# 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)

2003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For t	he 2003 calendar year, or tax year beginning JULY 1 , 2003, and	ending JUNE 3	U	, 20 04
R	Check	applicable Pleas			yer identification number
	-		1	62:0	499284
-	•	ornet	, E	Teleph	one number
Ŀ	٦.	EAMILY AND CHILDRENS SERVICE	I	615	) 320-0591
Ļ	Initial r	Speci 201 23RD AVE N	C7 T		
L	Final re	turn Instru NASHVILLE TN 37203-1501 B	~ ,	_	ng method.
	] Amend	ed return			her (specify) ▶
	Applica	tion pending • Section उपराद्धारण प्राप्ता प्रवासिकाणां वाण वस्त्रम् (वस्ता nonexempt charitable	n and I are not ap	plicable	to section 527 organizations.
	• •	trusts must attach a completed Schedule A (Form 990 or 990-EZ).			n for affiliates? Yes No
G	Websi	le: ▶ www.fcsnashville.org	• •		er of affiliates >
_			H(c) Are all affiliate		
<u>1</u>	Organ	ization type (check only one) ▶ ☑ 501(c) ( 3 ) ◄ (insert no ) ☐ 4947(a)(1) or ☐ 527	,		See instructions.)
к	Check	here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000 The	H(d) Is this a separa	ate retur	n filed by an
	organı	ation need not file a return with the IRS, but if the organization received a Form 990 Package			by a group ruling? Yes No
	in the	nail, it should file a return without financial data Some states require a complete return.	I Group Exemp		<del></del>
	_	5 FOA 245 GA			the organization is not required
_		receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,504,215.64			orm 990, 990-EZ, or 990-PF)
	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ces (See page	18 (	of the instructions.)
	1	Contributions, gifts, grants, and similar amounts received:			
	a	12	717,213.90		
		Indirect public support	660,646.66		
		1 1 1	3,676,117.49		
		706.872.18	,341.72	1d	5,053,978.05
	٥	Total (add lines 18 through 10) (cash \$ honorasis \$ honorasis \$		2	626,685.37
	2	Program service revenue including government fees and contracts (from Part		3	0
	3	Membership dues and assessments		_	1,542.95
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	311,255.08
	6a				
	l b	Less: rental expenses			
	ا ر	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
	7	Other investment income (describe > JOHN W. THOMAS FUND TR.	ANSFER )	7	446,312.00
	<b>3</b>   -		) Other		
	8   6a				
1	žl.	than inventory			
		Less, cost of other basis and sales expenses.			
<b>₩</b>	.   °	Gan or (1033) (attach schedule)		01	
OV 0 4 2004	C	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
Carr	9	Special events and activities (attach schedule) If any amount is from gaming, chec	k here ▶ 📖 🍴		
7	a	Gross revenue (not including \$ 93,000.00 of			
0		contributions reported on line 1a)	123,006.51		
$\geq$	l t	Less: direct expenses other than fundraising expenses	58,564.32		04.440.40
$\Re$	0	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	64,442.19
		Gross sales of inventory, less returns and allowances   10a			
0	l b	Less cost of goods sold [10b]			
Ш			rom line (10a)	10c	
2	11	Other revenue (from Part VII, line 103)		11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1)	3	12	6,504,215.64
<u> </u>	$\neg$				4,918,436.99
SCANNED	s 13		·	14	708,816.93
₩ ₹	14 15 16	Management and general (from line 44, column (C))	· · · · ·   &	15	124,167.03
	<u>ë</u>   15	Fundraising (from line 44, column (D))		¥ · · ·	124, 107.03
1	_	Payments to affiliates (attach schedule)	EN, UT	16	F 7F4 400 0F
_	17	Total expenses (add lines 16 and 44, column (A))		17	5,751,420.95
	ន្ល   18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	752,794.69
	§ 19	Net assets or fund balances at beginning of year (from line 73, column (	4))	19	3,886,319.00
	Net Assets 19 20 21 21	Other changes in net assets or fund balances (attach explanation)		20	
	ž   21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<u> </u>	21	4,639,113.69

