

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 2003, and ending

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization**CUMBERLAND REGION TOMORROW**

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

P.O. BOX 150902

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

NASHVILLE, TN 37215**D Employer identification number****62-1836825****E Telephone number****(615) 986-2698**

F Accounting method ☐ Cash ☒ Accrual

Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ **N/A****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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **153,209.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received STMT 1		
a	Direct public support	1a	152,436.
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ 152,436. noncash \$)	1d	152,436.
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	773.
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less rental expenses	6b	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe ▶)	7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	
d	Net gain or (loss) (combine line 8c and (B))	8c	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	8d	
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	
b	Less direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	153,209.
13	Program services (from line 44, column (B))	13	109,465.
14	Management and general (from line 44, column (C))	14	102,871.
15	Fundraising (from line 44, column (D))	15	
16	Payments to affiliates (attach schedule)	16	
17	Total expenses (add lines 16 and 44, column (A))	17	212,336.
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-59,127.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	286,596.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	227,469.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2003)213-17
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 \$ _____ noncash \$ _____) 22				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25 Compensation of officers, directors, etc 25	37,422.	16,725.	20,697.	
26 Other salaries and wages 26	29,994.	14,450.	15,544.	
27 Pension plan contributions 27				
28 Other employee benefits 28	4,423.	2,103.	2,320.	
29 Payroll taxes 29	5,548.	2,477.	3,071.	
30 Professional fundraising fees 30				
31 Accounting fees 31	6,969.		6,969.	
32 Legal fees 32				
33 Supplies 33	1,169.	41.	1,128.	
34 Telephone 34	224.		224.	
35 Postage and shipping 35	445.		445.	
36 Occupancy 36	34,500.	17,250.	17,250.	
37 Equipment rental and maintenance 37	923.	461.	462.	
38 Printing and publications 38	14,460.	12,944.	1,516.	
39 Travel 39	1,339.		1,339.	
40 Conferences, conventions, and meetings 40	14,937.	8,130.	6,807.	
41 Interest 41				
42 Depreciation, depletion, etc (attach schedule) 42	3,515.	703.	2,812.	
43 Other expenses not covered above (itemize) STMT 3 43a	56,468.	34,181.	22,287.	
b 43b				
c 43c				
d 43d				
e 43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 44	212,336.	109,465.	102,871.	

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (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? **STMT 4**

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

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a STMT 5	
(Grants and allocations \$ _____)	109,465.
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) STMT 5	109,465.

Part IV Balance Sheets (See page 25 of the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	97,954.	45	182,557.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a 41,256.		
	b Less: allowance for doubtful accounts	48b	48c	41,256.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54	NONE
	55a Investments - land, buildings, and equipment basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 15,008.			
b Less: accumulated depreciation (attach schedule)	57b 6,127.	57c	8,881.	
58 Other assets (describe ►)	1,223.	58	1,877.	
59 Total assets (add lines 45 through 58) (must equal line 74)	294,870.	59	234,571.	
Liabilities	60 Accounts payable and accrued expenses	8,274.	60	7,102.
	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)		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	8,274.	66	7,102.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	247,625.	67	202,469.
	68 Temporarily restricted	38,971.	68	25,000.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	286,596.	73	227,469.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	294,870.	74	234,571.

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

a Total revenue, gains, and other support per audited financial statements . . . ▶	a 153,209.
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
c Line a minus line b ▶	c 153,209.
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify) _____ \$	
Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 153,209.

a Total expenses and losses per audited financial statements ▶	a 212,336.
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
c Line a minus line b ▶	c 212,336.
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify) _____ \$	
Add amounts on lines (1) and (2) . . ▶	d
e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 212,336.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6		37,422.	2,631.	-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? ▶ ☐ Yes ☒ No

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

Yes	No
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Form 990 (2003)

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	773.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				773.	
105 Total (add line 104, columns (B), (D), and (E))					773.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

