

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

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.

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY	D Employer identification number 62-0760716
	Number and street (or P.O. box if mail is not delivered to street address) 4555 TROUSDALE DRIVE	E Telephone number (615) 781-3000
	City or town, state or country, and ZIP + 4 NASHVILLE, TN 37204	F Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other (specify) MODIFIED AC

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

Hand 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 **▶**

G Website: **WWW.AGAPENASHVILLE.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

K Check here If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **▶**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 3,213,028.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	1,250,309.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <u>1,141,553.</u> noncash \$ <u>108,756.</u>)	1d	1,250,309.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	904,242.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	103,007.	
	6	a Gross rents	6a		
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8	a Gross amount from sales of assets other than inventory	(A) Securities	8a	955,470.	
	b Less: cost or other basis and sales expenses	8b	915,637.		
	c Gain or (loss) (attach schedule)	8c	39,833.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	39,833.		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ <u>177,077.</u> of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b	38,862.		
	c Net profit or loss from special events (subtract line 9b from line 9a)	9c	<38,862.>		
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11 Other revenue (from Part VII, line 103)	11			
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,258,529.		
Expenses	13	Program services (from line 44, column (B))	13	1,950,855.	
	14	Management and general (from line 44, column (C))	14	123,071.	
	15	Fundraising (from line 44, column (D))	15	136,270.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	2,210,196.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	48,333.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,798,928.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	199,791.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	5,047,052.	

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

Form 990 (2004)

**ASSOCIATION FOR GUIDANCE, AID, PLACEMENT
AND EMPATHY**

62-0760716

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22				
(cash \$ _____ noncash \$ _____)					
23 Specific assistance to individuals (attach schedule)	23	375,682.	375,682.	STATEMENT 5	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	284,280.	242,389.	14,982.	26,909.
26 Other salaries and wages	26	727,764.	702,936.	19,275.	5,553.
27 Pension plan contributions	27				
28 Other employee benefits	28	194,607.	177,040.	7,695.	9,872.
29 Payroll taxes	29	75,571.	70,293.	2,627.	2,651.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	125,955.	47,748.	29,832.	48,375.
33 Supplies	33	17,408.	16,192.	605.	611.
34 Telephone	34	16,970.	15,785.	590.	595.
35 Postage and shipping	35	17,982.	16,726.	625.	631.
36 Occupancy	36				
37 Equipment rental and maintenance	37	23,735.	22,077.	825.	833.
38 Printing and publications	38				
39 Travel	39	48,759.	45,353.	1,695.	1,711.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	46,975.	43,694.	1,633.	1,648.
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 4	43e	254,508.	174,940.	42,687.	36,881.
44 <small>For functional expenses (lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	44	2,210,196.	1,950,855.	123,071.	136,270.

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	
What is the organization's primary exempt purpose? ADOPTION AGENCY; FOSTER CARE PLACEMENT; AND COUNSELING SERVICES	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others)</small>
a COUNSELING - PROFESSIONAL COUNSELORS ARE AVAILABLE FOR FAMILY, MARRIED COUPLES AND INDIVIDUALS WHO NEED HELP TO STRENGTHEN THEIR SPIRITUAL, PSYCHOLOGICAL, SOCIAL, AND PHYSICAL POTENTIAL.	
(Grants and allocations \$ _____)	842,700.
b MATERNITY ASSISTANCE - CONTINUING EDUCATION, FINANCIAL PLANNING AND COUNSELING ARE OFFERED TO WOMEN WHOSE PREGNANCY HAS BROUGHT ON ADDITIONAL COMPLICATIONS AND PROBLEMS.	
(Grants and allocations \$ _____)	122,698.
c FOSTER CARE - STABLE AND NURTURING HOMES ARE SOUGHT FOR CHILDREN WHO ARE SEPARATED FROM THEIR NATURAL PARENTS.	
(Grants and allocations \$ _____)	490,603.
d ADOPTION - SERVICES ARE PROVIDED TO FIND PERMANENT HOMES FOR CHILDREN.	
(Grants and allocations \$ _____)	341,716.
e Other program services (attach schedule) STATEMENT 6	(Grants and allocations \$ _____) 153,138.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,950,855.