Cat No 11282Y

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations Part II Statement of and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions) Functional Expenses Do not include amounts reported on line (C) Management (B) Program (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I. services 22 Grants and allocations (attach schedule) . 22 \_\_\_\_\_\_ noncash \$ \_ (cash \$ 23 134,194.59 134,194.59 Specific assistance to individuals (attach schedule) 23 24 24 Benefits paid to or for members (attach schedule). 25 25 Compensation of officers, directors, etc. . . 546,644.46 70,702.95 3,745,178.92 3,127,831.51 26 Other salaries and wages . . . . . . 26 1.386.19 84,467.03 72,236.71 10,844.13 27 27 Pension plan contributions . . . . . 368,486.09 323,542.29 40,053.37 4,890.43 28 Other employee benefits . . . . . . 28 275,587.67 241,825.15 29,689.53 4,072.99 29 29 Payroll taxes . . . . . . . . . . . . 30 30 Professional fundraising fees . . . . . . 31 31 Accounting fees . . . . . . . . . . 32 Legal fees . . . . . . . . . . . 32 78.645.62 13.038.65 3.922.99 33 95,607.26 Supplies 33 89,868.56 5,804.58 1,773.31 97,446.45 34 34 Telephone . . . . . . . . . . . . 16,530.37 972.38 5,474.98 22,977.73 35 Postage and shipping . . . . . . 35 135,968.52 7,881.81 1,115.69 144,966.02 36 36 Occupancy . . . . . . . . . . . 6,503.37 7,147.86 85,782.87 72,131.64 37 37 Equipment rental and maintenance . . . . 10,325.43 48,010.28 36,723.29 961.56 38 38 147,937.66 3,363.64 1,529.29 152,830.59 39 39 11,814,30 9,336.95 2.034.35 443.00 40 40 Conferences, conventions, and meetings . . . 15.00 1,160.14 0 41 1,175.14 41 59,203.85 4.884.71 703.76 42 64,792.32 42 Depreciation, depletion, etc. (attach schedule) 43a Other expenses not covered above (itemize): a . 8,070.79 337,853.44 314,096.69 15,685.96 PROF. & COLLABORATION FEÉS & DUES 43b 111.00 **AUDIT** 11,100.00 9,879.00 1,110.00 43c PROPERTY & LIABILITY INSURANCE 50.440.31 43,054.05 6,377.89 1,008.37 43d 4,270.40 MISCELLANEOUS EXPENSES 18,709.94 12.307.05 2,132.49 43e 44 Total functional expenses (add lines 22 through 43). Organizations 4.918.436.99 708.816.93 124.167.03 5,751,420.95 completing columns (B)-(D), carry these totals to lines 13-15. 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? . 

Types 

No \_: (ii) the amount allocated to Program services \$\_\_ If "Yes," enter (i) the aggregate amount of these joint costs \$\_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ (iii) the amount allocated to Management and general \$ Part III Statement of Program Service Accomplishments (See page 25 of the instructions.) Program Service What is the organization's primary exempt purpose? ▶------Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for 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.) FAMILY & INDIVIDUAL COUNSELING - Provides assessment, crisis intervention, individual and family counseling and coordination of community resources for families experiencing problems marital, parent-child, family violence. Financial assistance to clients 1,052,594.61 (Grants and allocations \$ 624,672.49) LIFEWORKS - Offers plays to help families through the normal stages of development as well as (Grants and allocations \$ 6.500.00) 93.698.25 ADOPTION - Provide adoption services to children with special needs in guardianship of Dept. of Children's Services as referred by Dept. Provide an exchange to match children with families. Provide training and provide counseling for children and families. 1,332,260.30 (Grants and allocations 1,263,563.29) OUTREACH - Work in schools and other outposts doing counseling with children and families Work with Dept of Human Services doing assessment and with Police Dept. doing training in handling family violence siturations 2.439.883.83 (Grants and allocations 1,781,381.71) e Other program services (attach schedule) (Grants and allocations Total of Program Service Expenses (should equal line 44, column (B), Program services). 4,918,436.99 •

