Form **990**

2003

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements or tax year beginning 7/01/03, and ending 6/30/04

Open to Public Inspection

OMB No 1545-0047

Ā	For the	2003 calendar year, or tax year beginning 7/01/03, and ending 6	/30/04		
В	Check if	applicable Please C Name of organization		D E	mployer ID number
	Addre	ss change label or		2	23-7376100
	Name	change print or DISMAS, INC.		E T	elephone number
	i Initial i		ss) Room/suite	6	515-297-9287
	Final r	eturn See 1513 16TH AVENUE		FA	ccounting method: Cash
	1	Specific City or town, state or country, and ZIP + 4		F	Accrual Other (specify)
-	-	ation pending tions. NASHVILLE TN 37212	2	. ⊒ ′	
_	Jppo.	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and I are not applicable to sec	tion 527	7 organizations
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a group return for		i m
G	Waheit	e: ► N/A	H(b) If "Yes," enter number of		
		zation type	H(c) Are all affiliates included?		
•	_	only one) ► 🕱 501(c) (3) < (insert no.)	(If "No," att a list See ins		☐ 163 <u>☐</u> 140
ĸ		here If the organization's gross receipts are normally not more than \$25,000.	H(d) Is this a separate return f		an
		panization need not file a return with the IRS; but if the organization received a	organization covered by a	•	
	-	90 Package in the mail, it should file a return without financial data. Some states	I Group Exemption Nur		
		a complete return.			zation is not required
		eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 563,366		_	•
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bal			
	1		alices (See page 10 of t	116 111	Structions.)
	1	Contributions, gifts, grants, and similar amounts received.	1a 193,532	, l	
	a	Direct public support			
	b	Indirect public support	1b 75,701 1c 182,605		
	C .	Government contributions (grants)	16 162,603	7 .	451 020
	d	Total (add lines 1a through 1c) (cash \$ 451,838 noncash \$_	. 02)	1d	451,838 104,109
(NS	2	Program service revenue including government fees and contracts (from Part VII, line	93)	2	104,109
N	3	Membership dues and assessments		3	234
	4	Interest on savings and temporary cash investments		4	234
<u></u>	5	Dividends and interest from securities		5	
	6a	Gross rents	6a	╣	
Ö	b	Less: rental expenses	<u>on </u>	٠,	
	C -	Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe ▶)		6c 7	
To the state of th	7	Gross amount from sales of assets other (A) Securities	ABY Other	+-	
• _ e	8a		(B) Other	1	•
(A)	h	than inventory Less: cost or other basis and sales expenses	8b	┪	1
6 200	b	Gain or (loss) (attach schedule)	8c	1	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	_00 1	8d	
ڪ٦	9	Special events and activities (attach schedule). If any amount is from gaming, check	here	<u> </u>	
	_	Gross revenue (not including \$ of		1	
=			9a	1	li .
		contributions reported on line 1a) Less direct expenses other than fundraising expenses	9b	1	
		Net income or (loss of pm special events (subtract line 9b from line 9a)		9c	ľ
092			10a	"	
0		I/AV	10b	1	
		Property (attach schedule) (subtract line 10b from		10c	
	QC.	Other revenue (from Fart VII, line 103)	inic rodj	11	7,185
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	563,366
E	13	Program services (from line 44, column (B))	 	13	636,454
X		Management and general (from line 44, column (C))		14	103,323
p e		Fundraising (from line 44, column (D))		15	6,690
n s		Payments to affiliates (attach schedule)		16	
e s		Total expenses (add lines 16 and 44, column (A))		17	746,467
Ā		Excess or (deficit) for the year (subtract line 17 from line 12)	<u> </u>	18	-183,101
NS	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	632,070
ام 9		Other changes in net assets or fund balances (attach explanation)	•	20	
t t		Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	448,969
	D	and Desired as A Markey and About a second business of the control	**************************************	<u></u>	- 000