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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	300.	45	299.
	46 Savings and temporary cash investments	534,108.	46	303,459.
	47 a Accounts receivable	54,605.		
	47 b Less: allowance for doubtful accounts		47c	54,605.
	48 a Pledges receivable	23,980.		
	48 b Less: allowance for doubtful accounts		48c	23,980.
	49 Grants receivable	49,110.	49	18,750.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	24,254.	53	34,381.
	54 Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,525,686.	54	4,078,520.
	55 a Investments - land, buildings, and equipment: basis STMT 9			
	55 b Less: accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	1,130,117.			
57 b Less: accumulated depreciation	432,739.	57c	697,378.	
58 Other assets (describe _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	4,935,545.	59	5,211,372.	
Liabilities	60 Accounts payable and accrued expenses	68,075.	60	94,857.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ ANNUITY PAYABLE)	68,542.	65	69,463.
66 Total liabilities (add lines 60 through 65)	136,617.	66	164,320.	
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	3,907,948.	67	4,152,972.
	68 Temporarily restricted		68	
	69 Permanently restricted	890,980.	69	894,080.
	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)	4,798,928.	73	5,047,052.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	4,935,545.	74	5,211,372.	

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.

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Part VI Other Information		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
b Did the organization file Form 1120-POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 16,553.			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 N/A			
d Section 162(e) lobbying and political expenditures 85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.			
90 a List the states with which a copy of this return is filed ▶ TENNESSEE			
b Number of employees employed in the pay period that includes March 12, 2004 90b 24			
91 The books are in care of ▶ TOM BURTON Telephone no. ▶ 615-781-3000			

Located at ▶ 4555 TROUSDALE DRIVE, NASHVILLE, TN

ZIP + 4 ▶ 37204

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 15					904,242.
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					
96 Dividends and interest from securities			14	103,007.	
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			18	39,833.	
101 Net income or (loss) from special events			01	<38,862.>	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		103,978.	904,242.
105 Total (add line 104, columns (B), (D), and (E))					1,008,220.

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 16

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 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.

Date 7/21/05 ▶ James T. Burton, Executive Director
 Date 7/19/05 ▶ Check if self-employed Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2004

Department 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 ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY	Employer identification number 62 0760716
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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
<u>STANLEY D. CLARK, JR.</u> ----- NASHVILLE, TN 37211	COUNSELOR 40	54,601.	3,142.	

Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u> -----		

Total number of others receiving over \$50,000 for professional services	0	

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

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.		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
	b Do you have a section 403(b) annuity plan for your employees?	X	
4	a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
	b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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.)

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

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.)	1,382,687.	1,268,289.	1,251,208.	1,501,506.	5,403,690.
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	909,985.	984,778.	995,727.	923,242.	3,813,732.
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	80,090.	79,545.	98,167.	135,768.	393,570.
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	2,372,762.	2,332,612.	2,345,102.	2,560,516.	9,610,992.
24 Line 23 minus line 17	1,462,777.	1,347,834.	1,349,375.	1,637,274.	5,797,260.
25 Enter 1% of line 23	23,728.	23,326.	23,451.	25,605.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 115,945.
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 73,110.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 5,797,260.
d Add: Amounts from column (e) for lines: 18 <u>393,570.</u> 19 _____ 22 _____ 26b <u>73,110.</u>					26d 466,680.
e Public support (line 26c minus line 26d total)					26e 5,330,580.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.9500%
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 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
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.					

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

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

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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.)			

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.)			

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	
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	

ASSOCIATION FOR GUIDANCE, AID, PLACEMENT

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

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated 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
	N/A	
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 -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$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				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 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:	Yes	No	Amount
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.)			0.

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

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
AMSOUTH	403,016.	382,472.	0.	20,544.
UBS FINANACIAL	5,266.	5,266.	0.	0.
MERRILL LYNCH	446,084.	426,339.	0.	19,745.
CBRL GROUP STOCK - 14 SHARES	567.	566.	0.	1.
TEREX STOCK 2610 - SHARES	100,537.	100,994.	0.	<457.>
TO FORM 990, PART I, LINE 8	955,470.	915,637.	0.	39,833.

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

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	177,077.	177,077.		38,862.	<38,862.>
TO FM 990, PART I, LINE 9	177,077.	177,077.		38,862.	<38,862.>

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **3**

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON VALUATION OF SECURITIES	199,791.
TOTAL TO FORM 990, PART I, LINE 20	199,791.