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

	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.		· · · · · · · · · · · · · · · · · · ·	(A) Beginning of year		(B) End of year	
	45				263,109.65	45	279,394.65	
	45 46	Cash—non-interest-bearing Savings and temporary cash investments .			234,750.86	-	250,294.99	
	40	Savings and temporary cash investments.						
	472	Accounts receivable	47a	563,807.71				
	-	Less: allowance for doubtful accounts	47b	14,715.29	472,717.52	47c	549,092.42	
	"	Less, anowance for doubtful decounts			· · · · · · · · · · · · · · · · · · ·		·	
	482	Pledges receivable	48a	5,000.00				
		Less: allowance for doubtful accounts	48b			48c	5,000.00	
	49	Grants receivable			673,314.00	49	629,670.34	
	50	Receivables from officers, directors, truste		Į.				
	30	(attach schedule)				50		
	51a	Other notes and loans receivable (attach						
ţ		schedule)	51a					
Assets	ь	Less: allowance for doubtful accounts	51b			51c		
	52	Inventories for sale or use				52		
	53	Prepaid expenses and deferred charges .		<i>. <u>.</u></i>	78,771.56	_	78,771.56	
	54	Investments—securities (attach schedule).		· 🗹 Cost 🗌 FMV 📙	1,676,578.92	54	2,456,990.99	
	55a	Investments—land, buildings, and						
	ļ	equipment: basis	55a					
	ь	Less: accumulated depreciation (attach						
		schedule)	55b			55c		
	56	Investments—other (attach schedule)	: _ : .:			56		
	57a	Land, buildings, and equipment basis	57a	1,295,946.99				
	b	Less: accumulated depreciation (attach		507.000.04	007 440 74		700 640 40	
		schedule)	57b	567,333.81	837,149.71	· · · · · ·	728,613.18	
	58	Other assets (describe ► 1992 Dodge Van		)	4,365.00	58	4,365.00	
	50	Total angets (add lines 45 through 59) (mus	t oqual	Ino. 74)	4,240,757.22	59	4,982,193.13	
	59	Total assets (add lines 45 through 58) (mus			179,516.41		210,289.88	
	60	Accounts payable and accrued expenses .			175,510.41	61	210,205.00	
	61	Grants payable	174,921.81	62	132,789.56			
(6	62	Deferred revenue					102,100.00	
ţį.	63	Loans from officers, directors, trustees, an				63		
Liabilities		schedule)				64a		
Lia		Tax-exempt bond liabilities (attach schedule	•			64b	·-·	
	65 B	Mortgages and other notes payable (attach Other liabilities (describe ▶				65		
	"	Other habilities (describe >						
	66	Total liabilities (add lines 60 through 65) .		. <i></i>	354,438.22	66	343,079.44	
	Oras	anizations that follow SFAS 117, check here						
	Orga	67 through 69 and lines 73 and 74.		na complete inics				
Ses	67	Unrestricted			728,022.78	67	480,871.95	
aŭ	68	Temporarily restricted			920,663.54	68	968,272.57	
Bal	69	Permanently restricted			2,237,632.68	69	3,189,969.17	
ğ	1	anizations that do not follow SFAS 117, check		▶ □ and			<del></del>	
Ę	U.g.	complete lines 70 through 74.						
Net Assets or Fund Balances	70	Capital stock, trust principal, or current fund	ds .			70		
Ş	71	Paid-in or capital surplus, or land, building,		71				
SSe	72		d earnings, endowment, accumulated income, or other funds					
Ä	73	Total net assets or fund balances (add lin						
Ne	-	70 through 72;	) through 72;					
_		column (A) must equal line 19; column (B) i			3,886,319.00	73	4,639,113.69	
	74	Total liabilities and net assets / fund balan	ces (ad	d lines 66 and 73)	4,240,757.22	74	4,982,193.13	

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 Audite Financial Statements with Revenue p Return (See page 27 of the instructions					per	Part IV-B  Reconciliation of Expenses per Audit Financial Statements with Expenses per Return					
а	Total reve	nue, gains,	and other support			а	Total exp	enses and lo	sses per		
	per audite	d financial	statements	a 6,	504,216			ancial statemen		a	5,751,421
b	Amounts line 12, F		n line <b>a</b> but not on			b		ncluded on line Form 990:	a but not		
(1)	Net unrea on investr	lized gains nents	\$			(1)	Donated and use of				
(2)		services of facilities	\$			(2)	Prior year ad reported on				
(3)		es of prior	\$			(3)	Form 990 . Losses rep		<del></del>		
(4)	Other (sp	ecify):					line 20, For		<del> </del>		
		•••••	\$			(4)	Other (spe	-			
	Add amou	unts on line:	s (1) through (4) ▶	b	0	]		•			
			- (-,g (-,				Add amour	nts on lines (1) th	rough (4)▶	Ь	0
С				c   6,	504,216	С		ius line <b>b</b>		c	5,751,421
đ		included o ) but not o	······································			d		ncluded on line but not on line a			
(1)		t expenses				(1)	Investment				
		led on line 190					not include 6b, Form 99				
(2)	Other (sp					(2)	Other (spe				
			\$			1		<u>\$</u>	. (0) >	d	
_			es (1) and (2) ne 12, Form 990	d		1		nts on lines (1) and nses per line 17,		۳	
е	(line c plu	us line <b>d</b> ) .		e 6,	504,216	е		s line <b>d</b> )		е	5,751,421
Pai		st of Office instruction	ers, Directors, Tos)	rustees, ar	nd Key E	Emplo	yees (List e	each one even if	not compens	sated	; see page 27 of
		(A) Nam	e and address		(B) Title a	nd avera devoted	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit p deferred compens	Mans &	(E) Expense account and other allowances
					ALL VO	LUNT	EERS				
	· · · · · · · · · · · · · · · · · · ·				NO CO	MPEN	SATION				
					LIST AT	TACH	IED				
		•••••							1		
75	organizatio	on and all re	or, trustee, or key er lated organizations, edule—see page 2	of which mor	e than \$10	0,000 w	mpensation ( vas provided	of more than \$100 by the related org	),000 from yo anizations?	our •	Yes 🛭 No