				red for section 501(c)(3) a	· · · =
	a)(1) none	exempt charitable trusts be	ut optional for others (See		;)
Do not include amounts reported on line	1 1	(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.	+		services	and general	
22 Grants and allocations (attach schedule)					
(cash \$)	22	 _			
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc	25	261 762	220 020	41 742	
26 Other salaries and wages	26	261,763	220,020	41,743	
27 Pension plan contributions	27	00 030	77 0/1	12 000	·
28 Other employee benefits	28	90,830	77,941 16,008	12,889	···
29 Payroll taxes	29	19,045	16,008	3,037	
30 Professional fundraising fees	30	12,620		12 620	
31 Accounting fees	31	12,620		12,620	
32 Legal fees	32	40 467	20 224	0 122	· · · · · · · · · · · · · · · · · · ·
33 Supplies	33	40,467	38,334	2,133	
34 Telephone	34	18,119	15,210	2,909	
35 Postage and shipping	35	2,483	1,955	264	264
36 Occupancy	36	45,992	45,992		
37 Equipment rental and maintenance	37	16,336	16,336		
38 Printing and publications	38	1,774	750	512	512
39 Travel	39	12,126	10,076	2,050	
Conferences, conventions, and meetings	40				
41 Interest .	41				
Depreciation, depletion, etc. (attach schedule)	42	39,806	39,806		
Other expenses not covered above (itemize): a	43a	105 106	154.006		
b SEE STATEMENT 1	43b	185,106	154,026	25,166	5,914
С	43c			. —	<u> </u>
d	43d				
е , .	43e				
14 Total functional expenses (add lines 22 - 43) Organizations		546 465	606 454	100 000	
completing columns (B)-(D), carry these totals to lines 13-15	44	746,467	636,454	103,323	6,690
Joint Costs. Check ▶ ☐ if you are following SOP 98-2.					
Are any joint costs from a combined educational campaign and f	undraisin	•	, , ,		Yes X No
"Yes," enter (i) the aggregate amount of these joint costs \$			nt allocated to Program ser		· ·
(ii) the amount allocated to Management and general \$			nt allocated to Fundraising		<u> </u>
Part III Statement of Program Service Acco	mplist	rments (See pag	<u>e 25 of the instruc</u>	tions.)	
What is the organization's primary exempt purpose?					Program Service Expenses
SEE STATEMENT 2			0		(Required for 501(c)(3) 8
All organizations must describe their exempt purpose achievement of clients served, publications issued, etc. Discuss achievements	ents in a d s that are	clear and concise mar not measurable. (Sec	iner. State the number ation 501(c)(3) and (4)		(4) orgs , & 4947(a)(1) trusts, but optional for
rganizations and 4947(a)(1) nonexempt charitable trusts must a	ilso enter	r the amount of grants	and allocations to other		others)
a PROVIDES TRANSITIONAL HOURS		ND OTHER S	ERVICES FOR		
PERSONS RELEASED FROM PRISON	Ī				
		(Grants and allo	ocations \$		636,454
b					
		(Grants and allo	ocations \$)	
c					
·					
	•				
		(Grants and allo	ocations \$)	
d					
•		(Grants and allo	ocations \$)	
e Other program services (attach schedule)		(Grants and allo)	
f Total of Program Service Expenses (should equal line 44,	column (•	636,454
AA					Form 990 (2003)

Part IV Balance Sheets (See page 25 of the instructions.)

58 Other assets (add lines 45 through 58) (must equal line 74) 59 Total assets (add lines 45 through 58) (must equal line 74) 60 Accounts payable and accrued expenses 61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees (attach schedule) 63 Loans from officers, directors, trustees, and key employees (attach schedule) 64 Tax-exempt bond liabilities (attach schedule) 65 Other liabilities (describe ▶ 66 Total Habilities (add lines 60 through 65) 70 Granizations that follow SFAS 117, check here ▶ ★ and complete lines 67 through 69 and lines 73 and 74 69 Permanently restricted 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 71 Paid-in or capital surplus, or land, building, and equipment fund 71 Paid-in or capital surplus, or land, building, and equipment fund 71 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) 58 Column (A) must equal line 19; column (B) must equal line 21) 58 Colimn (A) must equal line 19; column (B) must equal line 21) 58 Colimn (A) must equal line 19; column (B) must equal line 21)		Note:	Where required, attached schedules and amounts with	in the desc	cription	(A)		(B)
46 Savings and temporary cash investments 47a Accounts receivable b Less allowance for doubtful accounts 48b		т						
47a Accounts receivable b Less: gllowance for doubtful accounts 47b		45	-		-	207,449	45	93,859
b Less' allowance for doubtful accounts 48a Pledges receivable 48b 48c b Less' allowance for doubtful accounts 48b 48c 50 Receivables from clificers, directors, trustees, and key employees (attach schedule) 50 51a Other notes and loans receivable (attach schedule) 51b 51c 51b 51c 51c 51c 51c 51c Structure 51c 51c 51c 51d 51c 51c 51c 51c 51d 51c 51c 51c 51c 51d 51c 51c 51d		46	Savings and temporary cash investments		. -		46	
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\$ 53	-	1 -		[<u>0.0</u>]		 		
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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.