FORM 990 **OTHER EXPENSES** **STATEMENT** **4**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
UTILITIES	14,792.	13,759.	514.	519.
INSURANCE	68,629.	63,835.	2,386.	2,408.
DUES AND SUBSCRIPTIONS	7,099.	6,603.	247.	249.
MISCELLANEOUS AWARDS DINNER EXPENSES	20,469.	19,040.	712.	717.
	45,991.	45,991.	0.	0.

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DIRECT MAIL COSTS	58,398.	29,199.	0.	29,199.
LESS DONATED SERVICES	<16,553.>	<16,553.>	0.	0.
OTHER EXPENSES - FUNDRAISING	3,789.	0.	0.	3,789.
CONTRACT SERVICES	13,066.	13,066.	0.	0.
INVESTMENT FEES	38,828.	0.	38,828.	0.
TOTAL TO FM 990, LN 43	254,508.	174,940.	42,687.	36,881.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 5

DESCRIPTION	AMOUNT
SUPPORT PAYMENTS FOR FOSTER CARE	168,827.
HOSPITAL AND MEDICAL PAYMENTS FOR MATERNITY AND FOSTER CARE	7,729.
PSYCHIATRIC AND CLINICAL CARE OF FAMILIES, COUPLES AND CHILDREN	137,206.
ADOPTION RELATED EXPENSES - MATERNITY CARE	61,920.
TOTAL TO FORM 990, PART II, LINE 23	375,682.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
IDENTIFICATION AND EDUCATION OF FOSTER AND ADOPTIVE PARENTS - ADDITIONAL COUNSELING AND SEMINARS ARE USED TO HELP EXPOSE POTENTIAL FOSTER AND ADOPTIVE PARENTS TO THE SPECIAL NEEDS OF THESE CHILDREN.		153,138.
TOTAL TO FORM 990, PART III, LINE E		153,138.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
TRUST-MUTUAL FUNDS	FMV			899,940.	899,940.
TRUST-SHORT TERM INVESTMENTS-MMF	FMV			39,172.	39,172.
TRUST-CASH INVESTMENTS	FMV			65,261.	65,261.
TRUST-STOCK	FMV	2,180,012.			2,180,012.
TRUST - CORPORATE BONDS	FMV		78,901.		78,901.
TRUST - DEBT SECURITIES	FMV		438,334.		438,334.
TO FORM 990, LINE 54, COL B		2,180,012.	517,235.	1,004,373.	3,701,620.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	8
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TRUST - GOVERNMENT SECURITIES	FMV	371,992.		371,992.
TOTAL TO FORM 990, LINE 54, COL B		371,992.		371,992.

FORM 990	OTHER SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
TRUST - OTHER	FMV	4,908.
TO FORM 990, LINE 54, COL B		4,908.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 10
DESCRIPTION		AMOUNT
SPECIAL EVENTS DIRECT EXPENSES RECLASSIFIED TO PAGE 1, LINE 9B		38,862.
TOTAL TO FORM 990, PART IV-A		38,862.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION		AMOUNT
SPECIAL EVENTS DIRECT EXPENSES RECLASSIFIED TO PAGE 1, LINE 9B		38,862.
TOTAL TO FORM 990, PART IV-B		38,862.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
INVESTMENT FEES NETTED AGAINST INVESTMENT INCOME RECLASSIFIED TO EXPENSES		38,828.
TOTAL TO FORM 990, PART IV-A		38,828.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION		AMOUNT
RECLASS INVESTMENT FEES NETTED AGAINST INVESTMENT INCOME FOR F/S PURPOSES		38,828.
TOTAL TO FORM 990, PART IV-B		38,828.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES T. BURTON 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	EXEC. DIR. 40	103,220.	19,887.	0.
MARTHA CARPENTER 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
JAMES DAVIS 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	VICE CHAIRMAN 04	0.	0.	0.
BETSYE LEDFORD 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	SECRETARY 04	0.	0.	0.
GREG HARDEMAN 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
ALLEN BRADLEY 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
JOHN THWEATT 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
BILL BROOKS 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
JEFF FOX 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
RONALD HUNTER, DDS 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
CHICQUITA MARTIN 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.

