

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

2004**Open to Public
Inspection****A** For the 2004 calendar year, or tax year beginning **7/01/04**, and ending **6/30/05****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**DISMAS, INC.**

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

1513 16TH AVENUE

Room/suite

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

NASHVILLE**TN 37212****D** Employer identification no.**23-7376100****E** Telephone number**615-297-9287****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," att. a list. See instr.)

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 ▶ **517,320****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

R e v e n u e	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	285,383		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	103,500		
	d Total (add lines 1a through 1c) (cash \$ 388,883 noncash \$)			1d	388,883
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			2	114,850
	3 Membership dues and assessments			3	
	4 Interest on savings and temporary cash investments			4	499
	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		
E x p e n s e s	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, columns (A) 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	13,088
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	517,320	
A s s e t s	13 Program services (from line 44, column (B))			13	434,569
	14 Management and general (from line 44, column (C))			14	102,946
	15 Fundraising (from line 44, column (D))			15	44,793
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))			17	582,308
	18 Excess or (deficit) for the year (subtract line 17 from line 12)			18	-64,988
	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19	448,969
	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	383,981

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	239,429	186,258	53,171
27	Pension plan contributions	27			
28	Other employee benefits	28	30,582	26,215	4,367
29	Payroll taxes	29	17,650	14,671	2,979
30	Professional fundraising fees	30			
31	Accounting fees	31	12,467	4,367	8,100
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	7,795	5,767	2,028
35	Postage and shipping	35	1,870	1,870	
36	Occupancy	36	53,246	50,558	2,688
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	30,833	30,833	
43	Other expenses not covered above (itemize): a	43a			
	b SEE STATEMENT 1	43b	188,436	114,030	29,613
	c	43c			44,793
	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	582,308	434,569	102,946
					44,793

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 PROVIDES TRANSITIONAL HOUSING AND OTHER SERVICES FOR PERSONS RELEASED FROM PRISON	
(Grants and allocations \$ _____)	434,569
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)	434,569

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	93,859	45	53,053
46	Savings and temporary cash investments		46	
47a	Accounts receivable	6,254		
b	Less: allowance for doubtful accounts		9,307	6,254
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		53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
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	846,512		
b	Less: accumulated depreciation (attach schedule)			
57b		504,471	347,637	342,041
58	Other assets (describe <input type="checkbox"/>)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	450,803	59	401,348
60	Accounts payable and accrued expenses	1,834	60	7,367
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 <input type="checkbox"/> SEE STATEMENT 3)		65	10,000
66	Total liabilities (add lines 60 through 65)	1,834	66	17,367
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	448,969	67	383,981
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	448,969	73	383,981
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	450,803	74	401,348

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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

a	Total revenue, gains, and other support per audited financial statements	a	517,320
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	517,320
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	517,320

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

Return			
a	Total expenses and losses per audited financial statements	a	582,308
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	582,308
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	582,308

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

[illegible]

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.

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 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?	N/A 84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A 85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	N/A 85b	
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A 85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A 85h	
86 501(c)(7) 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 0 ; section 4912 0 ; section 4955 0		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed NONE		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	14
91 The books are in care of LLOYD REEVES Located at NASHVILLE, TN	Telephone no. 615-297-4511 ZIP + 4 37212	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>

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 RENT REVENUE					114,850
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	499	
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 MISCELLANEOUS INCOME			3	13,088	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		13,587	114,850
105 Total (add line 104, columns (B), (D), and (E))					128,437

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	RENTAL OF ROOMS TO PERSONS RELEASED FROM PRISON IN ORDER TO PROVIDE AN ENVIRONMENT WHICH WILL GIVE THEM AN OPPORTUNITY TO BECOME A PRODUCTIVE MEMBER OF SOCIETY.

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).

Please
Sign
Here

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.

Signature of officer

Type or print name and title.

Date

Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or yours
if self-employed),
address, and ZIP + 4

Date

Check if
self-
employed ☐Preparer's SSN or PTIN
(See Gen. Instr. W)
P00080291BLANKENSHIP CPA GROUP, PLLC
109 WESTPARK DRIVE, SUITE 430
BRENTWOOD, TN 37027-5032EIN ▶ 45-0491842
Phone
no ▶ 615-373-3771

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

OMB No. 1545-0047

2004Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

DISMAS, INC.**23-7376100****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 empl. ben. plans & deferred comp.	(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) 2004