Form	990 (2003)		F	Page 5		
Par	t 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		1		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	,,,,, <u>,,,</u>	1		
	If "Yes," attach a conformed copy of the changes.					
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a		<u> </u>		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		<del></del>		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79				
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common	80a		//////////////////////////////////////		
_	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?					
D	If "Yes," enter the name of the organization ▶					
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a					
	Did the organization file Form 1120-POL for this year?	81b		✓		
	2a 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	,,,,,,,	umm.		
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]					
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<del>-</del>	$\vdash$		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b 84a		1		
	Did the organization solicit any contributions or gifts that were not tax deductible?					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	,,,,,,,	√ √		
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a		1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		<b>/</b>		
	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.					
	Dues, assessments, and similar amounts from members	-////				
d	Section 162(e) lobbying and political expenditures	-/////				
e	Aggregate hondeductible amount of section 6033(e)(1)(A) dues hotices					
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
9 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	,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . 86a	-\\\\\\				
b	Gross receipts, included on line 12, for public use of club facilities	-				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	-\///				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
	,		,,,,,,,	Y / / / / / / / / / / / / / / / / / / /		
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			1		
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88				
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under:					
	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶					
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		*		
_	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under					
С	sections 4912, 4955, and 4958					
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.					
90a	List the states with which a copy of this return is filed ▶					
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)		12			
91	The books are in care of ► FAMILY & CHILDREN'S SERVICE  Telephone no ► (615):	3-150 <sup>-</sup>	ษา 	·		
02	Located at ► 201 23RD AVENUE NORTH, NASHIVLLE, TENNESSEE ZIP + 4 ► 3720 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			<b></b>		
92	and enter the amount of tax-exempt interest received or accrued during the tax year     92					

Part	Analysis of Income-Producing Activ	vities (See pa	ige 33 of t	ne instructions.		
Note:	Enter gross amounts unless otherwise	Unrelated bu	isiness incom	ne Excluded by sect	ion 512, 513, or 514	(E) Related or
indica	ited.	(A)	(B)	_ (C)	(D)	exempt function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	income
а	COUNSELING FEES	<del></del>		<del></del>		362,131.22
b	GROUP FEES					17,662.25
•	LIFEWORK FEES					3,000.00
u	EAP FEES					242,815.24
C	CONSULTANT & INFORMATION FEES					1,076.66
	Medicare/Medicaid payments					-
•	Fees and contracts from government agencies					<del></del>
	Membership dues and assessments					4.540.05
95	Interest on savings and temporary cash investments					1,542.95
96	Dividends and interest from securities					311,255.08
97	Net rental income or (loss) from real estate:					
а	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					446,312.00
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					64,442.19
102	Gross profit or (loss) from sales of inventory .					
103	Other revenue a					
b						
С						
d						
е				VIII VIII VIII VIII VIII VIII VIII VII		
104	Subtotal (add columns (B), (D), and (E))					1,450,237.59
105	Total (add line 104, columns (B), (D), and (E)).				. ▶	1,450,237.59
Note:	Line 105 plus line 1d, Part I, should equal the ar					
Part	VIII Relationship of Activities to the Accor	nplishment of	Exempt P	urposes (See pa	ge 34 of the in	structions.)
Line	No. Explain how each activity for which income is	reported in colu	mn (E) of Pai	rt VII contributed im	portantly to the a	accomplishment
	of the organization's exempt purposes (other t	han by providing	funds for si	uch purposes).		
93	PROGRAM SERVICES FEES TO HELP PA	AY A PORTION	OF COST	OF SERVICES T	O CLIENTS	
95-1	1 PROVIDE FUNDS TO SUPPORT PROGRA	AMS				
Part	IX Information Regarding Taxable Subsidi	aries and Disr	egarded Er	ntities (See page	34 of the instru	ictions.)
	(A) Name, address, and EIN of corporation, Pe	(B) ercentage of		(C)	(D)	(E) End-of-year
		ership interest	Nature	of activities	Total income	assets
		%				
		%				
		%				
		%				
Part	X Information Regarding Transfers Associa	ted with Perso	nal Benefit	Contracts (See pa	ige 34 of the ins	tructions.)
	Did the organization, during the year, receive any funds, direc	tly or indirectly to	nav nremitims	on a personal benefit	contract?	☐ Yes ☑ No
(b)	Did the organization, during the year, receive any failes, direct Did the organization, during the year, pay premit	ims directly or	indirectly of	on a personal ben	efit contract?	☐ Yes ☑ No
Note	e: If "Yes" to (b), file Form 8870 and Form 4720	) (see instruction	ons).	on a porounar son		
	Under penalties of periury I declare that I have examined	this return, includi	ng accompany	ing schedules and state	ements, and to the I	est of my knowledge
	and belief, it is true, correct, and complete. Declaration	of preparer (other t	han officer) is	based on all information	n of which prepare	r has any knowledge.
Pleas				1.	0/22/04	
Sign	Signature of officer				ate	
Here	1 / 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			5		
			Date	Check if	Prenarer's SSN a	PTIN (See Gen Inst W)
				self- employed ▶	7	(GOO GON MISE W)