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JOHN ROBINSON 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	TREASURER 04	0.	0.	0.
CONNIE ELLIOT 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
KEVIN GANNON 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
LEE MACKEY 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD MEMBER 04	0.	0.	0.
H.C. STINSON 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	BOARD CHAIR 04	0.	0.	0.
JUDY RISTER 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	DIRECTOR 40	55,918.	5,912.	0.
TERRY CASEY 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	DIRECTOR 40	50,701.	16,500.	0.
ARTHUR WOODS, III 4555 TROUSDALE DRIVE NASHVILLE, TN 37204	DIRECTOR 40	74,441.	7,978.	0.
TOTALS INCLUDED ON FORM 990, PART V		284,280.	50,277.	0.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT 15
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
FOSTER CARE SUPPORT					35,656.
ADOPTION FEES					161,504.
PROF COUNSELING FEES					317,876.
COUNSELING FEES					339,502.
ANNUAL DINNER					35,725.
ABSTENANCE PROJECT					13,979.
TO FORM 990, PART VII, LINE 93					904,242.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 16

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	THE ORGANIZATION OPERATES AS AN ADOPTION AGENCY AND AS A FOSTER CARE PLACEMENT SERVICE. THESE ACTIVITIES PROVIDE STABLE AND NURTURING HOMES TO DEPENDENT CHILDREN.
93	THE ORGANIZATION PROVIDES PROFESSIONAL COUNSELING FOR FAMILIES, MARRIED COUPLES, AND INDIVIDUALS FOR THE STRENGTHENING OF FAMILY LIFE.
93	THE ORGANIZATION HOSTED AN AWARDS DINNER IN HONOR OF THE FOSTER PARENTS AND SPONSORS.
93	THE ORGANIZATION ALSO PROVIDES MATERNITY COUNSELING TO WOMEN WHO FEEL UNPREPARED TO PARENT DUE TO LACK OF FINANCIAL AND/OR EMOTIONAL SUPPORT AND FOR OTHER REASONS AND ASSISTS THEM IN FINDING PARENTING ALTERNATIVES.

Form 990, Part IV, Lines 57a and 57b

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Value	Book Method	Book Period
Group: BLDG IMPROV-TROUSDALE											
33	BLDG IMPROVEMENTS-TROU;	1/01/92	600.00	0.00	0.00	600.00	0.00	600.00	0.00	S/L	4.0
75	DECK-GRASSMERE BLDG.	3/28/97	6,622.51	0.00	0.00	6,622.51	0.00	6,622.51	0.00	S/L	4.0
84	Basement Buildout	5/12/98	68,928.32	0.00	0.00	9,764.86	1,723.21	11,488.07	57,440.25	S/L	40.0
88	HVAC Split System	5/11/00	8,350.00	0.00	0.00	4,373.82	1,192.86	5,566.68	2,783.32	S/L	7.0
100	Adapter Curb	8/22/01	1,423.00	0.00	0.00	474.34	203.29	677.63	745.37	S/L	7.0
101	Heating/Air Unit	8/21/01	3,080.66	0.00	0.00	1,026.88	440.09	1,466.97	1,613.69	S/L	7.0
102	Roof/HVAC Unit	9/06/01	3,896.00	0.00	0.00	1,298.66	556.57	1,855.23	2,040.77	S/L	7.0
111	Water Heater	9/19/02	1,198.57	0.00	0.00	214.03	171.22	385.25	813.32	S/L	7.0
124	Roof	2/24/04	7,900.00	0.00c	0.00	0.00	438.89	438.89	7,461.11	S/L	15.0
	BLDG IMPROV-TROUSDALE		101,999.06	0.00c	0.00	24,375.10	4,726.13	29,101.23	72,897.83		

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Value	Book Method	Book Period
Group: BUILDING-TROUSDALE DRIVE											
32	BUILDING-TROUSDALE DRIVE	1/01/92	643,953.55	0.00	0.00	193,164.95	16,098.84	209,263.79	434,689.76	S/L	40.0
	BUILDING-TROUSDALE DRIVE		643,953.55	0.00c	0.00	193,164.95	16,098.84	209,263.79	434,689.76		

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Value	Book Method	Book Period
Group: LAND-TROUSDALE DRIVE											
26	GRASSMERE LOT-TROUSDALE	11/30/90	139,789.58	0.00	0.00	0.00	0.00	0.00	139,789.58	Memo	0.0
	LAND-TROUSDALE DRIVE		139,789.58	0.00c	0.00	0.00	0.00	0.00	139,789.58		