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

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

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

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

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

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

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	451,838	544,395	775,974	914,412	2,686,619
16 Membership fees received					0
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	104,109	109,372	123,045	189,806	526,332
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	234	1,666	4,867	18,894	25,661
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 4	7,185	9,714	10,823		27,722
23 Total of lines 15 through 22	563,366	665,147	914,709	1,123,112	3,266,334
24 Line 23 minus line 17	459,257	555,775	791,664	933,306	2,740,002
25 Enter 1% of line 23	5,634	6,651	9,147	11,231	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶	26a	54,800
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶	26c	2,740,002
d Add: Amounts from column (e) for lines: 18 <u>25,661</u> 19 <u> </u> 22 <u>27,722</u> 26b <u> </u> ▶	26d	53,383
e Public support (line 26c minus line 26d total) ▶	26e	2,686,619
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶	26f	98.0517 %

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: **N/A**

(2003) (2002) (2001) (2000)

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: **N/A**

(2003) (2002) (2001) (2000)

c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u> ▶	27c	
d Add: Line 27a total <u> </u> and line 27b total <u> </u> ▶	27d	
e Public support (line 27c total minus line 27d total) ▶	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
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) **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
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		
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	41	
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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 11 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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2004

Name of organization

DISMAS, INC.

Employer identification number

23-7376100

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)**General Rule-**

- ☐
- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

- ☒
- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)
- ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

DISMAS, INC.

Employer identification number

23-7376100**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	TENNESSEE STATE BOARD OF PROBATION 404 JAMES ROBERTSON PARKWAY SUITE 130 NASHVILLE TN 37243-0850	\$ 103,500	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
STAFFING SERVICES	5,738	5,738		
STAFF TRAINING	612	612		
INSURANCE	31,760	5,803	25,957	
GROCERIES & HOUSEKEEPING	41,779	41,779		
MISCELLANEOUS	13,177	12,976	201	
CABLE TV	1,183	1,183		
OFFICE SUPPLIES	11,345	10,080	1,265	
LICENSE & FEES	810	15	795	
FUNDRAISING	44,793			44,793
MAINTENANCE ON PROPERTY	20,559	20,559		
RESIDENT MATERIALS	5,851	5,851		
SPECIAL HOUSE EVENTS	726	726		
TRAVEL	10,103	8,708	1,395	
TOTAL	\$ 188,436	\$ 114,030	\$ 29,613	\$ 44,793

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

PROVIDES TRANSITIONAL HOUSING AND OTHER SERVICES FOR
PERSONS RELEASED FROM PRISON

Statement 3 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
	\$	\$
LINE OF CREDIT	\$	\$ 10,000
TOTAL	\$ 0	\$ 10,000

Statement 4 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2003	2002	2001	2000
GAIN ON SALE OF FIXED ASSETS	\$	\$ 3,236	\$	\$
MISCELLANEOUS	7,185	6,478	10,823	
TOTAL	\$ 7,185	\$ 9,714	\$ 10,823	\$ 0

DISMAS DISMAS, INC.

23-7376100

FYE: 6/30/2005

Federal Statements

Form 990, Part I, Line 1a - Direct Public Support

Description	Cash	Noncash	Total
CONTRIBUTIONS NOT ON SCH B	\$ 285,383	\$	\$ 285,383
TOTAL	\$ 285,383	\$ 0	\$ 285,383

Form 990, Part I, Line 1c - Government Contributions

Description	Cash	Noncash	Total
OTHER CONTRIBUTIONS	\$ 103,500	\$	\$ 103,500
TOTAL	\$ 103,500	\$ 0	\$ 103,500

Dismas, Inc.
EIN: 23-7376100
FORM: 990 - 2004

Part IV - Line 57
Fixed Assets and Depreciation

Land	\$	57,200
Building		650,265
Furniture and Fixtures		134,747
Vehicles		4,300
		<u>846,512</u>
Accumulated Depreciation		<u>(504,471)</u>
Net Property and Equipment	\$	<u><u>342,041</u></u>



INCORPORATED

DIRECTORY 2005-2006

28 JULY 2005

Please discard or delete earlier versions

**1513 16th Avenue South
Nashville, Tennessee 37212
615-297-4511**

BOARD OF DIRECTORS--ACTIVE

Executive Committee

President

George Barnard

(Industrial Hygienist -- semi-retired)

Elected April 2004; term expires April 2006

gbarnard@charter.net

Office

Twin Springs Enterprises, Inc.
1750 Heathrow Drive
Cookeville TN 38506

PH: 931-525-3190

FX: 931-526-3190

CL: 931-349-1290.

Home

1750 Heathrow Drive
Cookeville TN 38506

PH: 931-525-3190

FX: 931-526-3190

CL: 931-349-1290.

