

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 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
instruc-
tions.

NASHVILLE AREA CHAPTER OF THE AMERICAN
 RED CROSS
 2201 CHARLOTTE AVENUE
 NASHVILLE, TN 37203

D Employer Identification Number

NONE

E Telephone number

615-250-4300

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 ... ▶**M** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**G** Web site: ▶ HTTP://WWW.NASHVILLEREDCROSS.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.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ... ▶ 2,910,934.**Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	1,472,128.	
b Indirect public support	1b	575,526.	
c Government contributions (grants)	1c	10,000.	
d Total (add lines 1a through 1c) (cash \$ 2,057,654. noncash \$)	1d	2,057,654.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	740,151.	
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4	17,073.	
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe SEE STATEMENT 1)	7	31,172.	
8a Gross amount from sales of assets other than inventory	8a		
b Less: cost or other basis and sales expenses	8b		
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here ... <input type="checkbox"/>			
a Gross revenue (not including \$ 115,987. of contributions reported on line 1a)	9a	35,341.	
b Less: direct expenses other than fundraising expenses	9b	40,312.	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-4,971.	
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	29,543.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,870,622.	
13 Program services (from line 44, column (B))	13	2,098,254.	
14 Management and general (from line 44, column (C))	14	189,803.	
15 Fundraising (from line 44, column (D))	15	350,109.	
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17	2,638,166.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	232,456.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,293,284.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	4,453.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,530,193.	

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (att sch) ST. 4	318,737.	318,737.		
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	494,279.	374,297.	45,599.	74,383.
26	Other salaries and wages	534,791.	404,976.	49,336.	80,479.
27	Pension plan contributions	48,513.	35,739.	6,570.	6,204.
28	Other employee benefits	103,227.	70,600.	10,448.	22,179.
29	Payroll taxes	74,336.	57,656.	6,301.	10,379.
30	Professional fundraising fees	70,245.			70,245.
31	Accounting fees	11,786.	9,275.	857.	1,654.
32	Legal fees	27.			27.
33	Supplies	183,563.	177,281.	2,864.	3,418.
34	Telephone	58,462.	45,311.	3,376.	9,775.
35	Postage and shipping	15,411.	10,743.	510.	4,158.
36	Occupancy	17,126.	12,514.	66.	4,546.
37	Equipment rental and maintenance	16,799.	13,385.	1,007.	2,407.
38	Printing and publications	40,046.	31,586.	1,448.	7,012.
39	Travel	17,180.	10,568.	2,824.	3,788.
40	Conferences, conventions, and meetings	13,714.	8,865.	3,918.	931.
41	Interest	11,429.	8,899.	244.	2,286.
42	Depreciation, depletion, etc (attach schedule)	76,642.	50,621.	18,476.	7,545.
43	Other expenses not covered above (itemize):				
a	BAD DEBT	43,000.	43,000.		
b	CONTRACTUAL SERVICES	69,814.	44,700.	2,594.	22,520.
c	INTER-RED CROSS EXPENSES	138,912.	106,182.	16,557.	16,173.
d	NATIONAL SECTOR ASSESMENT	280,127.	263,319.	16,808.	
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	2,638,166.	2,098,254.	189,803.	350,109.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No
If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

BAA

Form 990 (2005)

Statement of Program Service Accomplishments

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? ▶ **AMERICAN RED CROSS OPERATING UNIT**

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.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a THE CHAPTER SERVES COUNTIES IN THE MIDDLE TENNESSEE AREA, PROVIDING DISASTER RELIEF, FINANCIAL ASSISTANCE, EDUCATIONAL COURSES AND OTHER SERVICES TO NEEDY INDIVIDUALS.

(Grants and allocations \$) If this amount includes foreign grants, check here ... ☐

2,098,254.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ... ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ... ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ... ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ... ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 2,098,254.

BAA

Form 990 (2005)

Balance Sheets (See 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.....	93,043.	45	71,003.
	46 Savings and temporary cash investments.....	228,655.	46	416,731.
	47a Accounts receivable.....	47a		
	b Less: allowance for doubtful accounts.....	47b	47c	
	48a Pledges receivable.....	48a 1,425,348.		
	b Less: allowance for doubtful accounts.....	48b 104,491.	1,261,122.	48c 1,320,857.
	49 Grants receivable.....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....		50	
	51a Other notes & loans receivable (attach sch).....	51a		
	b Less: allowance for doubtful accounts.....	51b	51c	
	52 Inventories for sale or use.....	29,707.	52	64,350.
	53 Prepaid expenses and deferred charges.....	438.	53	
	54 Investments – securities (attach schedule) SEE ST. 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV.....	33,000.	54	33,000.
	55a Investments – land, buildings, & equipment: basis.....	55a		
	b Less: accumulated depreciation (attach schedule).....	55b	55c	
	56 Investments – other (attach schedule).....		56	
	57a Land, buildings, and equipment: basis.....	57a 1,902,158.		
	b Less: accumulated depreciation (attach schedule) STATEMENT 6	57b 847,211.	1,114,014.	57c 1,054,947.
58 Other assets (describe <input type="checkbox"/>).....		58		
59 Total assets (must equal line 74). Add lines 45 through 58.....	2,759,979.	59	2,960,888.	
LIABILITIES	60 Accounts payable and accrued expenses.....	165,475.	60	184,271.
	61 Grants payable.....		61	
	62 Deferred revenue.....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 7	36,475.	64b	17,954.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 8).....	264,745.	65	228,470.
	66 Total liabilities. Add lines 60 through 65.....	466,695.	66	430,695.
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.....	1,316,272.	67	1,051,076.
	68 Temporarily restricted.....	942,012.	68	1,444,117.
	69 Permanently restricted.....	35,000.	69	35,000.
	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).....	2,293,284.	73	2,530,193.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.....	2,759,979.	74	2,960,888.

BAA

Form 990 (2005)

Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a		b		c		d		e	
Total revenue, gains, and other support per audited financial statements.		Amounts included on line a but not on Part I, line 12:		1 Net unrealized gains on investments.		2 Donated services and use of facilities.		3 Recoveries of prior year grants.	
2,881,560.		4,453.		b1		b2		b3	
				b4					
10,938.		b		c		d		e	
2,870,622.		Add lines b1 through b4		Subtract line b from line a		Amounts included on Part I, line 12, but not on line a:		1 Investment expenses not included on Part I, line 6b	
								2 Other (specify):	
								Add lines d1 and d2	
								Total revenue (Part I, line 12). Add lines c and d.	
2,870,622		2,881,560.		10,938.		2,870,622.		2,870,622	

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.)

[illegible]

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 and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 9		494,279.	91,424.	0.

► 37

75b

X

75c

X

75 d

X

(A) Name and address

(B) Loans and Advances

(C) Compensation

(D) Contributions to employee benefit plans and deferred compensation plans

(E) Expense account and other allowances

Yes	No
-----	----

76

X

77

X

78a

X

78b

N/A

79

x

80 a

X

and check whether it is ☐ exempt or ☐ nonexempt.

81 a

81 b

X

Form

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?		82 a	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.)		82 b	6,485.	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		83 a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83 b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84 b	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85 a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	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		85 c	N/A	
d Section 162(e) lobbying and political expenditures		85 d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85 e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		85 f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	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?		85 h	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.		86 a	N/A	
b Gross receipts, included on line 12, for public use of club facilities.		86 b	N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders		87 a	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.)		87 b	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		89 b		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 ▶ NONE				
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		90 b		45
91 a The books are in care of ▶ MARY JO WIGGINS Telephone number ▶ 615-250-4300				
Located at ▶ 2201 CHARLOTTE AVENUE, NASHVILLE TN ZIP + 4 ▶ 37203				
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)?		91 b		X
If 'Yes,' enter the name of the foreign country				
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements				
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91 c		X
If 'Yes,' enter the name of the foreign country				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A ▶				
and enter the amount of tax-exempt interest received or accrued during the tax year		92		N/A

BAA

Form 990 (2005)

Analysis of Income-Producing Activities (See 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 CONTRACTS					58,330.
b PROGRAM FEES & MATERI					681,821.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	17,073.	
96 Dividends & 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 pers prop.					
99 Other investment income			14	31,172.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-4,971.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b OTHER REVENUE					29,543.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				43,274.	769,694.
105 Total (add line 104, columns (B), (D), and (E))					812,968.

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 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).
93A&B	PROVIDE DISASTER RELIEF AND OTHER PRODUCTS AND SERVICES TO NEEDY INDIVIDUALS IN THE MIDDLE TENNESSEE AREA.
103B	PROVIDE DISASTER RELIEF AND OTHER PRODUCTS AND SERVICES TO NEEDY INDIVIDUALS IN THE MIDDLE TENNESSEE AREA.

Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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	%			
	%			
	%			
	%			

Information Regarding Transfers Associated with Personal Benefit Contracts (See 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	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Preparer's SSN or PTIN (See General Instruction W)
	FRASIER, DEAN & HOWARD, PLLC		1-2-07	N/A
	3310 WEST END AVENUE, STE. 550			
NASHVILLE, TN 37203		Phone no. (615) 383-6592		

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

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

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

- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3
- 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.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (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.)
- 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.)
- 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: _____
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

Reason for Non-Private Foundation Status (See instructions.)

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. . . . \$ <u>N/A</u>	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	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)?	2d	X
e	Transfer 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 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
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, debt negotiation services?	4b	X

SEE FORM 990, PART V

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	1,485,316.	1,076,434.	2,165,883.	2,240,665.	6,968,298.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	762,016.	1,234,660.	790,726.	655,533.	3,442,935.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	54,086.	67,576.	6,251.	24,211.	152,124.
19 Net income from unrelated business activities not included in line 18.					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE, STMT. 11	12,310.	26,110.	16,837.	27,191.	82,448.
23 Total of lines 15 through 22....	2,313,728.	2,404,780.	2,979,697.	2,947,600.	10,645,805.
24 Line 23 minus line 17.	1,551,712.	1,170,120.	2,188,971.	2,292,067.	7,202,870.
25 Enter 1% of line 23.	23,137.	24,048.	29,797.	29,476.	

26	Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26 a	144,057.
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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** 129,200.

c Total support for section 509(a)(1) test: Enter line 24, column (e)..... **26c** 7,202,870.

d Add: Amounts from column (e) for lines:	18	<u>152,124.</u>	19	<u> </u>	
	22	82,448.	26b	129,200.	26d 363,772.

e Public support (line 26c minus line 26d total).....	26e	6,839,098.
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f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	94.95 %
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27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(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:

(2004) (2003) (2002) (2001)

c Add: Amounts from column (e) for lines:	15	16	
	17	20	21
			27c

d Add: Line 27a total	and line 27b total	27d
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e Public support (line 27c total minus line 27d total)..... **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)... **27f**

g 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))	27h	%
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28 Unusual Grants: 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.

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table —														
	<table><tr><td>If the amount on line 40 is —</td><td>The lobbying nontaxable amount is —</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 40</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></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	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	41	
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														
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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

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

a Transfers from the reporting organization to a noncharitable exempt organization of:

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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:

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If 'Yes,' complete the following schedule:

[illegible]

NASHVILLE AREA CHAPTER OF THE AMERICAN
RED CROSS

NONE

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

ANNUITY INCOME	\$	31,172.
TOTAL	\$	<u>31,172.</u>

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
LIFE SAVER SOCIETY B'FAST	115,987.	115,987.	0.	23,430.	-23,430.
MAY DAY	35,341.	0.	35,341.	16,882.	18,459.
TOTAL	<u>\$ 151,328.</u>	<u>\$ 115,987.</u>	<u>\$ 35,341.</u>	<u>\$ 40,312.</u>	<u>\$ -4,971.</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS	\$	4,453.
TOTAL	\$	<u>4,453.</u>

STATEMENT 4
FORM 990, PART II, LINE 23
SPECIFIC ASSISTANCE TO INDIVIDUALS

FOOD, SHELTER AND CLOTHING	\$	314,046.
SCHOLARSHIP/DUES		4,691.
TOTAL	\$	<u>318,737.</u>

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

OTHER SECURITIES	VALUATION METHOD	AMOUNT
INVESTMENT IN ARC ENDOWMENT FUND	MARKET VALUE	\$ 33,000.
TOTAL		<u>\$ 33,000.</u>

TOTAL INVESTMENTS - SECURITIES	\$	<u>33,000.</u>
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NASHVILLE AREA CHAPTER OF THE AMERICAN
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NONE

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 397,189.	\$ 279,837.	\$ 117,352.
BUILDINGS	1,301,813.	567,374.	734,439.
LAND	203,156.		203,156.
TOTAL	<u>\$ 1,902,158.</u>	<u>\$ 847,211.</u>	<u>\$ 1,054,947.</u>

STATEMENT 7
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLEOTHER NOTES PAYABLE

LENDER'S NAME: US BANK
 DATE OF NOTE: 3/28/2003
 MATURITY DATE: 3/28/2006
 REPAYMENT TERMS: MONTHLY PAYMENTS \$345
 SECURITY PROVIDED: COMPUTERS
 PURPOSE OF LOAN: CAPITAL LEASE AGREEMENT
 ORIGINAL AMOUNT: 53,346.
 BALANCE DUE: \$ 2,683.

LENDER'S NAME: FIFTH THIRD BANK
 DATE OF NOTE: 12/11/2003
 MATURITY DATE: 12/11/2006
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$281
 INTEREST RATE: 4.99%
 SECURITY PROVIDED: 2000 PLYMOUTH VOYAGER
 ORIGINAL AMOUNT: 10,233.
 BALANCE DUE: \$ 1,090.

LENDER'S NAME: THE BANK OF NASHVILLE
 DATE OF NOTE: 10/25/2004
 MATURITY DATE: 10/25/2007
 REPAYMENT TERMS: 36 MONTHLY PAYMENTS
 INTEREST RATE: 6.25%
 SECURITY PROVIDED: 2001 JEEP CHEROKEE
 PURPOSE OF LOAN: PURCHASE OF VEHICLE
 ORIGINAL AMOUNT: 8,637.
 BALANCE DUE: \$ 4,031.

LENDER'S NAME: DAIMLERCHRYSLER SVCS NORTH
 DATE OF NOTE: 1/06/2005
 MATURITY DATE: 1/06/2008
 REPAYMENT TERMS: 36 MONTHLY PAYMENTS
 INTEREST RATE: 6.49%
 SECURITY PROVIDED: 2000 JEEP MODEL XJH74
 PURPOSE OF LOAN: PURCHASE OF VEHICLE
 ORIGINAL AMOUNT: 8,503.
 BALANCE DUE: \$ 4,458.

NASHVILLE AREA CHAPTER OF THE AMERICAN
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NONE

STATEMENT 7 (CONTINUED)
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLEOTHER NOTES PAYABLE

LENDER'S NAME:	HUNTINGTON BANK	
DATE OF NOTE:	1/17/2006	
MATURITY DATE:	1/06/2009	
REPAYMENT TERMS:	36 MONTHLY PAYMENTS	
INTEREST RATE:	8.41%	
SECURITY PROVIDED:	JEEP	
PURPOSE OF LOAN:	PURCHASE OF VEHICLE	
ORIGINAL AMOUNT:	6,910.	
BALANCE DUE:		\$ 5,692.
		TOTAL \$ <u>17,954.</u>

STATEMENT 8
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

INTER-RED CROSS PAYABLES.....	\$ 228,470.
TOTAL	\$ <u>228,470.</u>

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
MICKI SLINGERLAND	TREASURER	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
BILL MCMEEKIN	BOARD MEMBER	0.	0.	0.
NASHVILLE, TN	1			
BRENDA BLACKMORE	DIR. EMERG SVCS	67,733.	10,037.	0.
ANTIOCH, TN	40			
MATTHEW BOURLAKAS	DIR. HLTH/SAFET	10,710.	610.	0.
NASHVILLE, TN	40			
SHIRLEY DRESCHER	DIR. FINANC DEV	16,868.	861.	0.
NASHVILLE, TN	40			

NASHVILLE AREA CHAPTER OF THE AMERICAN
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NONE

STATEMENT 9 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAMES BLACKSTOCK BRENTWOOD, TN	BOARD MEMBER 1	\$ 0.	\$ 0.	\$ 0.
MARC FORTUNE BRENTWOOD, TN	PAST CHAIR 1	0.	0.	0.
MICKI SLINGERLAND NASHVILLE, TN	CHAIR-FINANCE 1	0.	0.	0.
BILL PENNY NASHVILLE, TN	SECRETARY 1	0.	0.	0.
RAMON CISNEROS FRANKLIN, TN	CHAIR-COMMUNICA 1	0.	0.	0.
RICK OSGOOD NASHVILLE, TN	CHAIR-SVC DELIV 1	0.	0.	0.
PETER ROUSOS BRENTWOOD, TN	CHAIR-GOVERNANC 1	0.	0.	0.
STEVE BRUMFIELD BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
GARY WILSON BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
CHRISTY COLEMAN NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
TODD CREASY GALLATIN, TN	CHAIR-STRAT. PL 1	0.	0.	0.
DOUG ROHLEDER BRENTWOOD, TN	CHAIR-FIN DEVEL 1	0.	0.	0.

NASHVILLE AREA CHAPTER OF THE AMERICAN
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NONE

STATEMENT 9 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
JEFF KAPLAN FRANKLIN, TN	BOARD MEMBER 1	\$ 0.	\$ 0.	\$ 0.
KEVIN CRUMBO NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
JANA DAVIS NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
RAUL REGALADO NASHVILLE, TN	HONORARY BD MEM 1	0.	0.	0.
MARGARET DUFFY NASHVILLE, TN	HONORARY BD MEM 1	0.	0.	0.
RAY DAYAL NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
HAL HOOPER, MD GALLATIN, TN	HONORARY BD MEM 1	0.	0.	0.
HATTIE M. DEWALT NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
ELISE STEINER NASHVILLE, TN	HONORARY BD MEM 1	0.	0.	0.
CHARLES WARFIELD, ESQ. CLARKSVILLE, TN	HONORARY BD MEM 1	0.	0.	0.
HOWARD GENTRY NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
VINCENT W. DURNAN NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.

NASHVILLE AREA CHAPTER OF THE AMERICAN
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NONE

STATEMENT 9 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARK EZELL NASHVILLE, TN	BOARD MEMBER 1	\$ 0.	\$ 0.	\$ 0.
DENNIS GEORGE OLD HICKORY, TN	BOARD MEMBER 1	0.	0.	0.
NANCY LEACH NASHVILLE, TN	CHAIR-HLTH/SFTY 1	0.	0.	0.
KATHLEEN MCENERNEY NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
MARGARET MCNAY NASHVILLE, TN	EXECUTIVE ASST 40	37,650.	11,715.	0.
QUENCY HOLMES GALLATIN, TN	CHAIR-HUM RES 1	0.	0.	0.
RICHARD PATTON NASHVILLE, TN	CHAIR-ELECT 2	0.	0.	0.
ROGER LAGRECA NASHVILLE, TN	CHIEF ADV. OFF. 40	42,500.	8,150.	0.
WALT LEAVER NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
GUS PURYEAR NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
TOM PETERS NASHVILLE, TN	DIR COMM OUTREA 40	21,667.	5,877.	0.
JOHN PARKER NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.

NASHVILLE AREA CHAPTER OF THE AMERICAN
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NONE

STATEMENT 9 (CONTINUED)

FORM 990, PART V-A

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
CRAIG PHILIP NASHVILLE, TN	CHAIR-AUDIT 1	\$ 0.	\$ 0.	\$ 0.
HEATHER PETERSON FRANKLIN, TN	BOARD MEMBER 1	0.	0.	0.
PRAMOD WASUDEV NASHVILLE, TN	BOARD MEMBER 1	0.	0.	0.
SPENCER WIGGINS BRENTWOOD, TN	BOARD MEMBER 1	0.	0.	0.
ANN WHITESIDE GALLATIN, TN	BOARD MEMBER 1	0.	0.	0.
JOHN WRIGHT BRENTWOOD, TN	CHAIR-VOLUNTEER 1	0.	0.	0.
MARY JO WIGGINS NASHVILLE, TN	CFO 40	71,663.	14,509.	0.
KARLA SMITH NASHVILLE, TN	BOARD CHAIR 2	0.	0.	0.
EVELYN ACOSTA NASHVILLE, TN	ACCOUNTING MGR. 40	59,483.	9,614.	0.
AMY HALL NASHVILLE, TN	DIR COMMUNICATI 40	48,005.	6,622.	0.
JEREMY STEPHENS FRANKLIN, TN	BOARD MEMBER 1	0.	0.	0.
COLLEEN ZAKREWSKY NASHVILLE, TN	CEO 40	118,000.	23,429.	0.
	TOTAL	\$ 494,279.	\$ 91,424.	\$ 0.

NASHVILLE AREA CHAPTER OF THE AMERICAN
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NONE

STATEMENT 10
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUTIO EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
JAMES M. MOODY 3204 ABBOTTS LANE SMYRNA, TN 37167	MGT HLTH & SFTY 40	58,600.	2,490.	360.
TOTAL		\$ 58,600.	\$ 2,490.	\$ 360.

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

<u>DESCRIPTION</u>	<u>(A) 2004</u>	<u>(B) 2003</u>	<u>(C) 2002</u>	<u>(D) 2001</u>	<u>(E) TOTAL</u>
OTHER INCOME	\$ 12,310.	\$ 26,110.	\$ 16,837.	\$ 27,191.	\$ 82,448.
TOTAL	\$ 12,310.	\$ 26,110.	\$ 16,837.	\$ 27,191.	\$ 82,448.