

Form **990****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)

OMB No. 1545-0047

**2005**

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 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

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

**C** Name of organization**NASHVILLE CARES**

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

**501 BRICK CHURCH PARK DRIVE**

Room/suite

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

**NASHVILLE, TN 37207****D** Employer identification number**62-1274532****E** Telephone number**(615) 259-4866****F** Accounting method:☐ Cash ☒ Accrual☐ Other (specify) ▶

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

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.NASHVILLECARES.ORG****J** Organization type (check only one) ▶ ☒ 501(c) ( **3** ) ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **8,086,018.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>843,057.</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>20,290.</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>6,828,032.</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>7,691,379.</b> noncash \$ )			<b>1d</b>	<b>7,691,379.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>151,451.</b>
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>7,855.</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>	
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe )			<b>7</b>		
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		<b>8a</b>			
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <b>90,876.</b> of contributions reported on line 1a)	<b>9a</b>	<b>235,333.</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>68,554.</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>SEE STATEMENT 2</b>	<b>9c</b>	<b>166,779.</b>
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>8,017,464.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>6,799,131.</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>541,997.</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>254,352.</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 13 and 14, column (A))			<b>17</b>	<b>7,595,480.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>421,984.</b>	
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>809,693.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>SEE STATEMENT 3</b>	<b>20</b>	<b>2,804.</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>1,234,481.</b>

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02-03-06

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

Form 990 (2005)

**Part I 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 (attach schedule) ... (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) .....	23 5,023,599.	5,023,599.	STATEMENT 6	
24 Benefits paid to or for members (attach schedule) .....	24			
25 Compensation of officers, directors, etc. * *	25 151,171.	114,875.	20,993.	15,303.
26 Other salaries and wages .....	26 1,498,022.	1,135,890.	210,690.	151,442.
27 Pension plan contributions .....	27 8,049.	6,246.	978.	825.
28 Other employee benefits .....	28 202,425.	157,080.	24,585.	20,760.
29 Payroll taxes .....	29 125,597.	97,462.	15,254.	12,881.
30 Professional fundraising fees .....	30			
31 Accounting fees .....	31 14,375.		14,375.	
32 Legal fees .....	32			
33 Supplies .....	33 66,785.	37,578.	23,580.	5,627.
34 Telephone .....	34 31,617.	21,942.	7,896.	1,779.
35 Postage and shipping .....	35 17,887.	9,773.	1,323.	6,791.
36 Occupancy .....	36 148,853.	83,382.	56,936.	8,535.
37 Equipment rental and maintenance .....	37 5,371.		5,371.	
38 Printing and publications .....	38 49,651.	16,971.	9,308.	23,372.
39 Travel .....	39 61,099.	57,930.	2,619.	550.
40 Conferences, conventions, and meetings ...	40 17,647.	12,042.	5,605.	
41 Interest .....	41			
42 Depreciation, depletion, etc. (attach schedule)	42 75,767.		75,767.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 97,565.	24,361.	66,717.	6,487.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 7,595,480.	6,799,131.	541,997.	254,352.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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\*\* SEE STATEMENT 5

**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 7</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a CLIENT SERVICES: PROVIDES SOCIAL SERVICES TO MEET EMOTIONAL, FINANCIAL, MATERIAL, AND PRACTICAL SUPPORT NEEDS OF HIV/AIDS INFECTED/AFFECTED INDIVIDUALS AND THEIR FAMILIES LIVING IN 17 COUNTIES OF NORTHERN MIDDLE TENNESSEE.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,622,413.
<b>b EDUCATIONAL SERVICES: PROMOTES HIV/AIDS PREVENTION EDUCATION AND AWARENESS TO VARIOUS POPULATIONS AND TARGET GROUPS THROUGHOUT 17 COUNTIES OF NORTHERN MIDDLE TENNESSEE.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	373,647.
<b>c VOLUNTEER SERVICES: RECRUITS, TRAINS, INTERVIEWS, AND PLACES VOLUNTEERS WITHIN THE VARIOUS DEPARTMENTS OF THE AGENCY. THERE ARE CURRENTLY MORE THAN 300 VOLUNTEERS THAT WORK IN ALL AREAS OF THE AGENCY.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	62,916.
<b>d DENTAL AND INSURANCE ASSISTANCE: PROVIDES FINANCIAL ASSISTANCE FOR THE PAYMENT OF DENTAL CARE, MEDICAL INSURANCE PREMIUMS, AND MEDICAL PRESCRIPTION DEDUCTIBLES AND CO-PAYMENTS OF PERSONS WITH HIV/AIDS THROUGHOUT A 39 COUNTY AREA IN MIDDLE TENNESSEE AND UPPER CUMBERLAND AND A 3 COUNTY AREA IN SOUTHWEST TENNESSEE.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	4,740,155.
<b>e Other program services (attach schedule)</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</b>	<b>6,799,131.</b>