Form	990 (2003)	DISMAS, INC.						7376100			Page
Pa	rt IV-A	Reconciliation of Rev	/eni	ue per Audited	-	Pa	rt IV-B	Reconciliation of	Exp	enses pe	er Audited
		Financial Statements	: Wil	th Revenue per	Ì		1	Financial Statem	ents	with Exp	enses per
		Return (See page 27	of ti	ne instructions.)				Return			•
a	Total revenue	, gains, and other support	}			а	Total expenses	and losses per			
	per audited fin	ancial statements	La	563,36	66		audited financia	al statements	•	a	_ 746,46
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Pa	rt V Lis	t of Officers, Director	s, T	rustees, and Key E	Emp	oloy	ees (List each	one even if not compe	nsate	d, see page	27 of
	the i	nstructions)									
		(A) Name and address			(E	B) Ti	tle and average week devoted to	(C) Compensation (If not paid, enter	(D) empl	Contrib to ovee benefit	(E) Expense
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a statement explaining each transaction c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed NONE b Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 91 The books are in care of SUSAN CUNNINGHAM Located at NASHVILLE, TN 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 89b X X Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 D 0 40 Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 D 0 40 Enter Amount of tax employees employed in the organization of tax exempt interest received or accrued during the tax year	b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	1		1
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sections 4912, 4955, and 4958 d Enter Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed NONE b Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 91 The books are in care of SUSAN CUNNINGHAM Located at NASHVILLE, TN 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 Section 4947(a)(1) nonexempt charitable trusts received or accrued during the tax year 93 Section 4947(a)(1) nonexempt charitable trusts received or accrued during the tax year 94 Section 4947(a)(1) nonexempt interest received or accrued during the tax year		• • • • • • • • • • • • • • • • • • • •	89b		X
d Enter Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed ▶ NONE b Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 91 The books are in care of ▶ SUSAN CUNNINGHAM Located at ▶ NASHVILLE, TN 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 ▶ 0 90b 14 Telephone no. ▶ 615-297-9287 ZIP + 4 ▶ 37212	С	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under			
Use the states with which a copy of this return is filed NONE Number of employees employed in the pay period that includes March 12, 2003 (See instructions) The books are in care of SUSAN CUNNINGHAM Located at NASHVILLE, TN 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 PONE 14 Telephone no. 615-297-9287 ZIP+4 37212					
b Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 91 The books are in care of ▶ SUSAN CUNNINGHAM Located at ▶ NASHVILLE, TN 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 94 14 15 15 15 19 19 14 15 15 15 15 15 15 15 15 15 15 15 15 15	d	——————————————————————————————————————			0
91 The books are in care of ► SUSAN CUNNINGHAM Located at ► NASHVILLE, TN 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 Telephone no. ► 615-297-9287 ZIP + 4 ► 37212		1			.
Located at ► NASHVILLE, TN 2IP + 4 ► 37212 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ■ 92					
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 92	91		-297	-92	8 /
and enter the amount of tax-exempt interest received or accrued during the tax year	00	•			
	92				- L
	_	and enter the amount of tax-exempt interest received of accross outling the tax year.		990	(2002)