Executive Director (ex officio)

Lloyd Reeves

Appointed May 2005

lreeves@dismas.org

Office

Dismas, Inc
1513 16th Avenue South
Nashville TN 37212

PH: 615-297-4511

FX: 615-297-6326

Home

4402 Park Avenue B
Nashville, TN 37209

PH: 615-476-3037

Vice-President

Stephen A. (Steve) Tisdell

(Certified Public Accountant)

Reelected April 2004; term expirede April 2005

Agreed to serve at pleasure of the Board, June 2005

stisdell@thecompliancepartners.com

Office

The Compliance Partners
2000 Mallory Lane (130348)
Nashville, TN 37067

PH: 615-371-0590

FX: 866-332-2699

CL: 615-310-3438

Home

834 McKays Ct
Brentwood, TN 37027-2989

PH: 615-371-8741

FX: 866-332-2699

CL: 615-310-3438

Secretary

T. Mark Hodges

(Retired Biomedical Library Director
and Emeritus Professor)

Agreed to serve at pleasure of the Board April 2005
after his term expired

t.mark.hodges@vanderbilt.edu

Office

210 Oxford House
Vanderbilt Medical Center
Nashville, TN 37232-4245

PH: 615-322-1476

FX: 615-936-3027

CL:

Home

5025 Hillsboro Road (3B)
Nashville, TN 37215-3796

PH: 615-297-6040

FX:

CL:

Treasurer

Matthew F. Musso

(Certified Public Accountant)

Reelected April 2004; term expires April 2006

matthew.musso@ey.com

Office

Ernst & Young
Sun Trust Financial Ctr [1100]
424 Church Street
Nashville, TN 37219-3302

PH: 615- 252-2149

FX: 615-242-8525

Home

121 Amherst Way
Nashville, TN 37221

PH: 615-662-2410

BOARD OF DIRECTORS--ACTIVE			
Members-at-Large			
Missy Acosta (Public Relations) Reelected April 2004; term expires April 2006 <i>macosta@gish.com</i>		Diane Hayes (Organization Executive Director) Elected October 2004; term expires April 2006 <i>yleaders@bellsouth.net</i>	
<u>Office</u>	<u>Home</u>	<u>Office</u>	<u>Home</u>
Gish, Sherwood & Friends	600 Glen Oaks Dr.	Young Leaders Council, Inc	916 Robertson Academy
4235 Hillsboro Road	Mt. Juliet, TN 37122	2200 21st Avenue South	Nashville, TN 37220
Nashville, TN 37215-3344		Nashville, TN 37212	PH: 615-297-1891
PH: 615-385-1100 ext.287	PH: 615-773-7334	PH: 615-386-0060	CL: 615-300-3945
Ruth Freeland (Public Relations) Elected April 2004; term expires April 2006 <i>RFreeland@gish.com</i>		Cynthia George (Social Worker) Elected June 2004; term expires June 2006 <i>cynthiageorge510@hotmail.com</i>	
<u>Office</u>	<u>Home</u>	<u>Office</u>	<u>Home</u>
Gish, Sherwood & Friends, Inc		Progressive Residential Services	514 Gammon Lane
4235 Hillsboro Road		107 Music City Circle STE 101	LaVergne, TN 37086
Nashville TN 37215-3344		Nashville, TN 37214	
PH	PH	PH: 615-232-8186	PH: 615-347-9345
CL	CL	CL 615-347-9345	CL
FX	FX	FX: 615-232-8187	FX
John A. Gupton III (Attorney-at-Law) Elected October 2004; term expires April 2006 <i>jgupton@bakerdonelson.com</i>			
	<u>Home</u>	<u>Office</u>	
	3620 Bowlingate Lane	Commerce Center, Suite 1000	
	Nashville TN 37215	Nashville TN 37201	
	PH: 615-269-0300	PH: 615-726-7351	