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

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

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

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

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

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 Sign Here

Signature of officer: Marian T. Ott

Date: 5/12/04

Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. W)
<u>5-11-04</u>	<input type="checkbox"/>	P00231865

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2003

Name of the organization

CUMBERLAND REGION TOMORROW

Employer identification number

62-1836825

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
FREGONESE, CALTHORPE & ASSOC		
421 SW 6TH AVE #1250, PORTLAND, OR 97204	CONSULTING	5,361.
Total number of others receiving over \$50,000 for professional services	NONE	

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

Schedule A (Form 990 or 990-EZ) 2003

JSA

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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
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		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT 7	2d	X	
e	Transfer of any part of its income or assets?	2e		X
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		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	115,300.	257,566.	230,300.		603,166.
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					
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	1,656.	4,009.	23.		5,688.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	116,956.	261,575.	230,323.		608,854.
24 Line 23 minus line 17	116,956.	261,575.	230,323.		608,854.
25 Enter 1% of line 23	1,170.	2,616.	2,303.		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NQT APPLICABLE					
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					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					99.0658 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					0.9342 %
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) **NOT APPLICABLE**

	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a 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	
If you answered "Yes" to either 34a or b, please explain using an attached statement		

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

Caution: If there is an amount on either line 43 or line 44, you 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
Lobbying nontaxable amount					
45 Lobbying ceiling amount					
46 (150% of line 45(e)) . . .					
47 Total lobbying expenditures					
Grassroots nontaxable amount					
48 Grassroots ceiling amount					
49 (150% of line 48(e)) . . .					
Grassroots lobbying expenditures					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h) . . .		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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

15

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
OTHER PROFESSIONAL SERVICES			
CONSULTING	1,505.	1,505.	
MISCELLANEOUS	43,884.	28,488.	15,396.
INSURANCE	3,776.	3,776.	
DUES & SUBSCRIPTIONS	3,078.		3,078.
OTHER FEES	490.		490.
WEB SITE	2,246.		2,246.
TRAINING	824.	412.	412.
	665.		665.
TOTALS	56,468.	34,181.	22,287.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO ORGANIZE CITIZENS DEDICATED TO REASONED GROWTH PLANNING, WITH EM-
PHASIS ON LAND USE, TRANSPORTATION, AND PRESERVATION OF THE RURAL LAND
SCAPE AND THE CHARACTER OF COMMUNITIES. SEEKING TO UNITE DIVERSE IN-
TERESTS THROUGH EDUCATION, RESEARCH, DISCUSSION AND ADVOCACY.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====

DESCRIPTION

EXPENSES

UNITE THE EFFORTS OF PRIVATE, PUBLIC AND CORPORATE CITIZENS
OF THE MIDDLE TENNESSEE CUMBERLAND REGION TO ACHIEVE A CON-
SENSUS VISION FOR THE REGION REGARDING LAND USE, TRANSPORTA-
TION, AND PRESERVATION OF THE RURAL LANDSCAPE AND COMMUNITY
CHARACTER

109,465.

TOTAL

109,465.
=====

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

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS
EDWARD COLE P.O. BOX 150902 NASHVILLE, TN 37215	EXECUTIVE 40+	9,520.	
BRIDGET KELLEY P.O. BOX 150902 NASHVILLE, TN 37215	EXECUTIVE 40+	27,902.	2,631.
GRAND TOTALS		37,422.	2,631.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

EXECUTIVE DIRECTOR SALARY SHOWN IN PART V

**CUMBERLAND REGION TOMORROW
BOARD OF DIRECTORS**

Bob Atkins
Retired President & Publisher
Middle Tennessee Publishing Co. Gannett,
Inc.
1212 Anderson Road
Hendersonville, TN 37075

William Barnes
Tying Nashville Together
1023 Battlefield Drive
Nashville, TN 37204

