

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. NASHVILLE RESCUE MISSION, P.O. BOX 333229, NASHVILLE, TN 37203-7535. D Employer Identification Number 62-6018832. E Telephone number 615-255-2475. F Accounting method: Accrual.

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.

G Web site: HTTP://WWW.NASHVILLERESCUEMISSION.ORG/HOME.HT

J Organization type (check only one): 501(c) 3. H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No.

K Check here if the organization's gross receipts are normally not more than \$25,000. H (d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 7,851,081.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 3 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a Gross rents; 7 Other investment income; 8a Gross amount from sales of assets; 9 Special events and activities; 10a Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit); 19 Net assets at beginning; 20 Other changes; 21 Net assets at end.

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.

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 (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23	3,026,508.	3,026,508.		
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	137,000.	111,095.	5,048.	20,857.
26 Other salaries and wages	26	1,597,867.	1,295,731.	58,874.	243,262.
27 Pension plan contributions	27	49,625.	37,802.	2,654.	9,169.
28 Other employee benefits	28	338,872.	268,948.	34,163.	35,761.
29 Payroll taxes	29	130,893.	106,657.	4,309.	19,927.
30 Professional fundraising fees	30	872,701.			872,701.
31 Accounting fees	31	62,400.		62,400.	
32 Legal fees	32	1,537.		1,537.	
33 Supplies	33	103,520.	69,123.	19,257.	15,140.
34 Telephone	34	31,592.	27,951.	1,739.	1,902.
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	165,974.	152,230.	8,794.	4,950.
38 Printing and publications	38	191,764.	17,864.	9,098.	164,802.
39 Travel	39	72,825.	64,085.	3,968.	4,772.
40 Conferences, conventions, and meetings	40				
41 Interest	41	19,776.	19,776.		
42 Depreciation, depletion, etc (attach schedule)	42	249,866.	225,740.	19,291.	4,835.
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 2	43a	556,109.	412,777.	65,643.	77,689.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	7,608,829.	5,836,287.	296,775.	1,475,767.

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? <input type="checkbox"/> SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 4	
(Grants and allocations \$ _____)	5,836,287.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	5,836,287.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
ASSETS	45	Cash — non-interest-bearing.....	380,154.	45	683,288.
	46	Savings and temporary cash investments.....	34,785.	46	87,874.
	47 a	Accounts receivable.....			
		b Less: allowance for doubtful accounts.....		47 c	
	48 a	Pledges receivable.....			
		b Less: allowance for doubtful accounts.....	22,991.	48 c	
	49	Grants receivable.....		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule).....		50	
	51 a	Other notes & loans receivable (attach sch).....			
		b Less: allowance for doubtful accounts.....		51 c	
	52	Inventories for sale or use.....	5,663.	52	5,318.
	53	Prepaid expenses and deferred charges.....		53	
	54	Investments — securities (attach schedule).. SEE ST. 5. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,000.	54	8,000.
	55 a	Investments — land, buildings, & equipment: basis.....			
		b Less: accumulated depreciation (attach schedule).....		55 c	
	56	Investments — other (attach schedule).....		56	
	57 a	Land, buildings, and equipment: basis.....	7,829,576.		
		b Less: accumulated depreciation (attach schedule).. STATEMENT 6	1,728,803.	57 c	6,100,773.
	58	Other assets (describe ▶ SEE STATEMENT 7).....		58	16,658.
59	Total assets (add lines 45 through 58) (must equal line 74).....	6,762,743.	59	6,901,911.	
LIABILITIES	60	Accounts payable and accrued expenses.....	248,569.	60	177,298.
	61	Grants payable.....		61	
	62	Deferred revenue.....		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64 a	Tax-exempt bond liabilities (attach schedule).....		64 a	
		b Mortgages and other notes payable (attach schedule).. SEE STATEMENT 8	336,853.	64 b	305,040.
	65	Other liabilities (describe ▶).....		65	
66	Total liabilities (add lines 60 through 65).....	585,422.	66	482,338.	
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.....	6,158,292.	67	6,400,477.
	68	Temporarily restricted.....	11,029.	68	11,096.
	69	Permanently restricted.....	8,000.	69	8,000.
	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).....	6,177,321.	73	6,419,573.
	74	Total liabilities and net assets/fund balances (add lines 66 and 73).....	6,762,743.	74	6,901,911.

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 instructions.)

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

a	Total revenue, gains, and other support per audited financial statements..... ▶	a	7,886,493.
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..... \$	35,412.	
(3)	Recoveries of prior year grants..... \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)..... ▶	b	35,412.
c	Line a minus line b..... ▶	c	7,851,081.
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	7,851,081.

a	Total expenses and losses per audited financial statements..... ▶	a	7,644,241.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities..... \$	35,412.	
(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	35,412.
c	Line a minus line b..... ▶	c	7,608,829.
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	7,608,829.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9				
-----		137,000.	30,200.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?..... ▶ Yes No
 If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity... 77 Were any changes made in the organizing or governing documents but not reported to the IRS?... 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?... 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement... 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?... 81a Enter direct and indirect political expenditures. See line 81 instructions... 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?... 83a Did the organization comply with the public inspection requirements for returns and exemption applications?... 84a Did the organization solicit any contributions or gifts that were not tax deductible?... 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?... 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12... 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders... 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... 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911... 89b 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... 90a List the states with which a copy of this return is filed... 90b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)... 91 The books are in care of... Telephone number... Located at... ZIP + 4... 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...