Asset	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Value	Book Method	Book Period
Group: OFFICE EQUIP & FURNITURE											
1	FURNITURE	1/01/84	1,005.00	0.00	0.00	1,005.00	0.00	1,005.00	0.00	S/L	5.0
2	COMPUTER DESK	1/01/85	106.00	0.00	0.00	106.00	0.00	106.00	0.00	S/L	5.0
3	* COMPUTER PROGRAM	1/01/85	399.00	0.00	0.00	399.00	0.00	399.00	0.00	S/L	5.0
4	BOOKSHELVES	1/01/85	100.00	0.00	0.00	100.00	0.00	100.00	0.00	S/L	5.0
5	2 LOVESEATS & CHAIR	1/01/85	374.50	0.00	0.00	374.50	0.00	374.50	0.00	S/L	5.0
6	BOOKSHELVES	1/01/86	205.84	0.00	0.00	205.84	0.00	205.84	0.00	S/L	5.0
7	FIREPROOF FILING CABINET	1/01/86	1,265.00	0.00	0.00	1,265.00	0.00	1,265.00	0.00	S/L	5.0
9	TYPEWRITER	1/01/86	1,732.50	0.00	0.00	1,732.50	0.00	1,732.50	0.00	S/L	5.0
10	COMPUTER MEMORY 5 PACK (1/01/86	300.00	0.00	0.00	300.00	0.00	300.00	0.00	S/L	5.0
11	* COMPUTER, IBM COMPATIBLE	1/01/87	2,348.00	0.00	0.00	2,348.00	0.00	2,348.00	0.00	S/L	5.0
12	BOOKSHELF	1/01/87	229.00	0.00	0.00	229.00	0.00	229.00	0.00	S/L	5.0
14	72X36 BLACK DESK/ EXEC STY	1/01/87	527.00	0.00	0.00	527.00	0.00	527.00	0.00	S/L	5.0
18	SCHWAB FIREPROOF FILING C	1/01/87	981.60	0.00	0.00	981.60	0.00	981.60	0.00	S/L	5.0
20	LANIER ATTACHE	1/01/87	384.00	0.00	0.00	384.00	0.00	384.00	0.00	S/L	5.0
21	FURNITURE & FIXTURES	1/01/87	11,829.82	0.00	0.00	11,829.82	0.00	11,829.82	0.00	S/L	5.0
22	EXECUTIVE CHAIR	1/01/88	577.00	0.00	0.00	577.00	0.00	577.00	0.00	S/L	5.0
23	FURNITURE	4/30/89	3,175.00	0.00	0.00	3,175.00	0.00	3,175.00	0.00	S/L	5.0
25	CAMCORDER	10/31/90	990.00	0.00	0.00	990.00	0.00	990.00	0.00	S/L	5.0
28	FURNISHING COUNSELING OFI	1/01/92	1,726.80	0.00	0.00	1,726.80	0.00	1,726.80	0.00	S/L	7.0
29	SECURITY SYSTEM BEACON	1/01/92	1,100.25	0.00	0.00	1,100.25	0.00	1,100.25	0.00	S/L	7.0
30	NORTHERN TELECOM EQUIPM	1/01/92	8,818.80	0.00	0.00	8,818.80	0.00	8,818.80	0.00	S/L	7.0
31	SOUTH CENTRAL BELL EQUIP	1/01/92	5,446.64	0.00	0.00	5,446.64	0.00	5,446.64	0.00	S/L	7.0
34	BELL SOUTH EQUIPMENT	2/01/92	1,370.16	0.00	0.00	1,370.16	0.00	1,370.16	0.00	S/L	7.0