DISMAS Form 990 (2003) ' DISMAS, INC. 23-7376100 Page 6 Analysis of Income-Producing Activities (See page 33 of the instructions.) Note: Enter gross amounts unless otherwise Unrelated business income Excluded by sec 512, 513, or 514 (E) Related or indicated (C) exempt function 93 Program service revenue: code ıncome RENT REVENUE 104,109 f Medicare/Medicaid payments g Fees and contracts from government agencies Membership dues and assessments 14 234 Interest on savings and temporary cash investments Dividends and interest from securities 96 97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property Net rental income or (loss) from personal property 98 99 Other investment income Gain or (loss) from sales of assets other than inventory 100 Net income or (loss) from special events 101 Gross profit or (loss) from sales of inventory 102 Other revenue: b MISCELLANEOUS INCOME 7,185 104,109 7,419 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.) Part VIII Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). 93A RENTAL OF ROOMS TO PERSONS RELEASED FROM PRISON IN ORDER TO PROVIDE AN ENVIRONMENT WHICH WILL GIVE THEM AN OPPORTUNITY TO BECOME A PRODUCTIVE MEMBER OF SOCIETY. Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.) Part IX

dit ist	<u> </u>	<u> </u>		10000001011011	
(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 T	ransfers Associated	with Personal Benefit Con	tracts (See page 34 of t	he instructions.)	
(a) Did the organization, during the year, re	ceive any funds, directly o	or indirectly, to pay premiums on a po	ersonal benefit contract?	Yes X N	łc
(b) Did the organization, during the year, pa	ay premiums, directly or in	directly, on a personal benefit contra	ict?	Yes X N	١c
Note: If "Yes" to (b), file Form 8870 and Form	4720 (see instructions).			· —	

•	VO 12 10// 110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Under penalties of perjury, preclare that I have examined this return, include and belief, it is true, correct, and complete preparation of preparer (other than the correct of the complete preparation of preparer (other than the correct of the co	ng accompanying schedules and statements, and to the best of my knowledge an officer) is based on all information of which preparer has any knowledge
		4 1 1 1 1 1 1 1 1 1

<u>Please</u>

SCHEDULE A (Form 990 or 990-EZ) **Organization Exempt Under Section 501(c)(3)**

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

Supplementary Information-(See separate instructions.)

OMB No 1545-0047

Employer identification number

2003

Department of the Treasury Internal Revenue Service Name of the organization

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

INC. 23-7376100 DISMAS, 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.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee ben plans & account and other than \$50,000 per week devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$ 50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2003

Sch	edule	A (Form 990 or 990-EZ) 2003 DISMAS, INC. 23-7376100		P	age 2
P	art I	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or i Pa	empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities (Must equal amounts on line 38, rt VI-A, or line I of Part VI-B.) ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	1		х
		panizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
	the	lobbying activities.			
2	sub with ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any obstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or high any taxable organization with which any such person is affiliated as an officer, director, trustee, majority ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)			
а	Sal	le, exchange, or leasing of property?	2a		x
b	Ler	nding of money or other extension of credit?	2b		X
С	Fu	rnishing of goods, services, or facilities?	2c		X
ď	Pay	yment of compensation (or payment or reimbursement of expiration if more than \$1,000)?	2d		X
е	Tra	Insfer of any part of its income or assets?	2e		_X_
3a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	lli		
	you	determine that recipients qualify to receive payments.)	3a		X
3ь	Do	you have a section 403(b) annuity plan for your employees?	3b		X
4		you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4		x
P:	art l'		<u> </u>	-	L.
	orgar	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	Н	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	H	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
8 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	X	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	\Box	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			
	$\overline{}$	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	Ш	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.)			
		(b)	Line n	umbei	_
		(a) Name(s) of supported organization(s)	from al		
				- · · · ·	_
					_
14	П	An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions.)			
-	ш.				

