Form 990

Return of Organization Exempt from Income Tax

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

OMB No. 1545 0047 2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2003 calendar year, or tax year beginning 2003, and ending D Employer Identification Number Check if applicable: Please use IRS label NASHVILLE RESCUE MISSION Address change 62-6018832 or print or type. See specific P.O. BOX 333229 NASHVILLE, TN 37203-7535 E Telephone number Name change Initial return 615-255-2475 nstruc Accounting method: Final return Cash X Accrual Amended return Other (specify) Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Application pending H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? (Form 990 or 990-EZ). H (b) If Yes, enter number of affiliates. Web site: ► HTTP://WWW.NASHVILLERESCUEMISSION.ORG/HOME.HT H (c) Are all affiliates included? Organization type (If 'No,' attach a list See instructions) ► X 501(c) 3 ◀ (Insert no) 4947(a)(1) or (check only one) H (d) Is this a separate return filed by an Check here ► ☐ If the organization's gross receipts are normally not more than organization covered by a group ruling? \$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. Group Exemption Number Some states require a complete return. М Check > X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line $12 \ge 7.206.345$. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions' Contributions, gifts, grants, and similar amounts received: 7,028,661. c Government contributions (grants) 4,537,877. noncash \$ 2,490,784.)..... 7,028,661. 2 Program service revenue including government fees and contracts (from Part VII, line 93) 135,141. 2 3 Membership dues and assessments 3 4 5 Dividends and interest from securities . . . 5 339. 6b c Net rental income or (loss) (subtract line 6b from line 6a)...... 6с 7 Other investment income (describe 7 (A) Securities (B) Other 8a Gross amount from sales of assets other 8Ь **b** Less: cost or other basis and sales expenses . . c Gain or (loss) (attach schedule) . . 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 \$ **b** Less: direct expenses other than fundraising expenses...... c Net income or (loss) from special events (subtract line 9b from line 9a) 9 c 10a Gross sales of inventory, less returns and allowances... b Less: cost of goods sold ... 10b 10 c 42,204. 11 12 7,206,345. Produción services (from lipus 44, column (B))..... 5,126,305. 13 EXPENSES Management and general from line 44, column (C)). 304,685. 14 clasting Tilloin line 44, column (D))...... 1,444,428. 15 Payments to affiliated (attach schedule) 16 6,875,418. 17 330,927. Excess or (deficit) for the year (subtract line 17 from line 12) . 18 5,846,394. Net assets or fund balances at beginning of year (from line 73, column (A)) . 19 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20). 6,177,321

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

Form 990 (2003)

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| E | o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|-------|--|-------------------|---|---|---|--|
| 22 | Grants and allocations (att sch) | | | | | |
| | (cash \$ | | | | | |
| | non-cash \$) | 22 | | | | , |
| 23 | Specific assistance to individuals (att sch) $ST1$ | 23 | 2,542,952. | 2,542,952. | | |
| 24 | Benefits paid to or for members (att sch) | 24 | | | | |
| 25 | Compensation of officers, directors, etc | 25 | 134,000. | 105,994. | 5,628. | 22,378. |
| 26 | Other salaries and wages | 26 | 1,539,792. | 1,217,953. | 64,640. | 257,199. |
| 27 | Pension plan contributions | 27 | 40,433. | 34,727. | 3,488. | 2,218. |
| 28 | Other employee benefits | 28 | 289,266. | 224,429. | 31,600. | 33,237. |
| 29 | Payroll taxes | 29 | 125,237. | 100,170. | 4,910. | 20,157. |
| 30 | Professional fundraising fees | 30 | 853,767. | | | 853,767. |
| 31 | Accounting fees | 31 | 60,000. | | 60,000. | |
| 32 | Legal fees | 32 | 5,914. | | 5,914. | |
| 33 | Supplies | 33 | 91,717. | 57,729. | 22,310. | 11,678. |
| 34 | Telephone | 34 | 27,277. | 8,109. | 4,632. | 14,536. |
| 35 | Postage and shipping | 35 | | | | |
| 36 | Occupancy | 36 | | | | |
| 37 | Equipment rental and maintenance | 37 | 132,614. | 125,678. | 4,590. | 2,346. |
| 38 | Printing and publications | 38 | 190,526. | 1,269. | 9,097. | 180,160. |
| 39 | Travel | 39 | 60,661. | 54,463. | 2,055. | 4,143. |
| 40 | Conferences, conventions, and meetings | 40 | 00,001. | 0.7.200. | | 2/140. |
| 41 | | 41 | 42,210. | 39,979. | 2,231. | |
| | Interest | 41 | 263,185. | 233,723. | 22,622. | 6,840. |
| 42 | | 42 | 203,103. | 233,123. | 22,022. | 0,040. |
| 43 | Other expenses not covered above (itemize): | 4. | 475 067 | 270 120 | 60 060 | 25 760 |
| | SEE STATEMENT 2 | 43a | 475,867. | 379,130. | 60,968. | 35,769. |
| ı | · | 43b | | | | - |
| • | | 43 c | | | | |
| • | | 43 d | | | | |
| | | 43 e | | | <u>-</u> | |
| 44 | Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 | 44 | 6,875,418. | 5,126,305. | 304,685. | 1,444,428. |
| | t Costs. Check If you are following | SOP 9 | | | | |
| | any joint costs from a combined educationa | | | citation reported in (B) P | rogram services? | ► Yes X No |
| | es,' enter (i) the aggregate amount of these | | | | mount allocated to Prog | |
| \$ | | | to Management and gen | | ; and (iv) th | |
| | indraising \$. | | 3 | · <u></u> | | |
| Par | III Statement of Program Serv | ice A | ccomplishments | | | |
| | is the organization's primary exempt purp | | | NT 3 | | Program Service Expenses |
| All o | rganizations must describe their exempt puts served, publications issued, etc. Discussons and 4947(a)(1) nonexempt charitable tr | rpose a achiev | achievements in a clear a rements that are not mea | and concise manner. Sta surable. (Section 501(c) | te the number of (3) & (4) organ- to others.) | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others) |
| | SEE STATEMENT 4 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | Grante and | allocations \$ | ·· | 5,126,305. |
| • | | | Grants and | anocations y | | 5/125/505. |
| • | ' | | | | | |
| | | | | | · | |
| | | | · | I allocations \$ | ··· | |
| | | | (Grants and | i allocations \$ | | |
| • | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | (Grants and | l allocations \$ |) | |
| (| ! | | | | | |
| | | | | | | |
| | | | | | | |
| | | | (Grants and | l allocations \$ |) | |
| | Other program services | | (Grants and | l allocations \$ |) | |
| | Total of Program Service Expenses (sho | uld oa | ial line 44 column (D) G | Program somucos) | > | 5,126,305. |