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: OFFICE EQUIP & FURNITURE (continued)											
35	CONFERENCE ROOM TABLE(D	3/01/92	532.00	0.00	0.00	532.00	0.00	532.00	0.00	S/L	7.0
36 *	IBM 486 COMPUTER	4/01/92	3,592.00	0.00	0.00	3,592.00	0.00	3,592.00	0.00	S/L	5.0
37	NIKON CAMERA	5/01/92	479.89	0.00	0.00	479.89	0.00	479.89	0.00	S/L	7.0
38	CHAIRS FROM BATEY'S	7/01/92	2,926.24	0.00	0.00	2,926.24	0.00	2,926.24	0.00	S/L	7.0
39	CONSOLIDATED MEDIA EQUIP	7/01/92	6,291.90	0.00	0.00	6,291.90	0.00	6,291.90	0.00	S/L	7.0
40	MEDIA EQUIPMENT	8/01/92	699.10	0.00	0.00	699.10	0.00	699.10	0.00	S/L	7.0
42	IBM WHEELWRITER 2	11/01/92	625.00	0.00	0.00	625.00	0.00	625.00	0.00	S/L	7.0
43 *	COMPUTER \$ 2 HP LASERJET P	1/11/93	5,571.00	0.00	0.00	5,571.00	0.00	5,571.00	0.00	S/L	7.0
44	LANIER DICTATING EQUIPME	6/20/93	1,200.00	0.00	0.00	1,200.00	0.00	1,200.00	0.00	S/L	7.0
45	MONROE PAPER SHREDDER	8/05/93	604.00	0.00	0.00	604.00	0.00	604.00	0.00	S/L	7.0
46	HP LASERJET PRINTER	8/19/93	300.03	0.00	0.00	300.03	0.00	300.03	0.00	S/L	7.0
48 *	Computer	8/19/93	1,980.46	0.00	0.00	1,980.46	0.00	1,980.46	0.00	S/L	7.0
49 *	Computer	8/19/93	1,980.46	0.00	0.00	1,980.46	0.00	1,980.46	0.00	S/L	7.0
50 *	Computer	8/19/93	1,980.46	0.00	0.00	1,980.46	0.00	1,980.46	0.00	S/L	7.0
51 *	Computer	8/19/93	1,980.46	0.00	0.00	1,980.46	0.00	1,980.46	0.00	S/L	7.0
52	UPRIGHT FREEZER	8/30/93	500.00	0.00	0.00	500.00	0.00	500.00	0.00	S/L	7.0
53 *	40 MHZ COMPUTER	9/17/93	1,635.00	0.00	0.00	1,635.00	0.00	1,635.00	0.00	S/L	7.0
54	LEATHER SOFA	11/11/93	797.44	0.00	0.00	797.44	0.00	797.44	0.00	S/L	7.0
55	PROJECTOR	1/06/95	3,145.00	0.00	0.00	3,145.00	0.00	3,145.00	0.00	S/L	7.0
56	VHS VCR	1/06/95	245.00	0.00	0.00	245.00	0.00	245.00	0.00	S/L	7.0
57	CASES FOR PROJECTOR AND V	2/08/95	290.00	0.00	0.00	290.00	0.00	290.00	0.00	S/L	7.0
58 *	PENTIUM 90MHZ COMPUTER-C	12/10/95	2,039.00	0.00	0.00	2,039.00	0.00	2,039.00	0.00	S/L	5.0
59 *	486-DX2/66 AMD COMPUTER-D	12/10/95	1,379.00	0.00	0.00	1,379.00	0.00	1,379.00	0.00	S/L	5.0
60 *	2-HEWLETT PACKARDS & PAR	12/10/95	2,059.60	0.00	0.00	2,059.60	0.00	2,059.60	0.00	S/L	5.0
61	TRANSCRIPTION MACHINE & I	12/14/95	943.96	0.00	0.00	943.96	0.00	943.96	0.00	S/L	7.0