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Part IV-A Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2002 (b) 2001 (c) 2000 (d) 1999 (e) Total 15 ' Gifts, grants, and contributions received. (Do not include unusual 544,395 775,974 914,412 1,193,242 3,428,023 grants. See line 28.) 16 Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 109,372 123,045 189,806 207,961 630,184 organization's charitable, etc., purpose 18 Gross income from Interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 18,894 1,666 4,867 14,516 39,943 by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefits and either paid to it or expended on 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 0 public without charge Other income Attach a schedule Do not include gain or (loss) from sale of capital assets STMT 3 9,714 10,823 20,537 665,147 914,709 4,118,687 1,123,112 1,415,719 23 Total of lines 15 through 22 555,775 791,664 933,306 1,207,758 3,488,503 Line 23 minus line 17 24 11,231 6,651 9,147 14,157 Enter 1% of line 23 69.770 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a 26 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) 3,488,503 26c 39,943 d Add: Amounts from column (e) for lines: 20,537 22 60,480 26d 3,428,023 e Public support (line 26c minus line 26d total) 26e 98.2663% Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 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." N/A Do not file this list with your return. Enter the sum of such amounts for each year: (2001)(2002)(2000)(1999)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year (2002)(1999)Add: Amounts from column (e) for lines: 15 17 27c and line 27b total d Add. Line 27a total 27d Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test: Enter amount on line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 28 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.

Page Private School Questionnaire (See page 7 of the instructions.) Part V (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, Yes No 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? 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.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 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.) Does the organization discriminate by race in any way with respect to: 33 Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? 33a h Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement

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

Schedule A (Form 990 or 990-EZ) 2003 I					23-7376	
	ditures by Electing ONLY by an eligib		` -	-		1
Check ▶ a if the organization belo	ongs to an affiliated grou	p. Check	b if	you che	ecked "a" and "limited	control" provisions apply
Limits or	Lobbying Expend	ditures			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	tures" means amounts p				·	organizations
36 Total lobbying expenditures to influence				36		
37 Total lobbying expenditures to influence	-	ct lobbying)	•	37		
38 Total lobbying expenditures (add lines	36 and 37)			38		
39 Other exempt purpose expenditures	Id lines 20 and 20)			39		
40 Total exempt purpose expenditures (ad41 Lobbying nontaxable amount. Enter the		na table		40	<u></u>	
41 Lobbying nontaxable amount. Enter the If the amount on line 40 is-		intaxable amount is-				
Not over \$500,000	20% of the amount		٦	}		
Over \$500,000 but not over \$1,000,000		of the excess over \$500,0	200			
Over \$1,000,000 but not over \$1,500,000	·	of the excess over \$1,000	1	41		
Over \$1,500,000 but not over \$17,000,000	· ·	f the excess over \$1,500.				
Over \$17,000,000	\$1,000,000					
42 Grassroots nontaxable amount (enter 2	5% of line 41)		_	42		
43 Subtract line 42 from line 36. Enter -0- i	f line 42 is more than line	e 36		43		
44 Subtract line 41 from line 38. Enter -0- i	f line 41 is more than line	e 38		44		
Caution: If there is an amount on either					:	l
<u></u>	_	ing Period Unde		•	•	
• -	that made a section 50		· ·		the five columns below	w.
See the in	structions for lines 45 th	rough 50 on page 11 o	of the instruc	tions.)		
		Lobbying Ex	penditures [Ouring (4-Year Averaging Per	lod
Calendar year (or	(a)	(b)	(0	-	(d)	(e)
fiscal year beginning in)	2003	2002	20	01	2000	Total
45 Lobbying nontaxable amount			1		1	
46 Lobbying ceiling amount (150% of						
line 45(e))				_		
47 Total lobbying expenditures						
48 Grassroots nontaxable amount						
49 Grassroots ceiling amount (150% of						
line 48(e))			 			
50 Grassroots lobbying expenditures						
	by Nonelecting P	ublic Charities	·	_		
	by organizations t		lete Part V	/I-A) (See page 12 of the	e instructions.) N/A
During the year, did the organization attemp	t to influence national, si	tate or local legislation	, including a	пу	Vac	A
attempt to influence public opinion on a legis	lative matter or referend	lum, through the use o	of.		Yes	No Amount
a Volunteers						_
b Paid staff or management (Include co	mpensation in expenses	reported on lines c th	rough h.)		 	_
c Media advertisements						
d Mailings to members, legislators, or th	•				 -	
e Publications, or published or broadcas					 	
f Grants to other organizations for lobby		or a lagiolature had	-		 	
 g Direct contact with legislators, their sta h Rallies, demonstrations, seminars, coi 	=	•			 	
 h Rallies, demonstrations, seminars, coi i Total lobbying expenditures (Add lines 	•	naice, or any other m	ound		 	
If "Yes" to any of the above, also attac		etailed description of	the lobbying	activitie	 ≥S.	