Page 3

Part IV Balance Sheets (See Instructions)

| | | | · · · · | ···· | |
|---------------|-------------|--|---|------|---------------------------------------|
| Note: | Whe colu | ere required, attached schedules and amounts within the description imn should be for end-of-year amounts only. | (A) Beginning of year | | (B) End of year |
| | 45 | Cash - non-interest-bearing | 144,898. | 45 | 380,154. |
| } | 46 | Savings and temporary cash investments | 27,851. | 46 | 34,785. |
| | 47 a | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | 47 c | |
| | | | 1. ·· · · · · · · · · · · · · · · · · · | | |
| 1 | 48 a | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | 45,430. | 48c | 22,991. |
| | | Grants receivable | | 49 | |
| Ą | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| Š | | Other notes & loans receivable (attach sch) | * | | |
| A S S E T S | | Less: allowance for doubtful accounts | | 51 c | |
| | | Inventories for sale or use | 5,663. | 52 | 5,663. |
| | | Prepaid expenses and deferred charges | | 53 | |
| 1 | | Investments – securities (attach schedule). SEE ST 5. ► Cost X FMV | 8,000. | 54 | 8,000. |
| | | Investments – land, buildings, & equipment, basis 55a | | | 7 1 1. |
| | | Less: accumulated depreciation (attach schedule) | | 55 c | |
| | 56 | Investments – other (attach schedule). | | 56 | |
| 1 | | Land, buildings, and equipment: basis 57a 7,790,087. | | | , |
| | b | Less: accumulated depreciation (attach schedule) STATEMENT 6 57b 1,478,937. | 6,564,520. | 57 c | 6,311,150. |
| ļ | 58 | Other assets (describe) | | 58 | |
| | 59 | Total assets (add lines 45 through 58) (must equal line 74) | 6,796,362. | 59 | 6,762,743. |
| | 60 | Accounts payable and accrued expenses | 178,373. | 60 | 248,569. |
| Ļ | 61 | Grants payable | | 61 | |
| AB | 62 | Deferred revenue | | 62 | |
| 1 | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | · · · · · · · · · · · · · · · · · · · |
| LITIES | 64 a | Tax-exempt bond liabilities (attach schedule) | | 64a | ·· |
| <u> </u> | b | Mortgages and other notes payable (attach schedule) SEE . STATEMENT | 771,595. | 64b | 336,853. |
| ร | 65 | Other liabilities (describe). | | 65 | |
| | | Total liabilities (add lines 60 through 65) | 949,968. | 66 | 585,422. |
| Й | | izations that follow SFAS 117, check here X and complete lines 67 | | | |
| Ĕ | | through 69 and lines 73 and 74. | | | |
| | 67 | Unrestricted | 5,827,394. | 67 | 6,158,292. |
| ANNET-S | 68 | Temporarily restricted | 11,000. | 68 | 11,029. |
| | | Permanently restricted | 8,000. | 69 | 8,000. |
| R | - | izations that do not follow SFAS 117, check here ► and complete lines 70 through 74. | | | |
| ΝĮ. | | Capital stock, trust principal, or current funds | | 70 | |
| В | | Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| Ā | | Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| WHOZPLAM OZCH | | 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) | 5,846,394. | | 6,177,321. |
| - | 74 | Total liabilities and net assets/fund balances (add lines 66 and 73) | 6,796,362. | 74 | 6,762,743. |

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.