### **SCHEDULE A** (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number 62 0400204

FAMILY & CHILDREN'S SERVICE			62:0499284	
Part I Compensation of the Five High (See page 1 of the instructions. I	est Paid Employees Ot list each one. If there are	her Than Office e none, enter "N	ers, Directors, a lone.")	nd Trustees
(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
LOUISE C. BURGESS	100% - 40 HR. WEEK	102,000	15,896	
3823 DORCAS DR., NASHVILLE, TN. 37215	PRESIDENT/CEO			
SUSAN D. BELL	80% - 32 HR. WEEK EXEC. VP	58,479	2,339	
1412 HARDING PL., NASHVILLE, TN. 37215	LACO. VI			
C. PHILLIP MANY	100% - 40 HR. WEEK	60,600	1,883	
109 EVANDER ST., NASHVILLE, TN. 37206	TECHNOLOGY			
KATHLEEN ROGERS	100% - 40 HR. WEEK	58,402	2,336	
1482 COLEMAN RD., FRANKLIN 37064	DIK. OF ABOUTION			
PAT SHEA	100% - 40 HR. WEEK	58,181	9,836	
212 JACKSON BLVD. NASHVILLE, TN. 37205	VF DEVELOPMENT			
Total number of other employees paid over \$50,000 ▶	4			
Part II Compensation of the Five High (See page 2 of the instructions. List	est Paid Independent ( st each one (whether indiv	Contractors for viduals or firms).	Professional Self there are none,	ervices enter "None.")
(a) Name and address of each independent contractor	r paid more than \$50,000	<b>(b)</b> Туре	(c) Compensation	
		NONE		
Total number of others receiving over \$50,000 for professional services				

Sche	dule /	A (Form 990 or 990-EZ) 2003		F	age 2
Pai	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities   \$	1	· · · · · · · · · · · · · · · · · · ·	1
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of byong activities.			
2	sut wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any bistantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority mer, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions)			
а	Sal	le, exchange, or leasing of property?	2a	ļ	<b>√</b>
þ		nding of money or other extension of credit?	2b		<b>√</b>
_		rnishing of goods, services, or facilities?	2c 2d	<del>                                     </del>	1
d	-	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2u 2e		1
e 3a		insfer of any part of its income or assets?			1
	-	determine that recipients qualify to receive payments.)			<u> </u>
		you have a section 403(b) annuity plan for your employees?		<b>-</b>	
4		you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4		✓
Pa	rt I\	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions	.)		
he	orga	anization 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	П	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the ho and state ▶	spital's	name	, city
0		An organization operated for the benefit of a college or university owned or operated by a governmental unit Set (Also complete the <b>Support Schedule</b> in Part IV-A.)	ction 17	O(b)(1)	(A)(ıv)
1a	Z	An organization that normally receives a substantial part of its support from a governmental unit or from Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)	the ge	neral p	oublic
1b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2		An organization that normally receives (1) more than 331/3% of its support from contributions, members receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from the tax organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Particular Income 20, 1975.)	n <mark>ore th</mark> a	an 331	/3% o
3		An organization that is not controlled by any disqualified persons (other than foundation managers) and supdescribed 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)(3).)			
		Provide the following information about the supported organizations. (See page 5 of the instruction	s.)		
		(a) Name(s) of supported organization(s)	ne numl om abov		