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**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....	31,339.	168,405.
	46 Savings and temporary cash investments .....	8,032.	8,987.
	47 a Accounts receivable ..... 47a 35,935.	27,259.	35,935.
	b Less: allowance for doubtful accounts ..... 47b		
	48 a Pledges receivable ..... 48a 300,338.	202,394.	300,338.
	b Less: allowance for doubtful accounts ..... 48b		
	49 Grants receivable .....	489,052.	519,999.
	50 Receivables from officers, directors, trustees, and key employees .....		
	51 a Other notes and loans receivable ..... 51a		
	b Less: allowance for doubtful accounts ..... 51b		
	52 Inventories for sale or use .....		
	53 Prepaid expenses and deferred charges .....	30,870.	62,807.
	54 Investments - securities ..... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis ..... 55a		
	b Less: accumulated depreciation ..... 55b		
56 Investments - other .....			
57 a Land, buildings, and equipment: basis ..... 57a 1,705,641.	1,534,565.	1,481,662.	
b Less: accumulated depreciation ..... 57b 223,979.			
58 Other assets (describe ► SEE STATEMENT 8)	56,128.	16,309.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....	2,379,639.	2,594,442.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	240,013.	66,075.
	61 Grants payable .....		
	62 Deferred revenue .....		759.
	63 Loans from officers, directors, trustees, and key employees .....		
	64 a Tax-exempt bond liabilities .....		
	b Mortgages and other notes payable ..... STMT 9	1,329,933.	1,293,127.
	65 Other liabilities (describe ►)		
	66 <b>Total liabilities.</b> Add lines 60 through 65) .....	1,569,946.	1,359,961.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	583,655.	832,834.
	68 Temporarily restricted .....	226,038.	401,647.
	69 Permanently restricted .....		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		
	72 Retained earnings, endowment, accumulated income, or other funds .....		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	809,693.	1,234,481.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	2,379,639.	2,594,442.

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

a	Total revenue, gains, and other support per audited financial statements	a	8,088,822.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): SEE STATEMENT 10	b4	71,358.
	Add lines b1 through b4	b	71,358.
c	Subtract line b from line a	c	8,017,464.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d	e	8,017,464.

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

a	Total expenses and losses per audited financial statements	a	7,664,034.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): DIRECT FUNDRAISING EXPENSES	b4	68,554.
	Add lines b1 through b4	b	68,554.
c	Subtract line b from line a	c	7,595,480.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d	e	7,595,480.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOSEPH INTERRANTE, PHD 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	CEO 50.00	79,026.	7,415.	0.
ROBERT ADAMS 501 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207	CFO 50.00	58,435.	6,295.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS	DIRECTOR 1.25	0.	0.	0.



**Part VI Other Information** (continued)

		Yes	No
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?		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	N/A
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?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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.			
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?	85g	N/A
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?	85h	N/A
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 ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	58
91 a	The books are in care of ▶ ROBERT ADAMS Telephone no. ▶ 615-259-4866 Located at ▶ 501 BRICK CHURCH PARK DRIVE, NASHVILLE, TN ZIP + 4 ▶ 37207		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Included by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Inclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM FEES					77,898.
b CONTRACTED SERVICES					73,553.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	7,855.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			12	166,779.	
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.		174,634.	151,451.
105 Total (add line 104, columns (B), (D), and (E))					326,085.

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**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed exempt purposes (other than by providing funds for such purposes).
93A&	INCOME FROM PROGRAMS WHICH PROVIDE SUPPORT
93B	OTHER HIV/AIDS RELATED SERVICES FOR INDIV.
	DISEASE.

**Purposes** (See the instructions.)

Explain how each activity for which income is reported in column (E) of Part VII contributed exempt purposes (other than by providing funds for such purposes).
COUNSELING, EDUCATION, AND
DUALS INFECTED WITH THE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities
N/A	%	
	%	
	%	
	%	

**Entities** (See the instructions.)

(D) Total income	(E) End-of-year assets

**Part X Information Regarding Transfers Associated with Personal**

(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).

**Benefit Contracts** (See the instructions.)

Personal benefit contract? ☐ Yes ☒ No

Contract? ☐ Yes ☒ No

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: *[Signature]* Date: 1/4/2007

Preparer's signature: *[Signature]* Date: 12/19/06

Check if self-employed ☒ Preparer's SSN or PTIN: *[SSN]*

EIN: *[EIN]*

Phone no.: (615) 242-7351

Paid Preparer's Use Only: Firm's name (or yours if self-employed), address, and ZIP + 4: KRAFTCPAS PLLC, 555 GREAT CIRCLE ROAD, SUITE 200, NASHVILLE, TN 37228-1310



**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 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

**2005**

Name of the organization

NASHVILLE CARES

Employer identification number

62 1274532

**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
SEAN MULDOON 501 BRICK CHURCH PARK DRIVE, NASHVILLE, TN 37203	DIR. OF C.S. 40.00	52,186.	1,941.	
PATRICK LUTHER 501 BRICK CHURCH PARK DRIVE, NASHVILLE, TN 37203	DIR. OF E.S. 40.00	49,315.	5,317.	
PAULA FOSTER 501 BRICK CHURCH PARK DRIVE, NASHVILLE, TN 37203	DIR. OF E&P S.S. 40.00	47,802.	4,781.	

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

0

**Part II-A 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

0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Total number of other contractors receiving over \$50,000 for other services

0

**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 ► \$ <u>23,880.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-B, LINE I	<b>1</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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	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?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

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

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

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

**Part IV 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	4,928,405.	4,743,895.	3,549,887.	2,643,168.	15,865,355.
<b>16</b> Membership fees received .....					
<b>17</b> 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 .....	398,412.	34,004.	11,663.	31,013.	475,092.
<b>18</b> 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 .....	624.	952.	348.	3,778.	5,702.
<b>19</b> Net income from unrelated business activities not included in line 18 .....					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					
<b>21</b> 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 .....					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					
<b>23</b> Total of lines 15 through 22 .....	5,327,441.	4,778,851.	3,561,898.	2,677,959.	16,346,149.
<b>24</b> Line 23 minus line 17 .....	4,929,029.	4,744,847.	3,550,235.	2,646,946.	15,871,057.
<b>25</b> Enter 1% of line 23 .....	53,274.	47,789.	35,619.	26,780.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 .....					26a 317,421.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					26b 85,730.
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					26c 15,871,057.
d Add: Amounts from column (e) for lines: 18 <u>5,702.</u> 19 <u>85,730.</u> 22 <u>85,730.</u> .....					26d 91,432.
e Public support (line 26c minus line 26d total) .....					26e 15,779,625.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					26f 99.4239%
<b>27</b> 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 (2004) ..... (2003) ..... (2002) ..... (2001) .....					
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 11b, 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 (2004) ..... (2003) ..... (2002) ..... (2001) .....					
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 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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. NONE					

**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	

Schedule A (Form 990 or 990-EZ) 2005

**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 -                      The lobbying nontaxable amount is -		
Not over \$500,000                      20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000 .....	41	
Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000                      \$1,000,000 .....		
42 Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	
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.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....	X		
c Media advertisements .....		X	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....	X		10,500.
g Direct contact with legislators, their staffs, government officials, or a legislative body .....	X		125.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....	X		13,255.
i Total lobbying expenditures (Add lines c through h.) .....			23,880.

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

SEE STATEMENT 11

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

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

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

[illegible]

- b. If "Yes," complete the following schedule:

[illegible]



## FOOTNOTES

STATEMENT 1

PROPERTY AND EQUIPMENT ARE STATED AT ACQUISITION COST, OR ESTIMATED FAIR MARKET VALUE IF DONATED, LESS ACCUMULATED DEPRECIATION. DEPRECIATION IS COMPUTED ON THE STRAIGHT LINE METHOD OVER AN ESTIMATED USEFUL LIFE OF FIVE YEARS.

PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING  
AT THE END OF THIS FILING YEAR:

LAND	257,850.
BUILDING	1,092,150.
BUILDING IMPROVEMENTS	94,779.
LEASEHOLD IMPROVEMENTS	0.
VEHICLES	4,125.
SOFTWARE DEVELOPMENT	58,259.
FURNITURE AND EQUIPMENT	198,478.
	<hr/>
	1,705,641.
LESS ACCUMULATED DEPRECIATION	<223,979.>
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	1,481,662.
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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ARTRAGEOUS	77,648.	77,648.		0.	0.
WALK	143,942.	0.	143,942.	34,095.	109,847.
20TH ANNIVERSARY DINNER	39,550.	1,100.	38,450.	21,998.	16,452.
DINING OUT FOR LIFE	61,067.	10,141.	50,926.	12,107.	38,819.
MISCELLANEOUS	4,002.	1,987.	2,015.	354.	1,661.
TOTAL TO FM 990, PART I, LINE 9	326,209.	90,876.	235,333.	68,554.	166,779.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
CHANGE IN VALUE OF BENEFICIAL INTEREST IN AGENCY ENDOWMENT FUND	2,804.
TOTAL TO FORM 990, PART I, LINE 20	2,804.

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FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	36,538.	13,799.	18,915.	3,824.
MEMBERSHIPS & SUBSCRIPTIONS	12,255.	915.	11,205.	135.
INSURANCE	14,866.	2,771.	12,095.	0.
ADVERTISING	3,341.	947.	2,394.	0.
LICENSURE & PERMITS	3,656.	1,410.	1,946.	300.
MISCELLANEOUS	6,795.	0.	6,795.	0.
SPACE RENTAL	4,748.	2,600.	0.	2,148.
BANK FEES	13,285.	1,234.	12,051.	0.
PARTICIPATION FEES	2,081.	685.	1,316.	80.
TOTAL TO FM 990, LN 43	97,565.	24,361.	66,717.	6,487.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOSEPH INTERRANTE	79,026.	7,415.	0.	86,441.
A. PROGRAM SERVICES	59,925.	5,754.		65,679.
B. MANAGEMENT AND GENERAL	11,111.	901.		12,012.
C. FUNDRAISING	7,990.	760.		8,750.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROBERT ADAMS	58,435.	6,295.	0.	64,730.
A. PROGRAM SERVICES	44,311.	4,885.		49,196.
B. MANAGEMENT AND GENERAL	8,216.	765.		8,981.
C. FUNDRAISING	5,908.	645.		6,553.

TOTAL PROGRAM SERVICES	114,875.
TOTAL MANAGEMENT AND GENERAL	20,993.
TOTAL FUNDRAISING	15,303.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B	151,171.

FORM 990

## SPECIFIC ASSISTANCE TO INDIVIDUALS

STATEMENT 6

DESCRIPTION	AMOUNT
CASE MANAGEMENT SERVICES	368,812.
EMOTIONAL AND PRACTICAL SUPPORT SERVICES	138,785.
EDUCATIONAL SERVICES	49,769.
DENTAL AND INSURANCE ASSISTANCE	4,466,233.
TOTAL TO FORM 990, PART II, LINE 23	5,023,599.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	7
	PART III		

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EXPLANATION

THE AGENCY SERVES NORTHERN MIDDLE TENNESSEE BY PROVIDING PRACTICAL, FINANCIAL MATERIAL AND EMOTIONAL SUPPORT SERVICES TO PERSONS LIVING WITH AIDS OR HIV INFECTION AND TO THOSE PERSONS' FAMILIES AND LOVED ONES. THE AGENCY EDUCATES AND INFORMS THE GENERAL PUBLIC BY PROVIDING THE MOST CURRENT MEDICAL AND SCIENTIFIC INFORMATION ABOUT AIDS/HIV INFECTION AND RISK REDUCTION PRACTICES.

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FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTIONAMOUNT

INTEREST IN AGENCY ENDOWMENT FUND  
CONTRACTS RECEIVABLE

16,309.

0.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

16,309.

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FORM 990	MORTGAGES PAYABLE	STATEMENT	9
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DESCRIPTIONBALANCE DUE

BEACON FEDERAL BANK

1,293,127.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B

1,293,127.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTIONAMOUNT

DIRECT FUNDRAISING EXPENSES  
CHANGE IN VALUE OF BENEFICIAL INTEREST IN AGENCY ENDOWMENT  
FUND

68,554.

2,804.

TOTAL TO FORM 990, PART IV-A

71,358.

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SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT 11
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NASHVILLE CARES IS A DUES PAYING MEMBER OF AIDS ACTION COUNCIL, A 501(C)(4) ORGANIZATION HEADQUARTERED IN WASHINGTON, DC THAT CONDUCTS LOBBYING ACTIVITIES ON BEHALF OF INDIVIDUALS ACROSS THE COUNTRY LIVING WITH HIV/AIDS. DUES PAID FOR THE CURRENT FISCAL YEAR TOTAL \$10,000. JOSEPH INTERRANTE, EXECUTIVE DIRECTOR OF NASHVILLE CARES, IS A MEMBER OF THE AAC'S BOARD OF DIRECTORS. NASHVILLE CARES PAID DUES OF \$500 AS A MEMBER OF THE SOUTHERN AIDS COALITION. COLLABORATIVE SOLUTIONS INC. IS THE FISCAL AGENT OF THE SOUTHERN AIDS COALITION. COLLABORATIVE SOLUTIONS INC IS A 501(C)(3) ORGANIZATION HEADQUARTERED IN BIRMINGHAM, ALABAMA. JOSEPH INTERRANTE SERVES ON THE STEERING COMMITTEE AND IS ON THE EXECUTIVE COMMITTEE AS THE CHAIR OF PUBLIC POLICY. COSTS INCURRED FOR TRAVEL, ACCOMODATIONS, PHONE CALLS, AND AN ALLOCATION OF SALARY (168 HOURS) FOR AAC AND SAC MEETINGS DURING THE CURRENT FISCAL YEAR TOTAL \$13,255. NASHVILLE CARES CONTACTED TN SENATOR BILL FRIST AND OTHER LEGISLATORS DIRECTLY VIA TELEPHONE DURING THE CURRENT FISCAL YEAR FOR A TOTAL EXPENSE OF \$125. TOTAL LOBBYING EXPENDITURES FOR THE YEAR ARE \$23,880.

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SCHEDULE A	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS	STATEMENT	12
	PART VII, LINE 51, COLUMN (D)		

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NAME OF NONCHARITABLE EXEMPT ORGANIZATION

AIDS ACTION COUNCIL

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

PAYMENT OF DUES

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SCHEDULE A      AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS      STATEMENT 13  
PART VII, LINE 52, COLUMN (C)

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NAME OF AFFILIATED OR RELATED ORGANIZATION

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AIDS ACTION COUNCIL

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

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MEMBER

## 2006 Board Member Biographical Information

(Please indicate principal officers with a \*)

1	Name: Lee Adams	Address: 2545 Park Plaza	City: Nashville	Zip: 37203
	Employer: HCA	Email: <a href="mailto:lee.adams@hcahealthcare.com">lee.adams@hcahealthcare.com</a>	Telephone: 615-344-8460	Term: 2005-07
2	Name: Jack Arnold	Address: 2026 Priest Road	City: Nashville	Zip: 37215
	Employer: Arnold Community OT Practice	Email: <a href="mailto:10TN@comcast.net">10TN@comcast.net</a>	Telephone: 615-500-3039	Term: 2006-08
3	Name: Beth Barnett, DC	Address: 2303 Crestmoor Road	City: Nashville	Zip: 37215
	Employer: Green Hills Chiropractic Clinic	Email: <a href="mailto:drb@greenhillschiropractic.com">drb@greenhillschiropractic.com</a>	Telephone: 615-383-0244	Term: 2006-08
4	Name: Suzanne Bradford	Address: 3102 West End Ave. #500	City: Nashville	Zip: 37203
	Employer: UBS Financial Services	Email: <a href="mailto:Suzanne.bradford@ubs.com">Suzanne.bradford@ubs.com</a>	Telephone: 615-750-8348	Term: 2006-08
5	Name: Robert Brooks	Address: 811 Cowan Street	City: Nashville	Zip: 37207
	Employer: Classic Printing	Email: <a href="mailto:bbrooks@classicprepress.com">bbrooks@classicprepress.com</a>	Telephone: 615-255-1883	Term: 2005-07
6	Name: Anne Carr	Address: 511 Union St. # 710	City: Nashville	Zip: 37219
	Employer: Smith, Johnson & Carr	Email: <a href="mailto:anne@sjc.cc">anne@sjc.cc</a>	Telephone: 615-255-2643	Term: 2005-07
7	Name: Roger Cunningham	Address: 3462 Crestridge Drive	City: Nashville	Zip: 37204
	Employer: N/A	Email: <a href="#">N/A</a>	Telephone: 615-386-3721	Term: 2004-06
8	Name: Robert Deal	Address: 4100 Hillsboro Road	City: Nashville	Zip: 37215
	Employer: Bradfords Furniture	Email: <a href="mailto:bobdeal@comcast.net">bobdeal@comcast.net</a>	Telephone: 615-297-3541	Term: 2005-07
9	Name: Gary Gaston	Address: 138 Second Ave North #106	City: Nashville	Zip: 37203
	Employer: Nashville Civic Design Center	Email: <a href="mailto:ggaston@utk.edu">ggaston@utk.edu</a>	Telephone: 615-248-4280	Term: 2005-07
10	Name: Jon Glassmeyer	Address: 631 Burnett Road	City: Old Hickory	Zip: 37138
	Employer: ABC Nashville	Email: <a href="mailto:jon.glassmeyer@att.net">jon.glassmeyer@att.net</a>	Telephone: 615-847-7400	Term: 2004-06
11	Name: Marian F. Harrison	Address: 232 Customs House 701 Broadway	City: Nashville	Zip: 37203
	Employer: State of Tennessee	Email: <a href="mailto:marian.harrison@tnmb.uscourts.gov">marian.harrison@tnmb.uscourts.gov</a>	Telephone: 615-736-5589	Term: 2003-05
12	Name: Melvin L. Hill	Address: 2270 Murfreesboro Pike	City: Nashville	Zip: 37217
	Employer: Melvin L. Hill, DDS	Email: <a href="mailto:melvinhill@comcast.net">melvinhill@comcast.net</a>	Telephone: 615-360-7585	Term: 2005-07
13	Name: Sharon L. Hill	Address: 2270 Murfreesboro Pike	City: Nashville	Zip: 37217
	Employer: Melvin L. Hill, DDS	Email: <a href="mailto:melvinhill@comcast.net">melvinhill@comcast.net</a>	Telephone: 615-360-7585	Term: 2005-07
14	Name: Clay Isaacs	Address: 73 White Bridge RD # 115	City: Nashville	Zip: 37205
	Employer: LUMEN Lamps.Shades	Email: <a href="mailto:clay@lumenlamps.com">clay@lumenlamps.com</a>	Telephone: 615-356-9596	Term: 2004-06
15	Name: Rev. Patrick Kibby	Address: 2015 West End Avenue	City: Nashville	Zip: 37203
	Employer: Cathedral of Incarnation	Email: <a href="mailto:pkibby@cathedralnashville.org">pkibby@cathedralnashville.org</a>	Telephone: 615-327-2330	Term: 2004-06
16	Name: J. Trent Lehman	Address: 214 Second Ave. N Ste. 103	City: Nashville	Zip: 37201
	Employer: N/A	Email: <a href="mailto:trent@lehmanescrow.com">trent@lehmanescrow.com</a>	Telephone: 615-256-2602	Term: 2006-08

17	Name: Johnny Ray Mutina*	Address: 3828 Abbott Martin Road	City: Nashville	Zip: 37215
	Employer: Osram Sylvania, Inc.	Email: <a href="mailto:jrmutina@comcast.net">jrmutina@comcast.net</a>	Telephone: 615-298-1343	Term: 2002-06
18	Name: Paul Myers	Address: 111 Westwood Place #300	City: Nashville	Zip: 37027
	Employer: Advocate Capital	Email: <a href="mailto:pmyers@comcast.net">pmyers@comcast.net</a>	Telephone: 615-377-6872	Term: 2006-08
19	Name: Suzy Newton *	Address: One vantage Way #D-105	City: Nashville	Zip: 37228
	Employer: TN Literacy Coalition	Email: <a href="mailto:suzynewton@earthlink.net">suzynewton@earthlink.net</a>	Telephone: 615-259-3700	Term: 2006-08
20	Name: Kimberly Patterson	Address: 823 Evansdale Drive	City: Nashville	Zip: 37220
	Employer: Career Builder	Email: <a href="mailto:kpatterson@hotmail.com">kpatterson@hotmail.com</a>	Telephone: 615-315-9988	Term: 2005-07
21	Name: D. Brent Polk, MD	Address: 1025 MRBIV Vanderbilt Univ.	City: Nashville	Zip: 37232-0696
	Employer: Vanderbilt University	Email: <a href="mailto:d-brent.polk@vanderbilt.edu">d-brent.polk@vanderbilt.edu</a>	Telephone: 615-322-7449	Term: 2006-08
22	Name: Van G. Pond	Address: 706 Church ST. # 600	City: Nashville	Zip: 37203
	Employer: Allard Architects, LLC	Email: <a href="mailto:vpond@allardarchitects.com">vpond@allardarchitects.com</a>	Telephone: 615-345-1010	Term: 2005-07
23	Name: Jim Reed IV	Address: 1512 Broadway	City: Nashville	Zip: 37203
	Employer: Jim Reed Chevrolet Subaru Isuzu	Email: <a href="mailto:jimreed@jimreed.com">jimreed@jimreed.com</a>	Telephone: 615-329-2929	Term: 2006-08
24	Name: Marlene Sanders	Address: 3532 Calais Circle	City: Antioch	Zip: 37013
	Employer: Eli Lilly	Email: <a href="mailto:sanders_marlene@lilly.com">sanders_marlene@lilly.com</a>	Telephone: 615-491-4939	Term: 2004-06
25	Name: Jim Schmidt*	Address: 211 Commerce St. # 1000	City: Nashville	Zip: 37201
	Employer: Baker Donelson Public Strategies	Email: <a href="mailto:jim@bakerdonelsonps.com">jim@bakerdonelsonps.com</a>	Telephone: 615-254-3933	Term: 2006-08
26	Name: Wonnie L. Short*	Address: 230 4 <sup>th</sup> Ave. N	City: Nashville	Zip: 37219
	Employer: A.G. Edwards & Sons	Email: <a href="mailto:Wonnie.Short@AGEdwards.com">Wonnie.Short@AGEdwards.com</a>	Telephone: 615-244-4000	Term: 2004-06
27	Name: Scott A. Smith*	Address: 4200 West End Ave. #205	City: Nashville	Zip: 37205
	Employer: N/A	Email: <a href="mailto:scott.a.smith@alumni.vanderbilt.edu">scott.a.smith@alumni.vanderbilt.edu</a>	Telephone: 615-386-3030	Term: 2004-06
28	Name: David Taylor	Address: 1517 Church Street	City: Nashville	Zip: 37203
	Employer: Tribe/Red/Play	E: <a href="mailto:david.taylor.wg91@wharton.upenn.edu">david.taylor.wg91@wharton.upenn.edu</a>	Telephone: 615-329-2912	Term: 2004-06
29	Name: LaTonya Turner	Address: 208 Harpeth View Place	City: Nashville	Zip: 37221
	Employer: N/A	Email: <a href="mailto:lantmar@comcast.net">lantmar@comcast.net</a>	Telephone: 615-646-5086	Term: 2005-07
30	Name: Kay West	Address: 1403 Sweetbriar Ave	City: Nashville	Zip: 37212
	Employer: N/A	Email: <a href="mailto:kswest55@comcast.net">kswest55@comcast.net</a>	Telephone: 615-383-7626	Term: 2006-08
31	Name:	Address:	City:	Zip:
	Employer:	Email:	Telephone:	Term:
32	Name:	Address:	City:	Zip:
	Employer:	Email:	Telephone:	Term:



**Section 6: Conflict of Interest**

All Board members agree to make a full disclosure to the Board of any potential conflicts of interest between their personal interest and the interest of CARES. These interests include, but are not limited to, business transactions, provision of professional services, and potential political objectives that could benefit the individual member, family, friends, associates, or any entity in which they have an interest. Prior to any vote, a Board member will disclose such conflicts and excuse him/herself from voting.

# 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 ☒ **X**
- 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](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>NASHVILLE CARES</b>	Employer identification number <b>62-1274532</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>501 BRICK CHURCH PARK DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NASHVILLE, TN 37207</b>	

**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 ▶ **ROBERT ADAMS**  
Telephone No. ▶ **615-259-4866** 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 **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶ ☐ calendar year \_\_\_\_\_ or  
▶ ☒ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**.
- 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.

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

Form 8868 (Rev. 12-2004)