| Par | t IV-A Reconciliation of Revenue Financial Statements wit per Return (See instructi | h Revenue | Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return | | | | |
|-------|---|---|---|--|--|--|--|
| а | Total revenue, gains, and other support per audited financial statements | a 7,234,470. | a Total expenses and losses per audited financial statements a 6,903,543. | | | | |
| b | Amounts included on line a but not on line 12, Form 990: | | b Amounts included on line a but not on line 17, Form 990: | | | | |
| (1) | Net unrealized gains on investments \$ | | (1) Donated services and use of facilities \$ 28,125. | | | | |
| (2) | Donated services and use of facilities . \$ 28,125. | | (2) Prior year adjust- ments reported on line 20, Form 990 \$ | | | | |
| • • • | Recoveries of prior year grants \$ Other (specify). | | (3) Losses reported on line 20, Form 990 \$ | | | | |
| | | | | | | | |
| | Add amounts on lines (1) through (4) | ь 28,125. | Add amounts on lines (1) through (4) b b 28,125. | | | | |
| c | Line a minus line b | c 7,206,345. | c Line a minus line b | | | | |
| d | Amounts included on line 12, Form 990 but not on line a: | | d Amounts included on line 17, Form 990 but not on line a: | | | | |
| (1) | Investment expenses not included on line 6b, Form 990 . \$ | | (1) Investment expenses not included on line 6b, Form 990 \$ | | | | |
| (2) | Other (specify): | | (2) Other (specify): | | | | |
| | \$ Add amounts on lines (1) and (2) • | d | Add amounts on lines (1) and (2) d | | | | |
| е | Total revenue per line 12, Form | | e Total expenses per line 17, Form | | | | |
| Par | 990 (line c plus line d). | e 7,206,345. | 990 (line c plus line d) • e 6,875,418. Employees (List each one even if not compensated; see instructions.) | | | | |
| E | (A) Name and address | (B) Title and average ho per week devoted to position | | | | | |
| SEE | STATEMENT 8 | | | | | | |
| | | | 134,000. 25,767. 0. | | | | |
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| | | - | | | | | |
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| | | 1 | | | | | |
| 75 | | and all related organization | egate compensation of more ons, of which more than Yes X No | | | | |
| BAA | If 'Yes,' attach schedule - see instruc | UUIS. | Form 990 (2003) | | | | |

| - | m 990 (2003) NASHVILLE RESCUE MISSION 62-601883 art VI Other Information (See instructions.) | 2 | | Page 5 |
|-----------|---|------------|----------|---------------|
| | | Ι | Tes | 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 | l | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? | 77 | | X |
| | If 'Yes,' attach a conformed copy of the changes. | | | |
| 78 | Ba Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?. | 78a | | X |
| | b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 78b | N | /A |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | 79 | | Х |
| 80 | Da 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? | 80 a | | Х |
| | and check whether it is exempt or nonexempt. | | | |
| 81 | b Did the organization file Form 1120-POL for this year? | 81 b | | Х |
| 82 | 2a 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.) | | | * |
| 83 | Ba Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | - | |
| | 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 | ļ | 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 | 5 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85 a | | /A |
| | b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85 b | N | A |
| | 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 | 1 | ŀ | |
| | d Section 162(e) lobbying and political expenditures 85d N/A | 1 | | |
| | e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 4 | ŀ | |
| | f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | 1 | | |
| | g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N. | / <u>A</u> |
| | 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? | 85 h | N | /A |
| 80 | 5 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on | | | |
| | b Gross receipts, included on line 12, for public use of club facilities | - | | |
| g. | b Gross receipts, included on line 12, for public use of club facilities | - | ŀ | |
| Ů, | | 1 | ļ | |
| | b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | _ | ţ | |
| 8 | 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 | 9a 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 | | ļ | 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. |
| 9 | Da List the states with which a copy of this return is filed TENNESSEE | 1 | т – – | = |
| ~ | b Number of employees employed in the pay period that includes March 12, 2003 (See instructions.) | | <u> </u> | 83 |
| 9 | 1 The books are in care of ► RADER WALKER Telephone number ► 615-255-24 | <u>/</u> 2 | | |
| 9: | Located at ► 639 LAFAYETTE STREET, NASHVILLE, TN ZIP + 4 ► 3720 2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here | | | - 11 |
| <i>J.</i> | and enter the amount of tax-exempt interest received or accrued during the tax year | /. | | N/A |
| | | | | |

BAA

Page 6

Preparer's SSN or PTIN (see

Check if

Part VII Analysis of Income-Producing Activities (See instructions. Unrelated business income Excluded by section 512, 513, or 514 Note: Enter gross amounts unless Related or exempt otherwise indicated. Exclusion code Amount Business code Amount function income 93 Program service revenue: 109,306. a FEES FOR SRO UNITS **b** PERSONAL LOCKERS 25,835. f Medicare/Medicaid payments g Fees & contracts from government agencies 94 Membership dues and assessments Interest on savings & temporary cash invmnts . 339 96 Dividends & 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 pers prop Other investment income 99 100 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 42,204 **b** OTHER REVENUE 42,543.135,141 104 Subtotal (add columns (B), (D), and (E)). . 177,684 105 Total (add line 104, columns (B), (D), and (E)). 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 instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). 93A REHABILITATION SERVICES TRANSIENT SERVICES--LOCKERS FOR CONVENIENCE OF CLIENTS SERVED 93B Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Instructions.) (B) (C) (D) (E) Total End-of-year Name, address, and EIN of corporation, Percentage of Nature of activities partnership, or disregarded entity ownership interest income assets 용 N/A 용 ક 왐 Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No X No b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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**

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.)

2003

OMB No 1545 0047

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 62-6018832 NASHVILLE RESCUE MISSION Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit plans and deferred compensation (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other devoted to position 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 instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service RUSS REID CO. DIRECT MARKETING 847,000. P.O. BOX 60140, LOS ANGELES, CA 90060 MARSHALL & BRUCE PRINTING PRINTING SERVICES P.O. BOX 22940, NASHVILLE, TN 37213 115,000. FAULKNER, MACKIE & COCKRAN 4400 HARDING RD, STE 200, NASHVILLE, TN 37205 ACCOUNTING SVCS. 60,000. ROBERT ORR SYSCO

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

P.O. BOX 415000, NASHVILLE, TN 37241

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

Schedule A (Form 990 or 990-EZ) 2003

51,700.