	E: You may use the worksheet in the instructions	•		·		accounting.
	ndar year (or fiscal year beginning in) . >	(a) 2002	<b>(b)</b> 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28)	5,084,458	5,024,242	5,054,825	3,189,184	18,352,709
16	Membership fees received				·	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	729,682	729,445	675,017	709,515	2,843,659
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	75,242	90,032	12,493	90,750	268,517
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	5,889,382	5,843,719	5,742,335	3,989,449	21,464,885
24	Line 23 minus line 17	5,159,700	5,114,274	5,067,318	3,279,934	18,621,226
25	Enter 1% of line 23	58,894	58,437	57,423	38,984	
26	Organizations described on lines 10 or 11:	a Enter 2% of a	mount in column	(e), line 24	▶ 26a	372,424
b	Prepare a list for your records to show the name					
	governmental unit or publicly supported organiz					
	amount shown in line 26a. Do not file this list wi					-0-
С	Total support for section 509(a)(1) test. Enter lin				▶ 26c	
ď					▶ 26d	
_		2				
e f	Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numera)	tor) divided by lin	 e 26c (denomin:	 atori)	• • •	
27	Organizations described on line 12: a Forperson," prepare a list for your records to show t Do not file this list with your return. Enter the (2002)	amounts include he name of, and to sum of such amo	d in lines 15, 16 stal amounts rece ounts for each ye	, and 17 that we wed in each year ar:	ere received from from, each "disc	n a "disqualified jualified person."
<b>.</b>	For any amount included in line 17 that was received					
	show the name of, and amount received for each y (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	year, that was more through 11, as we the larger amount of	than the larger o il as individuals.) D described in (1) or	f (1) the amount of the country of t	on line 25 for the y t with your return m of these differe	ear or (2) \$5,000 . After computing ences (the excess
	(2002)		(2000)	•••••	(1999)	
С	Add. Amounts from column (e) for lines: 15		16			
L	17 20 _		21	_	▶ 27c	
d		and line 27b total				
e	Public support (line 27c total minus line 27d tot					
f	Total support for section 509(a)(2) test: Enter ar	nount from line 23	, column (e)	► <u>27f</u>		
g	Public support percentage (line 27e (numera				▶ 27g	%
<u>ň</u>	Investment income percentage (line 18, colu					%
28	Unusual Grants: For an organization describer	d in line 10, 11, o	r 12 that receive	d any unusual o	rants during 199	9 through 2002.

Part V	Private School Questionnaire (See page 7 of the instructions.)
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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	Yes	No
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		
32 a	Does the organization maintain the following.  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 d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 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:	33a		
а	Students' rights or privileges?			
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
9	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.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
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		

Pa	(To be completed ONLY by an				instructions.)	
Che	ck ▶ a ☐ if the organization belongs to an affili			you checked "a" ar	nd "limited control	provisions apply
	Limits on Lobbyi (The term "expenditures" mea	•			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	· · · · · · · · · · · · · · · · · · ·			36		Organizations
36 37	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legi			· · ·   <del></del>		-
38	Total lobbying expenditures (add lines 36 and	<u>-</u>				
39	Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add lines					
41	Lobbying nontaxable amount. Enter the amount	nt from the follow	ng table—			
		lobbying nontaxa				
	Not over \$500,000 20%			1 //////		
	Over \$500,000 but not over \$1,000,000 \$100,	•		1 1 44		
	Over \$1,000,000 but not over \$1,500,000 . \$175, Over \$1,500,000 but not over \$17,000,000 . \$225,	•		000,000		
	Over \$17,000,000	•	: excess over #1,	1 //////		
42	Grassroots nontaxable amount (enter 25% of			· · ·		
43	Subtract line 42 from line 36. Enter -0- if line	•				
44	Subtract line 41 from line 38 Enter -0- if line	41 is more than lin	ne 38	44		
	Caution: If there is an amount on either line 4	3 or line 44 your	nust file Form A	720		
_	· · · · · · · · · · · · · · · · · · ·	<del>-</del>				
	(Some organizations that made a section See the instructions to	eraging Period on 501(h) election for lines 45 throug	do not have to	complete all of the	e five columns b	elow.
		Lob	bying Expendit	ures During 4-Ye	ear Averaging P	eriod
	Calendar year (or	(a) 2003	<b>(b)</b> 2002	(c) 2001	(d) 2000	(e) Total
	fiscal year beginning in) ▶	2003	2002	2001	2000	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e)).					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					
_	t VI-B Lobbying Activity by Nonele	cting Public Ch	narities	J	<u> </u>	<u> </u>
	(For reporting only by organiza			Part VI-A) (See	page 12 of th	e instructions.)
	ng the year, did the organization attempt to infl npt to influence public opinion on a legislative i				any Yes No	Amount
	Volunteers,	natter of reference	um, umough the	use or.		
b	Paid staff or management (Include compensat	ion in expenses re	eported on lines	c through h.)		
c	•		•			
d	Mailings to members, legislators, or the public					ļ
е	Publications, or published or broadcast statem					
f	Contract to the contract of th				1 1	1
g	Grants to other organizations for lobbying pur				• •	
	Direct contact with legislators, their staffs, government	vernment officials,				
h		ernment officials, s, speeches, lectu	res, or any othe	r means		