John Batey
5104 Baker Road
Murfreesboro, TN 37129

Mike Bennett
UAW Manufacturing Advisor-Retired
Saturn
4321 Long Lane
Franklin, TN 37064

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Bone McAllester Norton PLLC
Nashville City Center
511 Union Street, Suite 1600
Nashville, TN 37219

Cyrus Booker
Attorney
Baker, Donelson, Bearman, & Caldwell
211 Commerce Street, Suite 1000
Nashville, TN 37201

Martin Brown Jr.
Partner
Stokes & Bartholomew
SunTrust Center
424 Church Street, 28th Floor
Nashville, TN 37219

William Cammack
Chairman & CEO
Equitable Trust Company
One Belle Meade Place, Suite 310
4400 Harding Road
Nashville, TN 37215

Denzel Carbine
Carbine Development Company, G.P.
130 Seaboard Lane
Suite A-9
Franklin, TN 37067

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1045 Hidebound Road
Burns, TN 37029

Laurel Creech
Team Green Director/WRLT Air-Talent
WRLT Lightning 100
401 Church Street, Floor 30
Nashville, TN 37219

Johnny Daniel
215 Old Highway 48
Charlotte, TN 37036

Marty Dickens
President
BellSouth of Tennessee
333 Commerce Street, Suite #2104
Nashville, TN 37201

Joe Elliott
Robert Elliott & Sons Angus
1291 Stroudsville Road
Adams, TN 37010

**CUMBERLAND REGION TOMORROW
BOARD OF DIRECTORS**

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Regional Vice President
Crescent Resources, LLC
830 Crescent Centre Drive
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Franklin, TN 37067

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3058 Cambellsville Pike
Columbia, TN 38401

DeWitt Ezell -
Retired President
Tennessee BellSouth
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Nashville, TN 37215

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Nashville, TN 37212

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Community Volunteer
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Springfield, TN 37172

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Fowlkes & Associates
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SunTrust Bank, Nashville, and SunTrust
Banks of Tennessee, Inc.
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Nashville, TN 37230-5110

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Nashville, TN 37240

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Principal
Hawkins Partners, Inc.
131 Second Avenue North
Third Floor
Nashville, TN 37201

Waymon Hickman
Chairman and Chief Executive Officer
First Farmers & Merchants National Bank
P.O. Box 1148
Columbia, TN 38402

Norman Hill
Senior Vice President- Human Resources
Cracker Barrel Old Country Store, Inc.
P.O. Box 787
Hartman Drive
Lebanon, TN 37087

Julius Johnson
Chief Administrative Officer
Tennessee Farm Bureau
P.O. Box 313
Columbia, TN 38402

Ben Kimbrough
14 Trahern Terrace
Clarksville, TN 37040

**CUMBERLAND REGION TOMORROW
BOARD OF DIRECTORS**

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President & Chief Manager
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5213 Overlook Circle, Suite B-2
Brentwood, TN 37027

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1480 Nashville Pike
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Historic Post Office at Five Points
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Jacqueline Pillow
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Mail Services
Station B Post Office, Rand Hall
Nashville, TN 37235

Aubrey Preston
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**CUMBERLAND REGION TOMORROW
BOARD OF DIRECTORS**

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TN Advisory Comm. For Intergov'tl Rel'ns
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Nashville, TN 37215

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Partners in Conservation
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Clarksville, TN 37040

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Chairman, President, & CEO
Dollar General Corporation
100 Mission Ridge
Goodlettsville, TN 37072

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Marketstreet Equities
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Quenton White
1719 West End Avenue
Midtown Plaza
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Nashville, TN 37203

**CUMBERLAND REGION TOMORROW
BOARD OF DIRECTORS**

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Nashville, TN 37221

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Chancellor, Emeritus
Vanderbilt University
2525 West End Avenue, Suite 1430
Nashville, TN 37203

Kyle Young
Director
Country Music Hall of Fame and Museum
222 5th Avenue South
Nashville, TN 37203