FOOD SERVICE

| Sche | dule | A (Form 990 or 990-EZ) 2003 NASHVILLE RESCUE MISSION 62-601 | 18832 | | P | age 2 |
|------|----------------------|--|--------------------------|---------------|-------|--------------|
| Par | t III | Statements About Activities (See instructions.) | | | Yes | No |
| 1 | to in | ring the year, has the organization attempted to influence national, state, or local legislation, including any attemp influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid | | | | |
| | or ir | ncurred in connection with the lobbying activities • \$ N/A | | - 1 | | l |
| | - | st equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | · ··· | 1 | | <u>X</u> |
| | Orga orga lobb | panizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities. | | | | |
| 2 | sub: | ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any istantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with a able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or princip reficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | any pal | | | |
| ā | Sale | e, exchange, or leasing of property? | ····· [_ | 2a | | <u> </u> |
| ì | Len | nding of money or other extension of credit? | | 2b | | X |
| | : Furr | nishing of goods, services, or facilities? | | 2c | | Х |
| | | nishing of goods, services, or facilities? | | | | |
| | | yment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | | 2d | X | |
| • | : Trai | nsfer of any part of its income or assets? | | 2e | | X |
| 3 | Do y | you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an olanation of how you determine that recipients qualify to receive payments.) | | | v | l |
| | | you have a section 403(b) annuity plan for your employees? | | 3a 3b | X | |
| | | you maintain any separate account for participating donors where donors have the right to provide advice | ⊢ | 30 | Λ | |
| _ | on t | the use or distribution of funds? | <u> </u> | 4 | | Х |
| Pa | t IV | Reason for Non-Private Foundation Status (See instructions.) | | | | |
| The | orgai | inization is not a private foundation because it is: (Please check only ONE applicable box.) | | | | |
| 5 | \Box | 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 | Ш | 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 hosp | ital's na | me, c | ity, | |
| | | and state > | | | | |
| 10 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit. Se (Also complete the Support Schedule in Part IV-A.) | | | 1)(A) | (iv). |
| 11 : | 1 [X] | An organization that normally receives a substantial part of its support from a governmental unit or from the gen Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) | eral publ | lıc. | | |
| 111 | • 🔲 | 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 from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/2 from gross investment income and unrelated business taxable income (less section 511 tax) from businesses accorganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) | 3% of its | s sup | port | ots |
| 13 | | An organization that is not controlled by any disqualified persons (other than foundation managers) and supports 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)(3).) | s organiz 9(a)(2). (1 | zatior See | ns | |
| | | Provide the following information about the supported organizations. (See instructions | .) | | | |
| | | (a) Name(s) of supported organization(s) | (b) |) Lin | e nur | nber ve |
| | | | | | | |
| | | | - | | | , |
| | | | | | | |
| | | | | | | |
| 1.4 | | An example organized and engrated to test for public safety. Section 500(a)(A) (See instructions.) | | | | |
| 14 | li | An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.) | | | | |

| Par | IV-A Support Schedule (| Complete only if you o | checked a box on line | e 10, 11, or 12.) <i>Use d</i> | ash method of acco | ounting. |
|--------------|--|--|---|---|--|---|
| Note | : You may use the worksheet in th | e instructions for con | verting from the accru | ual to the cash method | d of accounting. | |
| Cale begi | ndar year (or fiscal year nning 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.) | 6,087,707. | 5,017,817. | 4,262,683. | 3,980,706 | . 19,348,913. |
| 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 | 145,038. | 128,632. | 138,807. | 84,878 | . 497,355. |
| 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 | 65,855. | 78,772. | 138,289. | 15,253 | |
| 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. SEE STMT 10 | 42,101. | 38,324. | 43,814. | 41,770 | . 166,009. |
| 23 | Total of lines 15 through 22 | 6,340,701. | 5,263,545. | 4,583,593. | | |
| 24 | Line 23 minus line 17 | 6,195,663. | 5,134,913. | 4,444,786. | 4,037,729 | |
| _25 | Enter 1% of line 23 . | 63,407. | 52,635. | 45,836. | 41,226 | |
| | Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a | name of and amount contri or 1999 through 2002 exceed amounts | buted by each person (othe ded the amount shown in li | ne 26a. Do not file this list | or publicly with your | Ь |
| | Total support for section 509(a)(1 | | | | ▶ 26 | c 19,813,091. |
| (| Add: Amounts from column (e) for | | | 19 | | 161 170 |
| | Public support (line 26c minus lin | 22 | 100,009. | 26 b | | d 464,178. e 19,348,913. |
| | Public support percentage (line 2 | | | | | 97.66 % |
| 27 | Organizations described on line a For amounts included in lines 15, name of, and total amounts received such amounts for each year: | 12: N/A 16, and 17 that were ved in each year from | received from a 'disq n, each 'disqualified p | ualified person, preperson. Do not file this | are a list for your re s list with your retur | cords to show the n. Enter the sum of |
| | (2002) | | | | | |
| | bFor any amount included in line 1 show the name of, and amount of \$5,000. (Include in the list organic computing the difference between (the excess amounts) for each year | eceived for each year, zations described in li n the amount received ear: | , that was more than nes 5 through 11, as I and the larger amou | the larger of (1) the a well as individuals.) D int described in (1) or | mount on line 25 for to not file this list wi (2), enter the sum o | the year or (2) ith your return. After f these differences |
| | (2002) | (2001) | (2000) _ | | _ (1999) | |
| • | Add: Amounts from column (e) fo | or lines: 15 | | 16 | | С |
| | Add: Amounts from column (e) fo 17 Add: Line 27a total | | nd line 27h total | | 27 | d |
| Ì | d Add: Line 27a total Public support (line 27c total min | us line 27d total) | id lille 270 total | | ▶ 27 | e |
| 1 | Total support for section 509(a)(2 |) test: Enter amount f | rom line 23, column (| (e) ► 27f | L L | E . |
| | g Public support percentage (line 2 | | | | ▶ 27 | g |
| | n Investment income percentage (I | ine 18, column (e) (nu | merator) divided by l | ine 27f (denominator) | | |
| 28 | Unusual Grants: For an organizalist for your records to show, for nature of the grant. Do not file the | each year, the name o | of the contributor, the | date and amount of t | ints during 1999 thro he grant, and a brie | ough 2002, prepare a f description of the |