BOARD OF DIRECTORS--ACTIVE			
House Representatives			
Memphis			
Chris Trim		Frank Warner	
Serves at pleasure of Memphis House board		Faculty - University of Phoenix On-Line and On-Ground	
<i>ChrisT2138@aol.com</i>		Semi-Retired Computer / Software Consultant	
Serves at pleasure of Memphis House board		Serves at pleasure of Memphis House board	
<i>ChrisT2138@aol.com</i>		<i>fcwmjw@msn.com</i>	
<u>Office</u>	<u>Home</u>	<u>Office</u>	<u>Home</u>
	130 Countryplace		1039 Lake Rest Rd
	Oakland, TN 38060		Proctor, AR 72376
	PH: 901-466-0075		PH: 870-732-4072
	CL: 901-413-2144		
Michiana			
Julie Verheye			
(Attorney)			
Serves at pleasure of Michiana House board			
<i>verheye@aol.com</i>			
<u>Office</u>	<u>Home</u>	<u>Office</u>	<u>Home</u>
Julie Verheye, Attorney	2804 Belknap Lane		
216 South Race Street	Mishawaka, Indiana 46544		
Mishawaka, IN 465474			
PH: 574- 259-6300	PH: 574- 257-0610		
FX: 574-259-6537	FX: ??? ???		
CL:	CL:		
Nashville			
Tim LeGrand		Pat McDougal	
(Retired from Retail Business)		(Owner: McDougal Sales Company)	
Serves at pleasure of Nashville House board		Serves at pleasure of Nashville House board	
To be contacted through <i>jbrown@dismas.org</i>		<i>mcdougalpm@aol.com</i>	
<u>Office</u>	<u>Home</u>	<u>Office</u>	<u>Home</u>
	123 Jupiter Drive	McDougal Sales Company	9237 Brushboro Drive
	Ashland City, TN. 37015	PO Box 785	Brentwood, TN 37027
		Brentwood, TN 37024	
	PH: 615-792-9133.	PH: 615-309-0155	PH: 615-377-0674
		FX: 615-309-0776	
		CL: 615-969-0503	
Upper Cumberland			
George Barnard		Dave Johnson	
(Industrial Hygienist -- semi-retired)		(College Professor)	
Serves at pleasure of Upper Cumberland House Board.		Serves at pleasure of Upper Cumberland House Board.	
(Is also President of Dismas, Inc. [see above])			
<i>gbarnard@charter.net</i>		<i>wbush@charter.net</i>	
<u>Office</u>	<u>Home</u>	<u>Office</u>	<u>Home</u>
Twin Springs Enterprises, Inc.	1750 Heathrow Drive		
1750 Heathrow Drive	Cookeville TN 38506		
Cookeville TN 38506			
PH: 931-525-6842	PH: 931-525-6842		
CL: 704-425-4438	CL: 704-425-4438		
FX: 931-526-3190	FX: 931-526-3190		
BOARD OF DIRECTORS--MEMBERS EMERITI			
Tom Brademas		Roger Chandonnait	
(Board Resolution 5 November 2003)		(Board Resolution 6 October 2004)	

DISMAS HOUSE DIRECTORS

Memphis

Bill Bernardini

Appointed 2004

bbernardin@dismas.org

Office

Dismas House of Memphis
320 East Street
Memphis, TN 38126
PH: 901 526-3701
FX: 901 526-3708

Home

4565 Verne Road
Memphis, TN 38117

Nashville

Janell Brown

Appointed 2003

jbrown@dismas.org

Office

Dismas House of Nashville
1513 16th Avenue South
Nashville, TN 37212
PH: 615-297-9287
FX:
CL: 615 594-4997

Home

3804 Burrus Street
Nashville TN 37216
PH: 615-228-3996
FX: 615-297-6326
CL: 615 594-4997

Michiana

Maria Kacmarek

Appointed 1995

michianadismas@cs.com

Office

Dismas House of Michiana
PO Box 4571
521 S. St. Joseph St
South Bend, IN 46634-4571
PH: 574-233-8522
FX: 574-246-9538
CL: 574 250-8402.

Home

1947 Greenock Drive
South Bend, IN 46614
PH: 574 299-8420
Fax
CL: 574 254-3022

Upper Cumberland

Kim England

Appointed May 2005

Office

Dismas House of
Upper Cumberland
1226 Byrne Ave
Cookeville, TN 38502
PH: 931-520-8448

Home

CHAIRS OF LOCAL BOARDS OF DIRECTORS AT THE HOUSES

Memphis

Eddie Walsh

(Local Government Officer)

Serves in accordance with local bylaws

Walsh-e@co.Shelby.tn.us

Office

Shelby County Government
1574 S. Wellington
Memphis, TN 38106
Phoe: 901-379-7120
FX: 901-379-7129
CL: 901-266-1466

Home

Nashville

Pat McDougal

(Sales Company Director)

Serves in accordance with local bylaws

mcdougalpm@aol.com

Office

McDougal Sales Company
9237 Brushboro Dr.
Brentwood, TN 37027
PH: 615-309-0155
FX: 615-309-0776
CL: 615-969-0503

Home

9237 Brushboro Dr.
Brentwood, TN 37027
PH: 615-377-0674
FX: 615-309-0776
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Michiana

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