62	ADLER-ROYAL SATELLITE 4	12/19/95	499.95	0.00	0.00	499.95	0.00	499.95	0.00	S/L	5.0
65 *	IBM P586 COMPUTER W/MONIT	12/09/96	1,733.00	0.00	0.00	1,733.00	0.00	1,733.00	0.00	S/L	5.0
66 *	PENTIUM COMPUTER-DOT	12/09/96	1,457.00	0.00	0.00	1,457.00	0.00	1,457.00	0.00	S/L	5.0
67 *	PENTIUM COMPUTER-JEAN	12/09/96	1,457.00	0.00	0.00	1,457.00	0.00	1,457.00	0.00	S/L	5.0
68	SOFTWARE	12/09/96	395.00	0.00	0.00	395.00	0.00	395.00	0.00	S/L	3.0
69	HP LASER JET PRINTER & CAB	12/09/96	963.95	0.00	0.00	963.95	0.00	963.95	0.00	S/L	5.0
70	HP LASER JET PRINTER & CAB	12/09/96	963.95	0.00	0.00	963.95	0.00	963.95	0.00	S/L	5.0
71	COLORADO BACKUP TAPE DRU	12/09/96	245.00	0.00	0.00	245.00	0.00	245.00	0.00	S/L	5.0
72	4X EXTERNAL CD-ROM	12/09/96	335.91	0.00	0.00	335.91	0.00	335.91	0.00	S/L	5.0
73	SOFTWARE-THERAPIST HELPE	1/31/97	975.00	0.00	0.00	975.00	0.00	975.00	0.00	Amort	3.0
74	TV/VCR-replace stolen TV/VCR	2/24/97	384.28	0.00	0.00	384.28	27.43	384.28	0.00	S/L	7.0
76 *	DELL COMPUTER	4/15/97	3,900.00	0.00	0.00	3,900.00	0.00	3,900.00	0.00	S/L	5.0
78	DIGITAL TELEPHONE SYSTEM-	12/16/97	8,155.00	0.00	0.00	6,990.00	1,165.00	8,155.00	0.00	S/L	7.0
79 *	IBM P586 200 MHZ COMPUTER	12/30/97	1,781.00	0.00	0.00	1,781.00	0.00	1,781.00	0.00	S/L	5.0
80	Feature Set/Key Module	1/12/98	950.00	0.00	0.00	814.26	135.74	950.00	0.00	S/L	7.0
81	Canon L4000 Fax	1/12/98	1,766.43	0.00	0.00	1,766.43	0.00	1,766.43	0.00	S/L	5.0
82	HP III Laser Printer w/cable	1/26/98	364.95	0.00	0.00	364.95	0.00	364.95	0.00	S/L	5.0
83	Key Lamp Module & Power Supply	5/07/98	530.00	0.00	0.00	429.03	75.71	504.74	25.26	S/L	7.0
85	IBM Typewriter	7/14/98	795.00	0.00	0.00	795.00	0.00	795.00	0.00	S/L	5.0
86	HP LaserJet 6PSE Printer	9/04/98	807.99	0.00	0.00	807.99	0.00	807.99	0.00	S/L	5.0
87	Ikon Copier -NP 6545	9/29/98	9,200.00	0.00	0.00	9,200.00	0.00	9,200.00	0.00	S/L	5.0
89	Pentium Computer & Equipment	5/30/00	6,965.00	0.00	0.00	4,991.58	1,393.00	6,384.58	580.42	S/L	5.0
91	Microsoft Office software	5/30/00	1,875.00	0.00	0.00	1,875.00	0.00	1,875.00	0.00	S/L	3.0
92	HP Printer and Scanner	5/30/00	1,772.00	0.00	0.00	1,269.93	354.40	1,624.33	147.67	S/L	5.0