	dule A		n Regarding T		ctions and Relationships	With	None		<sub>age</sub> 6 table
51		the reporting orga	nization directly or		following with any other organia on 527, relating to political organ			d in s	ection
_				•		iization	<b>5</b> f	Yes	No
а				to a noncharitable exempt orga			51a(i)	1.00	1
							a(ii)		1
				· · · · · · · · · · · · · · · · · · ·			<u> </u>		1 .
b		er transactions	ftth -				b(i)		✓
				noncharitable exempt organizat			b(ii)		1
				itable exempt organization			b(iii)	<del>                                     </del>	1
	(iii)		• •	ner assets			b(iv)	<del>                                     </del>	1
			•			• •	b(v)	$\vdash$	7
		<del>_</del>					b(vi)	<u> </u>	1
				ship or fundraising solicitations			C	$\vdash$	1
	If the	ne answer to any of ods, other assets, o	the above is "Yes," r services given by	complete the following schedule the reporting organization of the	yees	the fair an fair i	market	value value	of the
(	a)	(b)		(c)	(d)				
Line	no	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transaction	ns, and s	haring arr	angem	ents
		<u> </u>							
	des		01(c) of the Code (	other than section 501(c)(3)) or i	e or more tax-exempt organizans section 527?		☐ Yes	s [	] No
		(a)		(b)	(c)				
		Name of organiz	ration	Type of organization	Description of re	elationshi	p		
		· · · · · · ·							
				W 81 = -					

**®** 

EMPLOYER IDENTIFICATION NUMBER 62-0499284

FORM 990 - JULY, 2003- JUNE, 2004

PART I - CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS RECEIVED

(b)

PART I - NUMBER 9 - Special Events and Activities

EVENT - Frivolities held January, 2004

 Gross Receipts
 \$216,006.51

 Less: Contributions
 93,000.00

 Gross Revenue
 \$123,006.51

 Less: Direct Expenses
 \$ 58,564.32

 Net Income:
 \$ 64,442.19

EMPLOYER IDENTIFICATION NUMBER 62-0499284

FORM 990 - JULY, 2003 - JUNE, 2004

#### BALANCE SHEET - PART IV

#### # 54 - Investments - securities

Balance 7/1/03	\$1,676,578.92
Withdrawals, Fees	65,996.19
Gain on Stocks	334,949.88
Interest & Dividends	65,146.38
John W. Thomas Fund	446,312.00
Ending Balance 6/30/04	\$2,456,990.99

Investments managed by Diversified Trust Co., Memphis, TN.

EMPLOYER IDENTIFICATION NUMBER 62-0499284

DEPRECIATION SCHEDULE FOR JULY, 2003- JUNE, 2004

DESCRIPTION DATE ACQUIRED COST METHOD RATE DEPRECIATION

EQUIPMENT &

FURNITURE Varies \$453,944.96 S/L 3&5% \$45,967.27

BUILDING June, 94 \$753,002.03 S/L 21/2% \$18,825.05

\$64,792.32

EMPLOYER IDENTIFICATION NUMBER 62-0499284

FORM 990 - JULY, 2003 - JUNE 2004

PART II - #23 - SPECIFIC ASSISTANCE TO INDIVIDUALS

Financial Assistance to Caregivers of grandchildren and other relatives.