| | (To be completed ONLY by schools that checked the box on line 6 in Part IV) | N/A | | |
|----|---|------|-------------|---|
| | | | Yes | No |
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) | | | *************************************** |
| | | ŧ ; | | |
| i | | 32a | | ļ. — - |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| | 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 of offits behalf to solicit contributions: | 320 | | |
| | If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| | Does the organization discriminate by race in any way with respect to: | | | , |
| | a Students' rights or privileges? | 33a | | |
| | b Admissions policies? | 33Ь | | |
| | Employment of faculty or administrative staff? | | | |
| 1 | d Scholarships or other financial assistance? | 33d | | |
| 1 | e Educational policies? | 33 e | | |
| • | f Use of facilities? | 33f | | |
| | g Athletic programs? | 33g | | |
| | h Other extracurricular activities? | 33 h | | |
| | If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| | | Ė : | | , |
| 34 | a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| | b Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| 35 | | 35 | | Ì |
| BA | Cala dula A /Fa 00 | 1 | 90-EZ | 2003 |

| | (10 be complete | ed ONLY by an eligible | organization that filed F | | | | | | N/A |
|----------|--|---|--|--------------------|----------------|--|--|--|--|
| Chec | k ► a if the organiz | ation belongs to an affi | liated group. Check | ▶ b if you | checke | | | contro | ol' provisions apply. |
| | | imits on Lobbying | • | | | ة) Affiliate tot | a) d grou als | р | (b) To be completed for ALL electing |
| | · | 'expenditures' means a | | | | | | | organizations |
| 36 | Total lobbying expenditu | - | , | | 36 | | | | |
| 37 | Total lobbying expenditu | | • • | | 37 | | | | |
| 38 | Total lobbying expenditu | | - | | 38 | | | | |
| 39 | Other exempt purpose e | • | | | 39 | | | | · |
| 40 | Total exempt purpose e | • | • | | 40 | | | | |
| 41 | Lobbying nontaxable an | | - | | | | | I | |
| | If the amount on line 40 | | lobbying nontaxable ar | | | | | ŧ | |
| | Not over \$500,000 | | | | | | | 1 | |
| | Over \$500,000 but not over \$1, | | • | | | | | ŧ | |
| | Over \$1,000,000 but not over \$ | | | | 41 | ······································ | | | |
| | Over \$1,500,000 but not over \$ | • • | · · · · · | | | | | I | |
| 40 | Over \$17,000,000 Grassroots nontaxable a | • | | | 42 | | | ŧ | |
| | Subtract line 42 from lin | · · | • | | 42 | | | | |
| 43 44 | Subtract line 42 from lin | | | | 44 | | | | |
| 44 | Caution: If there is an a | | | | | | | ······································ | |
| | Caudon. Il tilele is all a | | | | | | | t | ······································ |
| | (Some organ | nizations that made a se | Averaging Period ection 501(h) election de the instructions for li | o not have to cor | mplete a | | e colu | mns t | pelow. |
| | Lobbying Expenditures During 4 -Year Averaging Period | | | | | | | | |
| | Calendar year (or fiscal year beginning in) ► | (a) 2003 | (b) 2002 | (c) 2001 | | • | d) 100 | | (e) Total |
| 45 | Lobbying nontaxable amount | | | | | | .,, | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)). | | | | | | | | |
| 47 | Total lobbying expenditures | | | | | | | | |
| 48 | Grassroots non- taxable amount | | | | | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | | | | | |
| | Grassroots lobbying expenditures | | | | | | | | |
| Par | VI-B Lobbying A (For reporting of | ctivity by Nonelect | ting Public Chariti | es | ructions | ` | | | N7 / N |
| | · · · · · · · · · · · · · · · · · · · | | | | | | ı i | 1 | N/A |
| | ng the year, did the organ npt to influence public op | nization attempt to influe ninion on a legislative m | atter or referendum, thi | rough the use of: | inciuaini : | g any | Yes | No | Amount |
| | | | | | | • • • • • • • • | | | |
| | Paid staff or manageme | • | • | | - | | | | |
| | Media advertisements. | | | | | | \vdash | | |
| | Mailings to members, le | = - | | | | | | | |
| | Publications, or published | | | | | | $\vdash \vdash \vdash$ | | |
| | Grants to other organiza | | | | | | \vdash | | |
| | g Direct contact with legis n Rallies, demonstrations | | | - | | | | | |
| | | | | | | | <u> </u> | | |
| • | Total lobbying expenditude If 'Yes' to any of the about | | • | decomption of the | | | | | |
| BAA | | ove, also altach a state | ment giving a detailed (| rescribtion of the | ioobyin | | | A (For | m 990 or 990-F7) 2003 |