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: OFFICE EQUIP & FURNITURE (continued)											
93	Pentium Computer & Equipment	5/12/00	5,500.00	0.00	0.00	4,033.33	1,100.00	5,133.33	366.67	S/L	5.0
94	Custom Programming/Installation/h	5/26/00	4,140.00	0.00	0.00	4,140.00	0.00	4,140.00	0.00	S/L	3.0
95	Internet Equipment	5/12/00	1,855.00	0.00	0.00	1,360.33	371.00	1,731.33	123.67	S/L	5.0
96	Virus Software	5/12/00	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	3.0
97	Computer Network Cabling	5/10/00	1,000.00	0.00	0.00	733.33	200.00	933.33	66.67	S/L	5.0
98	Shelving System	4/11/00	15,627.37	0.00	0.00	8,371.80	2,232.48	10,604.28	5,023.09	S/L	7.0
99	Development Software	5/26/00	5,000.00	0.00	0.00	5,000.00	0.00	5,000.00	2,270.00	S/L	3.0
103	Computer equipment and service	12/26/01	5,675.00	0.00	0.00	2,270.00	1,135.00	3,405.00	2,270.00	S/L	5.0
104	Computer equipment and service	12/19/01	16,206.25	0.00	0.00	6,482.50	3,241.25	9,723.75	6,482.50	S/L	5.0
105	Computer software	12/07/01	3,375.00	0.00	0.00	2,343.75	1,031.25	3,375.00	0.00	S/L	3.0
106	Computer monitors	12/12/01	2,200.00	0.00	0.00	916.67	440.00	1,356.67	843.33	S/L	5.0
107	Light fixtures	8/31/01	5,500.00	0.00	0.00	1,833.32	785.71	2,619.03	2,880.97	S/L	7.0
108	6 IBM computers	10/04/01	9,000.00	0.00	0.00	4,050.00	1,800.00	5,850.00	3,150.00	S/L	5.0
109	Computer equipment	12/17/01	2,610.00	0.00	0.00	1,044.00	522.00	1,566.00	1,044.00	S/L	5.0
110	Software	10/04/02	3,500.00	0.00	0.00	1,458.34	1,166.67	2,625.01	874.99	Amort	3.0
112	U3- 1100Z DLP Projector	7/19/02	3,100.00	0.00	0.00	878.33	620.00	1,498.33	1,601.67	S/L	5.0
113	Computer parts and service	1/09/02	775.00	0.00	0.00	310.00	155.00	465.00	310.00	S/L	5.0
114	Virus software	2/12/02	500.00	0.00	0.00	319.45	166.67	486.12	13.88	Amort	3.0
115	Virus Software	2/01/02	310.00	0.00	0.00	198.05	103.33	301.38	8.62	Amort	3.0
116	Telephone Lines	4/23/02	1,117.45	0.00	0.00	266.06	159.64	425.70	691.75	S/L	7.0
117	Software upgrade	11/19/02	1,845.00	0.00	0.00	717.50	615.00	1,332.50	512.50	Amort	3.0
118	Canon A70 Digital Camera	8/19/03	400.00	0.00	0.00	19.05	57.14	76.19	323.81	S/L	7.0
119	Ikon Copier	9/20/03	5,650.00	0.00	0.00	282.50	1,130.00	1,412.50	4,237.50	S/L	5.0
120	Ikon Sorter for Copier	9/20/03	765.00	0.00	0.00	38.25	153.00	191.25	573.75	S/L	5.0
121	Lamps & Tables	11/18/03	500.00	0.00	0.00	5.95	71.43	77.38	422.62	S/L	7.0
122	Scotman's Ice Machine	11/07/03	1,099.00	0.00	0.00	26.17	157.00	183.17	915.83	S/L	7.0
123	IBM Laptop	6/19/03	2,272.04	0.00	0.00	227.20	454.41	681.61	1,590.43	S/L	5.0
125	Computer #1- Thinkcentre PC & Mc	2/24/04	922.00	0.00c	0.00	0.00	153.67	153.67	768.33	S/L	5.0
126	Computer #2- Thinkcentre PC & mo	2/24/04	922.00	0.00c	0.00	0.00	153.67	153.67	768.33	S/L	5.0
127	Computer #3- Thinkcentre PC & Mc	2/24/04	922.00	0.00c	0.00	0.00	153.67	153.67	768.33	S/L	5.0
128	Computer #4- ThinkCentre PC & M	2/24/04	922.00	0.00c	0.00	0.00	153.67	153.67	768.33	S/L	5.0
130	Pressure Washer	9/05/04	708.99	0.00c	0.00	0.00	47.27	47.27	661.72	S/L	5.0
OFFICE EQUIP & FURNITURE			241,960.42	0.00c	0.00	181,462.57	21,681.21	203,143.78	38,816.64		
*Less: Dispositions			38,272.44	0.00	0.00	38,272.44	0.00	38,272.44	0.00		
Net OFFICE EQUIP & FURNITURE			203,687.98	0.00c	0.00	143,190.13	21,681.21	164,871.34	38,816.64		
Group: TRANSPORTATION											
77	1996 MERCURY SABLE	6/20/97	17,130.75	0.00	0.00	15,289.23	0.00	15,289.23	1,841.52	S/L	5.0
90	Mazda Millennia	12/07/00	16,305.50	0.00	0.00	9,743.96	3,261.10	13,005.06	3,300.44	S/L	5.0
129	1998 Oldsmobile Aurora Blk 4-dr s	2/24/04	7,250.00	0.00c	0.00	0.00	1,208.33	1,208.33	6,041.67	S/L	5.0
TRANSPORTATION			40,686.25	0.00c	0.00	25,033.19	4,469.43	29,502.62	11,183.63		

Book Asset Detail 1/01/04 - 12/31/04

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sat Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
	Grand Total		1,168,388.86	0.00c	0.00	424,035.81	46,975.61	471,011.42	697,377.44		
	Less: Dispositions		38,272.44	0.00	0.00	38,272.44	0.00	38,272.44	0.00		
	Net Grand Total		1,130,116.42	0.00c	0.00	385,763.37	46,975.61	432,738.98	697,377.44		

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization ASSOCIATION FOR GUIDANCE, AID, PLACEMENT AND EMPATHY	Employer identification number 62-0760716
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4555 TROUSDALE DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37204	

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

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

• The books are in the care of ▶ **TOM BURTON**
 Telephone No. ▶ **615-781-3000** FAX No. ▶ _____

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

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2004** or
 ▶ tax year beginning _____, and ending _____.

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

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

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

COPY