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a FEES FOR SRO UNITS					101,263.
b PERSONAL LOCKERS					29,890.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.					
96 Dividends & interest from securities			14	233.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
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 OTHER REVENUE			3	43,169.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				43,402.	131,153.
105 Total (add line 104, columns (B), (D), and (E))					174,555.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	REHABILITATION SERVICES
93B	TRANSIENT SERVICES--LOCKERS FOR CONVENIENCE OF CLIENTS SERVED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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: Bob Weather Date: 6-20-05

Type or print name and title: Bob Weather, President/CEO

Paid Preparer's Use Only

Preparer's signature: Bob Weather Date: 6-17-05 Check if self-employed: Preparer's SSN or PTIN (See General instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: FRASIER, DEAN & HOWARD, PLLC
3310 WEST END AVENUE, STE. 550
NASHVILLE, TN 37203 EIN: N/A Phone no.: (615) 383-6592

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2004

Name of the organization

NASHVILLE RESCUE MISSION

Employer identification number

62-6018832

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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 and deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
RUSS REID CO.		
P.O. BOX 60140, LOS ANGELES, CA 90060	DIRECT MARKETING	857,000.
MARSHALL & BRUCE PRINTING		
P.O. BOX 22940, NASHVILLE, TN 37213	PRINTING SERVICES	96,600.
FAULKNER, MACKIE & COCKRAN		
3100 WEST END, SUITE 700, NASHVILLE, TN 37203	ACCOUNTING SVCS.	62,000.

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

Part III Statements About Activities (See 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. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		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)?	X	
e Transfer of any part of its income or assets?		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.)	X	
3b Do you have a section 403(b) annuity plan for your employees?	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?		X
4b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See 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.)
- 11 a 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.)
- 11 b 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 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 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.)...	7,051,100.	6,087,707.	5,017,817.	4,262,683.	22,419,307.
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	135,141.	145,038.	128,632.	138,807.	547,618.
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	339.	65,855.	78,772.	138,289.	283,255.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT. 11	42,204.	42,101.	38,324.	43,814.	166,443.
23 Total of lines 15 through 22	7,228,784.	6,340,701.	5,263,545.	4,583,593.	23,416,623.
24 Line 23 minus line 17	7,093,643.	6,195,663.	5,134,913.	4,444,786.	22,869,005.
25 Enter 1% of line 23	72,288.	63,407.	52,635.	45,836.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 457,380.
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 22,869,005.
d Add: Amounts from column (e) for lines: 18 283,255. 19 _____					26d 449,698.
22 166,443. 26b _____					26e 22,419,307.
e Public support (line 26c minus line 26d total)					26f 98.03 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: N/A					
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: (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: (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					27d
d Add: Line 27a total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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 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?		
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?		
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.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
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?		
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.			

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.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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.)

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 non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
(For reporting only by organizations that did not complete Part VI-A)

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.)			

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

NASHVILLE RESCUE MISSION

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

BENEVOLENCE.....	\$	34,227.
EDUCATION & TRAINING.....		6,284.
FOOD, SHELTER AND CLOTHING.....		2,985,997.
	TOTAL \$	<u>3,026,508.</u>

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK FEES	20,458.		20,458.	
INSURANCE	75,924.	71,979.	2,305.	1,640.
MISCELLANEOUS	6,310.	687.	4,791.	832.
PROFESSIONAL FEES	16,927.		16,927.	
PROPERTY TAXES	3,112.		3,112.	
PUBLICITY	105,397.	49,923.		55,474.
UTILITIES	327,981.	290,188.	18,050.	19,743.
TOTAL	\$ <u>556,109.</u>	\$ <u>412,777.</u>	\$ <u>65,643.</u>	\$ <u>77,689.</u>

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

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

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
TRANSIENT SERVICES: PROVIDING SHELTER, FOOD, CLOTHING, MEDICAL CARE, SPIRITUAL COUNSELING, AND TRAVEL ASSISTANCE TO HOMELESS, NEEDY AND TRANSIENT INDIVIDUALS AND FAMILIES THROUGH THE MEN'S SHELTER, FAMILY LIFE CENTER, AND TRAVELER'S AID. EXPENSES DO NOT INCLUDE DONATED SERVICES CONSUMED.		1,529,448.
REHABILITATION SERVICES: PROVIDING COUNSELING, BIBLE CLASSES, REHABILITATION, EDUCATION, EMPLOYMENT PREPARATION AND TRANSITIONAL HOUSING THROUGH THE MEN'S RECOVERY PROGRAM, THE LODGING PLACE, THE HOPE CENTER AND THE ANCHOR HOME.		