| Schedule A | (Form 990 or 990-EZ) 20 | 003 NAS | HVILLE RESCUE MISSION | 62-6018 | 3832 | F | age 6 |
|-----------------|--|------------------------------|--|--|--------------------|------|-------|
| Part VII | Information Regard Exempt Organizati | ding Tran ons (See ir | sfers To and Transactions and structions) | nd Relationships With Noncha | ritable | | |
| 51 Did th | e reporting organization | directly or in | directly engage in any of the following | g with any other organization described ng to political organizations? | in section | 501(| c) |
| | | | o a noncharitable exempt organizatio | |] | Yes | No |
| (i) C | • • | ·= | | | 51 a (i) | | X |
| (ii) O | ther assets | | | | a (ii) | | Х |
| b Other | transactions: | | | | | | |
| (i) S | ales or exchanges of ass | ets with a no | oncharitable exempt organization | | b (i) | | X |
| (ii)P | urchases of assets from | a noncharita | ble exempt organization | | b (ii) | | X |
| • • | | | | | b (iii) | | X |
| | | | | | b (iv) | | X |
| | | | | | b (v) | | X |
| | | | - | | b (vi) | | X |
| d If the | ng or racilities, equipmen answer to any of the abo | t, mailing list | is, other assets, or paid employees . complete the following schedule. Coli | | c arket value | e of | |
| the go | oods, other assets, or ser | rvices given angement, sh | by the reporting organization. If the conoming the conomi | umn (b) should always show the fair morganization received less than fair mai ods, other assets, or services received | ket value i | 'n | |
| (a) Line no. | (b) Amount involved | | (c) noncharitable exempt organization | (d) Description of transfers, transactions, and | | | ts |
| N/A | 1.11.17 | | | | | | |
| | | | | | | | |
| | | | 4-2 | | | | |
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| | | - | | | | | |
| descr | l organization directly or in tibed in section 501(c) of s,' complete the following | the Code (ot | liated with, or related to, one or more her than section 501(c)(3)) or in sect | tax-exempt organizations on 527? | ► Ye | s X | No |
| - | (a) Name of organization | | (b) Type of organization | (c) Description of relation | nship | | |
| N/A | | | | | | | |
| | | | <u> </u> | | | | |
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5/17/04

FEDERAL STATEMENTS

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CLIENT 23241

NASHVILLE RESCUE MISSION

62-6018832 04:45PM

| STATEMENT 1 | |
|------------------------------------|---|
| FORM 990, PART II, LINE 23 | |
| SPECIFIC ASSISTANCE TO INDIVIDUALS | ŝ |

| | | \$ 44,379. |
|----------------------------|-------|------------------|
| | | 7,286. |
| FOOD, SHELTER AND CLOTHING | | 2,491,287. |
| | TOTAL | \$ 2,542,952. |

STATEMENT 2 FORM 990, PART II, LINE 43 OTHER EXPENSES

| | (A) <u>TOTAL</u> | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) <u>FUNDRAISING</u> |
|---|--|------------------------------------|---------------------------------------|----------------------------------|
| INSURANCE MISCELLANEOUS PROFESSIONAL SERVICES PROPERTY TAXES | 59,440. 5,614. 36,712. 3,112. | 56,389. 176. | 1,641. 4,347. 36,712. 3,112. | 1,410. 1,091. |
| PUBLICITY UTILITIES | 65,363. 305,626. TOTAL \$ 475,867. | 37,935. 284,630. \$ 379,130. | 15,156. \$ 60,968. | 27, 428. 5,840. \$ 35,769. |

STATEMENT 3 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION'S PURPOSE IS GLORIFYING GOD THROUGH THE SALVATION OF SOULS AND REHABILITATION OF INDIVIDUALS; CONDUCTING INTERDENOMINATIONAL EVANGELISTIC SERVICES DAILY; PROVIDING MEDICAL CARE, TEMPORARY SHELTER, AND FOOD FOR HOMELESS AND TRANSIENT PERSONS; AND THE EDUCATION AND REHABILITATION OF THOSE SEEKING HELP OUT OF A LIFE ON THE STREETS.

STATEMENT 4 FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| DESCRIPTION | GRANTS AND ALLOCATIONS | PROGRAM SERVICE EXPENSES |
|--|------------------------|--------------------------------|
| TRANSIENT SERVICES: PROVIDING SHELTER, FOOD, CLOTHING, MEDICAL CARE, SPIRITUAL COUNSELING, AND TRAVEL ASSISTANCE TO HOMELESS, NEEDY AND TRANSIENT INDIVIDUALS AND FAMILIES THROUGH THE MEN'S SHELTER, FAMILY LIFE CENTER, AND TRAVELER'S AID. EXPENSES DO NOT INCLUDE DONATED SERVICES CONSUMED. | | 1,419,525. |
| REHABILITATION SERVICES: PROVIDING COUNSELING, BIBLE CLASSES, REHABILITATION, EDUCATION, EMPLOYMENT PREPARATION AND TRANSITIONAL HOUSING THROUGH THE MEN'S RECOVERY PROGRAM, THE LODGING PLACE, THE HOPE CENTER AND THE ANCHOR HOME. EXPENSES DO NOT INCLUDE DONATED SERVICES CONSUMED. | | 1,109,896. |

| 2003 | FEDERAL STATEMENTS | 5 | PAGE 2 |
|---|--|--|--|
| CLIENT 23241 | NASHVILLE RESCUE MISSION | | 62-6018832 |
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| STATEMENT 4 (CONTINI FORM 990, PART III, LIN STATEMENT OF PROGR | UED) E A RAM SERVICE ACCOMPLISHMENTS | | |
| | DESCRIPTION | GRANTS ALLOCATION | |
| | ROVIDING INFORMATION TO THE PUBLIC THE COMMUNITY AND THE MISSION'S PROG | RAM | 105,597. |
| DISTRIBUTION OF FOOI PEOPLE IN NEED OF HI | O, CLOTHING AND OTHER ESSENTIALS TO | | 2,491,287. |
| | | \$ | 0. \$5,126,305. |
| STATEMENT 5 FORM 990, PART IV, LIN INVESTMENTS - SECUR | E 54 ITIES | | |
| CORPORATE STOCKS | | VALUATION METHOD | AMOUNT |
| NON-TRANSFERABLE PRI | EFERRED STOCK | MARKET VALUE | \$ 8,000. |
| | | TOTAL | \$ 8,000. |
| | TOTAL INVESTMEN | TS - SECURITIES | \$ 8,000. |
| STATEMENT 6 FORM 990, PART IV, LIN LAND, BUILDINGS, AND | | | |
| CA' | TEGORY BASIS | ACCUM. DEPREC. | BOOK VALUE |
| AUTOMOBILES / TRANSIFURNITURE AND FIXTUI MACHINERY AND EQUIPM BUILDINGS LAND | PORTATION EQUIPMENT \$ 80,990 RES 237,357 | . \$ 68,277. . 102,542. . 346,225. . 961,893. | \$ 12,713. 134,815. 327,201. 5,615,605. 220,816. |
| STATEMENT 7 FORM 990, PART IV, LIN MORTGAGES AND OTH | | | |
| MORTGAGES PAYABLE | | | BALANCE DUE |
| AMSOUTH BANK | | | \$ 336,853. |
| | | TOTAL | \$ 336,853. |

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| STATEMENT 8 | | | |
|------------------------------|-----------|---------|------------------|
| FORM 990, PART V | | | |
| LIST OF OFFICERS, DIRECTORS, | TRUSTEES, | AND KEY | EMPLOYEES |

| | PER WEEK DEVOTED | _ | COMPEN- SATION | BUTION TO EBP & DC | |
|----------------------|--------------------------------|----|-------------------|--------------------|-------|
| R.JOSEPH CRACE | TREASURER LESS THAN 1 | \$ | 0. | \$ 0. | \$ 0. |
| BRENTWOOD, TN | ELOO TILIN I | | | | |
| J.V. CROCKETT III | BOARD MEMBER LESS THAN 1 | | 0. | 0. | 0. |
| NASHVILLE, TN | DECO TIEM I | | | | |
| ANN DAVIS | VICE CHAIR LESS THAN 1 | | 0. | 0. | 0. |
| MT. JULIET, TN | DECO TIEM I | | | | |
| LORENA B. EDWARDS | BOARD MEMBER LESS THAN 1 | | 0. | 0. | 0. |
| NASHVILLE, TN | DEGG TIMM I | | | | |
| JERRY FAULKNER | ASST VICE CHAIR LESS THAN 1 | | 0. | 0. | 0. |
| FRANKLIN, TN | LESS TIMN I | | | | |
| HOWARD COCHRAN | BOARD MEMBER NONE | | 0. | 0. | 0. |
| BRENTWOOD, TN 37027 | NONE | | | | |
| R.M. GLOVER | BOARD MEMBER LESS THAN 1 | | 0. | 0. | 0. |
| HERMITAGE, TN | LESS TIMN I | | | | |
| GLENN A. HARRIS | BOARD MEMBER LESS THAN 1 | | 0. | 0. | 0. |
| MADISON, TN | DEGO TIMIN I | | | | |
| JOHN W. LAMB, M.D. | BOARD MEMBER LESS THAN 1 | | 0. | 0. | 0. |
| NASHVILLE, TN | HEGO TIMIV I | | | | |
| ALBERT M. LUCAS, JR. | BOARD MEMBER LESS THAN 1 | | 0. | 0. | 0. |
| NASHVILLE, TN | LEGS TIMM I | | | | |
| JOHN K. MERIWETHER | BOARD MEMBER LESS THAN 1 | | 0. | 0. | 0. |
| NASHVILLE, TN | THOO THEM I | | | | |
| CHARLES EMERSON, JR. | BOARD MEMBER NONE | | 0. | 0. | 0. |
| BRENTWOOD, TN 37027 | HONE | | | | |