DISMAS'								
Schedule A (Fo	rm 990 or 990-EZ) 2003	DISMAS	S, INC.		23-7376100		F	age 6
Part VII	Information Reg	arding Tra	insfers To and Transa		s and Relationships With Noncharitable	9		
			e page 12 of the instru					
		•		-	any other organization described in section			
					ating to political organizations?			 -
		ization to a n	oncharitable exempt organiza	ation of:		(Yes	No
(i) Ca	• •	•	i i i		•	51a(i)		X
(,	ner assets					a(ii)		X
b Other train]		
• •	•		charitable exempt organization	n		b(i)		X
	rchases of assets from a					b(ii)		X
• •	ntal of facilities, equipmer		sets		•	P(III)		X
	imbursement arrangemen	its	•		•	b(iv)	-	X
• •	ans or loan guarantees	nomborobio	ar fundraisina aphaitationa			b(v)	-	x
		-	or fundraising solicitations			b(vi)		X
-		=	er assets, or paid employees		. (b) should always show the fair market value of the	С		
	•		-		on received less than fair market value in any			
•		-			r assets, or services received:			
	(b)	t, show in con	(c)	23, Ouie	(d)			
(a)	Amount involved	Name o	f nonchantable exempt organization	on	Description of transfers, transactions, and sharing	arrangem	nnte	
Line no	Altioditt illvolved	Name 0	r Honoriamable exempt organization	Oil	Description of transfers, transactions, and snaring	arrangem	ents	
N/A				-+				
-17		-						
		 						
	 				-			
		 						
								
								
	 	·	-					
· · · · · · · · · · · · · · · · · · ·								
2a is the org	anization directly or indire	ctly affiliated	with, or related to, one or mo	re tax-e	exempt organizations			
described	in section 501(c) of the C	ode (other th	nan section 501(c)(3)) or in se	ection 5	27?	· 🗌 Yı	s []	No
b if "Yes," c	omplete the following sch	edule:						
	(a)		(b)		(c)			
	Name of organization		Type of organization		Description of relationship			
N/A_								
			<u></u>					
			<u> </u>					
				T				

Form 3886

olication for Extension of Time T■ **Exempt Organization Return**

I OME	3 No	1545-1	170

(December 2000) Department of the Treasury File a separate application for each return Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part Land 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). Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time- Only submit original (no copies needed) Part I Note: 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, Name of Exempt Organization **Employer identification number** Type or print DISMAS, INC. 23-7376100 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. filing your **1513 16TH AVENUE** return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions TN 37212 NASHVILLE Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 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

I 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. I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15/05 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year tax year beginning Final return Initial return If this tax year is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a 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 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 Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

For Paperwork Reduction Act Notice, see Instruction

DISMAS DISMAS, INC.

23-7376100

Federal Statements

FYE: 6/30/2004

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
GROCERIES	39,564	39,564		
MISCELLANEOUS	9,462	8,295	875	292
STAFF TRAINING	2,258	168	2,090	
SPECIAL HOUSE EVENTS	639	639		
SMALL EQUIPMENT PURCHASES	466	359	107	
PURCHASED SERVICES	3,795	2,852	943	
TAXES, LICENSES, AND FEES	1,721	836	885	
CONSULTING	20,266		20,266	
LOSS ON DISPOSAL OF DISC. OP.	69,452	69,452		
FUNDRAISING	37,483	31,861		5,622
TOTAL	\$ 185,106	\$ 154,026	\$ 25,166	\$ 5,914

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

PROVIDES TRANSITIONAL HOURSING AND OTHER SERVICES FOR PERSONS RELEASED FROM PRISON

Statement 3 - Schedule A, Part IV-A, Line 22 - Other Income

Description	 2002	 2001	 2000	 1999
GAIN ON SALE OF FIXED ASSETS MISCELLANEOUS	\$ 3,236 6,478	\$ 10,823	\$	\$
TOTAL	\$ 9,714	\$ 10,823	\$ 0	\$ 0

Dismas, Inc.

