBERS TERM EXPIRES JUNE 2005**

Nancy Edmunds  
407 Ritchie Drive  
Nashville, Tennessee 37220  
Phone: Res: 833-2861  
Bus: 259-3898  
E-mail: [destec@comcast.net](mailto:destec@comcast.net)

Dale Turner  
824 19<sup>th</sup> Avenue South  
Nashville, Tennessee 37203  
Phone: Bus: 963-4858

E-mail: [dale.turner@disney.com](mailto:dale.turner@disney.com)

Dr. James Powers  
714 Darrow Drive  
Pleasant View, Tennessee 37146  
Phone: Bus: 936-3274  
Res: 746-8916  
Fax: 936-3156  
E-mail: [james.powers@mcmail.vanderbilt.edu](mailto:james.powers@mcmail.vanderbilt.edu)

Helen Ann Ward  
6325 Kingsbury Drive  
Brentwood, Tennessee 37027  
Phone: Bus: 263-4824  
Res: 370-0445  
Fax: 373-0627  
E-mail: [wardh@realtracs.com](mailto:wardh@realtracs.com)

**BOARD MEMBERS TERM EXPIRES JUNE 2006**

Robbie Landers (2<sup>nd</sup> term)  
943 Seymour Avenue  
Nashville, Tennessee 37206  
Phone: Res: 226-4611  
E-mail: [rhlanders@comcast.net](mailto:rhlanders@comcast.net)

Caroline Bartholomew (2<sup>nd</sup> term)  
418 Ellendale  
Nashville, Tennessee 37205  
Phone: Res: 385-3248

Mike Blanchard (2<sup>nd</sup> term)  
1102 Blue Springs Road  
Franklin, Tennessee 37064  
Phone: Bus: 748-4943  
Res: 371-9951  
Fax: 322-9842  
E-mail: [Mike.Blanchard@Suntrust.com](mailto:Mike.Blanchard@Suntrust.com)

Betty Primm  
6762 Pennywell Drive  
Nashville, Tennessee 37205  
Phone: Bus: 271-2135  
Res: 352-3516  
E-mail: [bprimm@bankofnashville.com](mailto:bprimm@bankofnashville.com)

**BOARD MEMBERS TERM EXPIRES JUNE 2006**

Brenda Atchinson  
4862 Bethesada Duplex Road  
College Grove, Tennessee 37046  
Phone: Bus: 322-9200  
Res: 591-9002  
Cell: 476-2647  
E-mail:

Betsy Brittain  
6129 Hillsboro Pike  
Nashville, Tennessee 37215  
Phone: Res: 370-0055

E-mail: [ESBrittain@home.com](mailto:ESBrittain@home.com)

Ken Smith  
3500 Huntland Drive  
Whites Creek, Tennessee 37189  
Phone: Res: 876-4409  
E-mail: [K.Smith@fox17.com](mailto:K.Smith@fox17.com)

Dan Walters  
236 Burlington Place  
Nashville, Tennessee 37215  
Phone: Res: 385-3815  
Bus: 341-1000  
E-mail: [Dan.Walters@CAT.com](mailto:Dan.Walters@CAT.com)

Dennis Huffer  
5505 Clovercrest Drive  
Brentwood, Tennessee 37027  
Phone: Bus: 532-4960  
Res: 661-9708  
Fax: 532-4963  
E-mail: [hufferd@tennessee.edu](mailto:hufferd@tennessee.edu)

Jacque Hawks

Phone: Res: 385-2109

**PARENT/CAREGIVERS ASSOCIATION BOARD MEMBERS**

Parent Association President  
Ted Tiesler  
596 Harpeth Parkway E  
Nashville, Tennessee 37221  
Phone: Res: 646-4154  
Bus: