

RECEIVED JUL 05 2005

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

2004**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

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

YOUTH ENCOURAGEMENT SERVICES, INC.

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

521 MCIVER STREET

City or town

NASHVILLE

State or country

TN

ZIP + 4

37211-2322

D Employer identification number

62-0570681

E Telephone number**F Accounting method:** ☒ Cash ☐ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I Group Exemption Number** ▶**G Website:** ▶

youthencouragement.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 received a Form 990 Package in the mail, it should file a return without financial data. 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 ▶

729,837

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

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	528,652		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ noncash \$)	1d		528,652	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		0	
3 Membership dues and assessments	3		0	
4 Interest on savings and temporary cash investments	4		120	
5 Dividends and interest from securities	5		0	
6 a Gross rents	6a	2,950		
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		2,950	
7 Other investment income (describe)	7		8,669	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	0 8a	0		
b Less: cost or other basis and sales expenses	0 8b	0		
c Gain or (loss) (attach schedule)	0 8c	0		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 528,652 of contributions reported on line 1a)	9a	189,446		
b Less: direct expenses other than fundraising expenses	9b	0		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		189,446	
10 a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0	
11 Other revenue (from Part VII, line 103)	11		0	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		729,837	
13 Program services (from line 44, column (B))	13		382,864	
14 Management and general (from line 44, column (C))	14		107,520	
15 Fundraising (from line 44, column (D))	15		150,912	
16 Payments to affiliates (attach schedule)	16		0	
17 Total expenses (add lines 16 and 44, column (A))	17		641,296	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		88,541	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		772,630	
20 Other changes in net assets or fund balances (attach explanation)	20		0	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		861,171	

Part II Statement of**Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	143,517	102,855	21,760	18,902
27	Pension plan contributions	0			
28	Other employee benefits	51,848	34,336	8,756	8,756
29	Payroll taxes	15,406	10,443	2,591	2,372
30	Professional fundraising fees	0			
31	Accounting fees	5,338	1,550	1,550	2,238
32	Legal fees	0			
33	Supplies	23,504	11,659	8,733	3,112
34	Telephone	0			
35	Postage and shipping	5,171	2,327	517	2,327
36	Occupancy	58,319	34,109	12,105	12,105
37	Equipment rental and maintenance	0			
38	Printing and publications	44,306	12,918		31,388
39	Travel	13,047		11,698	1,349
40	Conferences, conventions, and meetings	0			
41	Interest	1,574		1,574	
42	Depreciation, depletion, etc. (attach schedule)	49,689	43,878	5,811	
43	Other expenses not covered above (itemize): a OTHER	128,232	47,666	12,203	68,363
	b SCHOLARSHIPS AND AWARDS	10,000	10,000		
	c REPAIRS AND MAINTENANCE	16,922	5,537	11,385	
	d UTILITIES	47,008	38,171	8,837	
	e BASKETBALL PROGRAM	10,836	10,836		
	f BUS/VAN OPERATION	16,579	16,579		
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15	641,296	382,864	107,520	150,912

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 \$ 0; (ii) the amount allocated to Program services \$;

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

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? **AFTER SCHOOL CHILDRENS PROGRAMS**

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.)

a **TWO INNER-CITY CENTERS PROVIDING SUPERVISED RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR INNER-CITY CHILDREN, GENERALLY AT NO COST TO THE CHILDREN OR THEIR FAMILIES**

(Grants and allocations \$) 355,980

b **RESIDENTIAL CAMP PROVIDING SUPERVISED SUMMER CAMPING, RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR INNER-CITY CHILDREN, AT NO COST TO THE CHILDREN OR THEIR FAMILIES**

(Grants and allocations \$) 26,884

c
(Grants and allocations \$)

d
(Grants and allocations \$)

e **Other program services** (attach schedule) (Grants and allocations \$)

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) 382,864

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

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	126,278	45	240,370
	46 Savings and temporary cash investments	119,247	46	137,270
	47 a Accounts receivable	47a 0		
	b Less: allowance for doubtful accounts	47b 0	47c 0	0
	48 a Pledges receivable	48a 0		
	b Less: allowance for doubtful accounts	48b 0	48c 0	0
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	51c 0	0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,167	53	1,709
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments—land, buildings, and equipment: basis	55a 924,172		
	b Less: accumulated depreciation (attach schedule)	55b 350,592	593,568	55c 573,580
	56 Investments—other (attach schedule)		56	0
	57 a Land, buildings, and equipment: basis	57a 0		
	b Less: accumulated depreciation (attach schedule)	57b 0	57c 0	0
58 Other assets (describe)	0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)	843,260	59	952,929 ✓	
Liabilities	60 Accounts payable and accrued expenses	70,630	60	91,758
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe)	0	65	0
66 Total liabilities (add lines 60 through 65)	70,630	66	91,758	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	752,630	67	808,504
	68 Temporarily restricted	15,000	68	47,667
	69 Permanently restricted	5,000	69	5,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	772,630	73	861,171 ✓
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	843,260	74	952,929 ✓	

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

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

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	803,266
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$	121,096	
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	121,096
c	Line a minus line b ▶	c	682,170
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	RESTRICTED COI \$	47,667	
	----- \$		
	Add amounts on lines (1) and (2) ▶	d	47,667
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	729,837

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

a	Total expenses and losses per audited financial statements . . . ▶	a	762,392
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	762,392
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	762,392

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of 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	(E) Expense account and other allowances
Name SEE COMPLETE Str LIST ATTACHED	Title BOARD			
City ST ZIP	Hr/WK	0	0	0
Name	Title AVERAGE OF 2			
City ST ZIP	Hr/WK PER WEEK			
Name CHRIS BARNHILL Str 521 MCIVER STRE	Title EXECUTIVE DIR			
City NASHVILLE ST TN ZIP 37211	Hr/WK 40 HOURS PER	0	0	0
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			
Name	Title			
City ST ZIP	Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☐ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ N/A N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	121,096
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	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
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	X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	0
b	Gross receipts, included on line 12, for public use of club facilities	86b	0
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	0
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	0
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) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
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, 2004 (See instructions.) ▶ 90b		5
91	The books are in care of ▶ Name CHRIS BARNHILL Telephone no. ▶ (615) 315-5333 Located at ▶ 521 MCIVER ST. City ST ZIP + 4 ▶ 37211-2322		
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

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	120	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16		
98 Net rental income or (loss) from personal property					
99 Other investment income			14	8,669	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			07	189,446	
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		198,235	0
105 Total (add line 104, columns (B), (D), and (E))					198,235

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	Type or print name and title.			
	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. W)
		6/27/2005	<input type="checkbox"/>	P00237318
	Firm's name (or yours if self-employed), address, and ZIP + 4	BETTS AND RUBIO PLLC 2220 EIGHTH AVE SOUTH, NASHVILLE, TN 37204		EIN 62-1866112 Phone no. 615-297-8502

Line 1a (990) - Direct public support

1	Contributions	1	528,652
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	528,652

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1	Special event name	-----	-----	-----	-----
1a	Number of special events	-----	-----	-----	-----
2	Gross receipts	189,446			2 189,446
3	Less contributions				3 0
4	Gross revenue	189,446	0	0	4 189,446
5	Less direct expenses				5 0
6	Net income or (loss)	189,446	0	0	6 189,446

Line 55 (990) - Investments land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	LAND	106,236	106,236
2	LAND IMPROVEMENTS	11,095	14,822
3	-----		
4	-----		
5	-----		
6	Total land (net of any amortization)	117,331	121,058

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	BUILDING	532,107	532,107	300,902	350,592
8	FURNITURE, FIXTURES AND EQUIPMENT	126,381	151,156		
9	VEHICLES	118,651	119,851		
10	-----				
11	-----				
12	-----				
13	-----				
14	-----				
15	-----				
16	-----				
17	Total buildings and equipment	777,139	803,114	300,902	350,592
18	Buildings and equipment (less accumulated depreciation)			476,237	452,522
19	Total land, buildings and equipment			593,568	573,580

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	-----			
2	-----			
3	-----			
4	-----			
5	-----			
6	-----			
7	-----			
8	-----			
9	-----			
10	-----			
11	Total	0	0	0



2005 Board of Directors

Michael Galo - President

370 Oakley Drive #723
Nashville, TN 37211
Home 833-4052
Mobile 478-3211
michael.galo@comcast.net
Woodmont Hills

Dale Denny - Co-President

1004 Harold Dr.
Nashville, TN 37217
Home 361-5232 Work 256-0112
Mobile 243-7366 Fax 256-2427
dale.denny@jbouchard.com
Woodmont Hills

Greg Stegall - Secretary

1210 Countryside Rd.
Nashville, TN 37135
Spouse: Krissie
Home 837-8222 Work 344-1658
Mobile 497-4163 Fax 877-892-6890
gregk.stegall@hcahealthcare.com,
sliketohike@juno.com
Brentwood Hills

Rick Betts - Treasurer

4004 Brookhaven Drive
Nashville, TN 37204
Spouse: Cindy
Home 297-9714 Work 297-8502
Mobile 289-3845 Fax 297-9139
brcpas@bellsouth.net
Brentwood Hills

Shawn Ballard

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Brentwood, TN 37027
Spouse: Christi
Home 832-8220 Work 333-7404
Mobile 207-3059 Fax 333-6944
sballard@craftsmanconstruction.net
Otter Creek

Kathryne Channell

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Spouse: Calvin
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Mobile 549-6939
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Woodmont Hills

Sally Costello

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Spouse: David
Home 661-4499 Fax 661-4488
Mobile 714-5353 Sally (351-4399 David)
sallynana@comcast.net
Woodmont Hills

David Daniels

P.O. Box 1443
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F - 1-931-364-5102; M - 1-931-580-3866
david_daniels_farmbureau@hotmail.com
Brentwood Hills

Barry Elkins

9 Governors Way
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