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STATEMENT 8 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|----------------------|--|-------------------|----------------------------------|------------------------------|
| WILLIAM LYNN MOENCH | SECRETARY | | | \$ 0. |
| NASHVILLE, TN | LESS THAN 1 | | | |
| EM GHIANNI | BOARD MEMBER | 0. | 0. | 0. |
| NASHVILLE, TN 37215 | NONE | | | |
| FRAN HOOGESTRAAT | BOARD MEMBER | 0. | 0. | 0. |
| NASHVILLE, TN 37221 | NONE | | | |
| NORMAN HUMBER | BOARD MEMBER | 0. | 0. | 0. |
| NASHVILLE, TN 37211 | NONE | | | |
| ROSEMARY RAGAN | BOARD MEMBER | 0. | 0. | 0. |
| ANTIOCH, TN | LESS THAN 1 | | | |
| DARLENE RAINEY | BOARD MEMBER | 0. | 0. | 0. |
| FRANKLIN, TN | LESS THAN 1 | | | |
| MARVIN RAINEY | BOARD MEMBER | 0. | 0. | 0. |
| FRANKLIN, TN | LESS THAN 1 | | | |
| GLEN L. ROBERTS | BOARD MEMBER | 0. | 0. | 0. |
| CEDAR HILL, TN | LESS THAN 1 | | | |
| ROBERT E. ROEHL, JR. | BOARD MEMBER | 0. | 0. | 0. |
| NASHVILLE, TN | LESS THAN 1 | | | |
| THOMAS A. SASS | CHAIR | 0. | 0. | 0. |
| NASHVILLE, TN | LESS THAN 1 | | | |
| WILBUR SENSING JR. | BOARD MEMBER | 0. | 0. | 0. |
| BRENTWOOD, IN | LESS THAN 1 | | | |
| ROBERT MCKINNEY | BOARD MEMBER NONE | 0. | 0. | 0. |
| BRENTWOOD, TN 37027 | | | | |

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NASHVILLE RESCUE MISSION

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| STATEMENT 8 (CONTINUED) |
|--|
| FORM 990, PART V |
| LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES |

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---------------------|--|-------------------|----------------------------------|------------------------------|
| JACK VICARY | BOARD MEMBER LESS THAN 1 | \$ 0. | \$ 0. | \$ 0. |
| FRANKLIN, TN | LESS TRAN I | | | |
| ARNOLD VON HAGEN | BOARD MEMBER | 0. | 0. | 0. |
| NASHVILLE, TN | LESS THAN 1 | | | |
| RADER WALKER | PRESIDENT & CEO | 80,000. | 14,467. | 0. |
| NASHVILLE, TN | 40 | | | |
| CHRIS MILAM | BOARD MEMBER | 0. | 0. | 0. |
| NASHVILLE, TN 37215 | NONE | | | |
| DON WORRELL | VP OPERATIONS | 54,000. | 11,300. | 0. |
| NASHVILLE, TN | 40 | | | |
| DICK MORGAN | BOARD MEMBER | 0. | 0. | 0. |
| NASHVILLE, TN 37221 | NONE | | | |
| | TOTAL | \$ 134,000. | \$ 25,767. | <u>\$ 0.</u> |

STATEMENT 9 SCHEDULE A, PART III, LINE 3 QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

EDUCATIONAL SCHOLARSHIPS ARE AVAILABLE TO INDIVIDUALS WHO COMPLETE THE REHABILITATION PROGRAM OFFERED BY THE ANCHOR HOME. EMPLOYEES OR RELATED PARTIES OF THE NASHVILLE RESCUE MISSION ARE NOT ELIGIBLE FOR THESE SCHOLARSHIPS.

STATEMENT 10 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

| DESCRIPTION | ·-··· | (A) | 2002 | B) 2001 | (C | 2000 | <u>(D)</u> | 1999 | <u>(E)</u> | TOTAL |
|--|-------|------------------------|------------------------------|--------------------------------------|----|------------------------------------|------------|------------------------------------|-----------------|--------------------------------------|
| PROPERTY TAX REFUND INSURANCE RECOVERY OTHER REVENUE | TOTAL | \$ <u>4</u> \$ 4 | 0. 0. 2,101. 2,101. | \$ 0. 0. 38,324. 38,324. | \$ | 0. 4,193. 39,621. 43,814. | 1 | 0. 1,725. 10,045. 11,770. | \$ <u>\$</u> | 0. 5,918. 160,091. 166,009. |

2003

FEDERAL SUPPLEMENTAL INFORMATION

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NASHVILLE RESCUE MISSION

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DEPRECIATION SCHEDULE 990, PART II, LINE 42

LAND, BUILDINGS AND EQUIPMENT ARE RECORDED AT COST. EXPENDITURES FOR ORDINARY MAINTENANCE AND REPAIRS ARE CHARGED TO OPERATIONS. RENEWALS AND BETTERMENTS THAT MATERIALLY EXTEND THE LIFE OF THE ASSET ARE CAPITALIZED. DEPRECIATION IS PROVIDED IN AMOUNTS NECESSARY TO ALLOCATE THE COST OF THE VARIOUS CLASSES OF ASSETS OVER THEIR ESTIMATED USEFUL LIVES USING THE STRAIGHT-LINE METHOD. ESTIMATED USEFUL LIVES OF ALL MAJOR CLASSES OF ASSETS ARE AS FOLLOWS:

BUILDINGS AND IMPROVEMENTS 20-40 YEARS EQUIPMENT AND VEHICLES 5 YEARS FURNITURE, FIXTURES AND EQUIPMENT 3-10 YEARS