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

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
EXPENSES DO NOT INCLUDE DONATED SERVICES CONSUMED.		1,164,841.
PUBLIC AWARENESS: PROVIDING INFORMATION TO THE PUBLIC REGARDING NEEDS OF THE COMMUNITY AND THE MISSION'S PROGRAM SERVICES.		156,001.
DISTRIBUTION OF FOOD, CLOTHING AND OTHER ESSENTIALS TO PEOPLE IN NEED OF HELP.		2,985,997.
	<u>\$ 0.</u>	<u>\$ 5,836,287.</u>

STATEMENT 5
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
NON-TRANSFERABLE PREFERRED STOCK	MARKET VALUE	\$ 8,000.
	TOTAL	<u>\$ 8,000.</u>
TOTAL INVESTMENTS - SECURITIES		<u>\$ 8,000.</u>

STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 90,990.	\$ 74,888.	\$ 16,102.
FURNITURE AND FIXTURES	237,357.	125,346.	112,011.
MACHINERY AND EQUIPMENT	697,915.	401,600.	296,315.
BUILDINGS	6,582,498.	1,126,969.	5,455,529.
LAND	220,816.		220,816.
TOTAL	<u>\$ 7,829,576.</u>	<u>\$ 1,728,803.</u>	<u>\$ 6,100,773.</u>

STATEMENT 7
FORM 990, PART IV, LINE 58
OTHER ASSETS

CONSTRUCTION IN PROGRESS.....	\$ 16,658.
TOTAL	<u>\$ 16,658.</u>

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STATEMENT 8
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
AMSOUTH BANK	\$ 305,040.
TOTAL	<u>\$ 305,040.</u>

STATEMENT 9
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
R. JOSEPH CRACE BRENTWOOD, TN	TREASURER LESS THAN 1	\$ 0.	\$ 0.	\$ 0.
J.V. CROCKETT, III NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
ANN DAVIS MT. JULIET, TN	VICE CHAIR LESS THAN 1	0.	0.	0.
LORENA B. EDWARDS MADISON, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
JERRY FAULKNER FRANKLIN, TN	ASST VICE CHAIR LESS THAN 1	0.	0.	0.
HOWARD COCHRAN BRENTWOOD, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
R.M. GLOVER HERMITAGE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
GLENN A. HARRIS MADISON, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
JOHN W. LAMB, M.D. NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.

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STATEMENT 9 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ALBERT M. LUCAS, JR. NASHVILLE, TN	BOARD MEMBER LESS THAN 1	\$ 0.	\$ 0.	\$ 0.
JOHN K. MERIWETHER NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
CHARLES EMERSON, JR. BRENTWOOD, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
WILLIAM LYNN MOENCH NASHVILLE, TN	SECRETARY LESS THAN 1	0.	0.	0.
EM GHIANNI NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
FRAN HOOGESTRAAT NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
NORMAN HUMBER NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
ROSEMARY RAGAN ANTIOCH, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
DARLENE RAINEY FRANKLIN, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
MARVIN RAINEY FRANKLIN, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
GLEN L. ROBERTS CEDAR HILL, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
ROBERT E. ROEHL, JR. NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.

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STATEMENT 9 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
THOMAS A. SASS BRENTWOOD, TN	CHAIR LESS THAN 1	\$ 0.	\$ 0.	\$ 0.
WILBUR SENSING, JR. BRENTWOOD, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
ROBERT MCKINNEY BRENTWOOD, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
JACK VICARY FRANKLIN, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
ARNOLD VON HAGEN NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
RADER WALKER NASHVILLE, TN	PRESIDENT & CEO 40	82,000.	18,200.	0.
CHRIS MILAM NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
DON WORRELL NASHVILLE, TN	VP OPERATIONS 40	55,000.	12,000.	0.
DICK MORGAN NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
BILL ANDRADE, M.D. NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
HOWARD E. JONES NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.
SARA PARTON NASHVILLE, TN	BOARD MEMBER LESS THAN 1	0.	0.	0.

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STATEMENT 9 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MICHELLE YORK BRENTWOOD, TN	BOARD MEMBER LESS THAN 1	\$ 0.	\$ 0.	\$ 0.
		TOTAL	<u>\$ 137,000.</u>	<u>\$ 30,200.</u>
			<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 10
 SCHEDULE A, PART III, LINE 3
 QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS

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

STATEMENT 11
 SCHEDULE A, PART IV-A, LINE 22
 OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2003</u>	<u>(B) 2002</u>	<u>(C) 2001</u>	<u>(D) 2000</u>	<u>(E) TOTAL</u>
INSURANCE RECOVERY	\$ 0.	\$ 0.	\$ 0.	\$ 4,193.	\$ 4,193.
OTHER REVENUE	42,204.	42,101.	38,324.	39,621.	162,250.
TOTAL	<u>\$ 42,204.</u>	<u>\$ 42,101.</u>	<u>\$ 38,324.</u>	<u>\$ 43,814.</u>	<u>\$ 166,443.</u>

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DEPRECIATION SCHEDULE
990, PART II, LINE 42

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

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