EIN: 23-7376100 FORM: 990 - 2003

Part IV - Line 57

Fixed Assets and Depreciation

Land	\$ 57,200
Building	625,028
Furniture and Fixtures	134,747
Vehicles	 4,300
	821,275
Accumulated Depreciation	 (473,638)
Net Property and Equipment	\$ 347,637



Dismas, Inc. Registered Office: Dismas, Inc. 1513 16th Avenue South **Board of Directors Executive Committee**

President

George Barnard (Industrial Hygienist)) gbarnard@charter net

Office

Twin Springs Enterprises, Inc. 1750 Heathrow Drive Cookeville, TN 38506 (931-525-6842) (931)-526-3190 (Fax)

Home:

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Secretary

T Mark Hodges (Retired Biomedical Library Director & Emeritus Professor at Vanderbilt University) tmhodges33@aol com Office

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[Alert me first by phone]

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Executive Director, Dismas, Inc.

Susan Cunningham 1513 16th Avenue south Nashville, TN 37212 615-297-4511, 297-6326(fax) scunningham@dismas org

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Vice-President

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Treasurer Matthew F. Musso (Certified Public Accountant) matthew.musso@ey.com **Office** Ernest & Young SunTrust Financial Center; Ste 1100

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Immediate Past President

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Members-At-Large

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Home
600 Glen Oaks Dr
Mt. Juliet, TN 37122
615-773-7334
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Roger Chandonnait (Representing Ex-Residents) roknrog@aol.com Home 114 West Mountain Street, #2 Worcester, MA 01606 508-854-8070 *Exp 4/31/05

Open Position

Board Member Emeritus

Tom Brademas, Sr (Retired Real Estate Agent) tbrademas@aol com Office Center Management 1627 East Jefferson Blvd. Mishawka, IN 465544-0730 (574)-254-5655 (574)-254-6010 FAX Home 732 Lincoln Way East Mishawka, IN 465544 (574)255-2812 Kim A Overdyck
Prevention Programs Officer
overdyck@alumni.nd.edu
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South Bend, IN 46617
574-631-9424
Home
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Mishawaka, IN 46545
(574) 273-8981
*Exp 4/30/06

Dismas House Representative Members:

Memphis

Eddie Walsh
(City of Memphis MDHA)
Serves at pleasure of house board
Office
Shelby County Government
1574 S Wellington
Memphis, TN 38106
Phoe 901-379-7120
Fax 901-379-7129
Cell 901-266-1466
Walsh-e@co Shelby tn us

To be Appointed
Serves at pleasure of Memphis House Board

House Representatives (continued)

Michiana

Sister Susan Kintzele (College Educator)

Serves at pleasure of Michiana House Board

Home

Immaculata Convent 200 Augusta-St Mary's Notre Dame, IN 46556 Tel. 574- 284-5724

Fax Cell

skintzel@iusb edu

Nashville

Tim LeGrand (Retail Business)

Serves at pleasure of Nashville House Board

Office

Turtle Island Traders 1701 Portland Ave Nashville TN 37212 Tel: 615-463-7677 Fax:

Cell.

jbrown@dismas org

Home Street??? City??? 615-385-0662

Upper Cumberland

George Barnard

(Industrial Hygienist -- semi-retired)

Serves at pleasure of Upper Cumberland House Board

Is also President of Dismas Inc (see above)

Office Property of the Contract of the Contrac

Twin Springs Enterprises, Inc

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1750 Heathrow Drive Cookeville TN 38506 Tel 931-526-3190 Cell 704-425-4438 Fax 931-526-3190 Julie Verheye Attorney-at-Law

Serves at pleasure of Michiana House Board

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Serves at pleasure of Nashville House Board

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Bill Bush

(Attorney-at-Law)

Serves at pleasure of Upper Cumberland House Board

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