Clothing - \$1,145.53
Rent - \$7,697.05
Tutoring, Homemaker - \$6,156.00
Telephone - \$266.35
Electric bills - \$6,496.09
Water Bills - \$1,995.50
Gas service - \$1,492.48
Child care - \$20,204.50
Furniture - \$3,279.55
Miscelleneous repairs - \$5,263.50
Loan Repayments - \$1,903.87
Food - \$280.00
Children's Camps - \$64,124.00
Family Recreation - \$13,492.17
Moving Service - \$398.00

Total Financial Assistance - \$134,194.59

Jedual 10 62-0499284

Updated: August, 2003

Family & Children's Service of Nashville, TN 2003 – 2004 BOARD OF DIRECTORS ROSTER

		2003 - 200	4 BOARD 0	2003 – 2004 BOARD OF DIRECTORS ROSTER	
NAME	Home Phone	Work Phone	Fax#	Address	E-Mail Address
EXECUTIVE COMMITTEE	IEE:				
Hill McAlister President	269-9208	254-1371	726-2704	Nashville Sash & Door Co., Inc. P O Box 40780 (37204-0780	hill@nashvillesash.com
Pat Embry Vice-President	298-4709	664-2275 pg#214-9938	664-2280	1916 19th Avenue South 37212	pembry@nashvillerage.com assistant: Shannon Parrish
Joel Sullivan Secretary/Treasurer	MB# 481-1428	242-0900	866-271- 1345	APS, 1905 State Street Nashville, TN 37203	daddyjoel@comcast.net
David Bennett	376-4835	741-3456		6344 Murray Lane Brentwood, TN 37027	David j.bennett@state.tn.us
Leigh Anne McWhorter	371-0557			1612 Edgewater Court Franklin, TN 37069	themcwhorters@comcast.net
Jeremy Werthan	353-5601	242-4919 MB#473-5601	353-6286	Werthan Granite, LLC 448 Chestnut Street 37203	iwerthan@aol com
Evette White	P#888-799- 6364	284-6869	284-7402	618 Church Street, Suite 520 Nashville, TN 37219 On Mc 60000 The hotel	ewhite@imageiii.com ewhite@stthomas.org
Stephen Zralek	385-3651	850-8689 438~630	244-6804 238-6302	Waller, Lansden, Dortch & Davis, PLLC (Attorney) ایسای الکاری (Attorney) Nille City Center 511 Union St 37219	szralek@Wallehaw.com Asst: Conte chackett@walleriaw.com
David Anderson Ex-officio	370-5735	344-8105 MB#491-5010	344-2015	WK: HCA, #1 Park Plaza, (Sr. VP of Finance) Nashville, TN 37203	david.anderson@hcahealthcare.c
					Assistant: Theresa Headlee theresa.headlee@hcahealthcare.co m

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NAME	Home Phone	Work Phone	Fax #	Address	E-Mail Address
Drew Alexander		321-5080		3707 Princeton Avenue Nashville, TN 37205	dalexander@curb.com
Dorothy Berry		862-6400		533 Lemont Drive Nashville, TN 37216	
Marty Dickens	292-0929	214-6522 MB#214-6522	214-8858	BellSouth 333 Commerce St., Ste. 2104 37201-3300	marty.dickens@bellsouth.com Assistant: Linda Garner Linda.garner@bellsouth.com
Ellen Duncan	383-8899			4337 Sneed Road, 37215	emduncan@comcast.net
Laurie Eskind, National Council of Jewish Women Rep.	383-2105		385-0097	2322 Golf Club Lane (37215)	leskind32@aol.com
Richard Francis	292-1525	234-5901	234-5999	WK: Symbion, Inc. (President/CEO) 40 Burton Hills Road #500 Nashville, TN 37215	rfrancis@symbioninc.com Assistant: Vickie Warren vwarren@symbioninc.com
Linda Isaacs	672-5322	338-0848	859-7692	361 W. Main Street Hendersonville, TN 37075-3321	lindalna@aol.com ·
Jeannie Hastings	297-6942	329-1399	329-1486	Hastings Architecture Assoc LLC 127 3 <sup>rd</sup> Avenue South Nashville, TN 37201	ihastings@haa.us Assistant: Dorothy Gilmore dgilmore@hastingsarchitecture.co m
Ruth Johnson	354-1975	Cell # 364-1741		5210 Close Circle Nashville, TN 37205	REJ625@comcast.net
Lou Lovett	868-7708	MB# 347-4995		1308 Valley Trail Whites Creek, TN 37189	
Bill Martin	391-9144	742-9998	742-9928	Cushion Employer Services 665 Mainstream Drive, Suite 200, 37228	BMartin@cushioncorp.com Assistant: Marcie MGHockett1@cushioncorp.com

Dr. Stephanie Perry	377-9957	741-1921	532-2419	110 Carriage Court	Stenhanie Perry@state tn 118
			} 	Brentwood, TN 37027	Laurel Johnson@state.tn.us
Karen Rich, KAT Rep.	292-6432			3526 Richland Avenue, 37205	kgrich@comcast.net
Donna Richards	661-5085			1078 Vaughn Crest Drive Franklin, TN 37069	
Rabbi Ronald Roth	383-9048	269-4592	269-4695	West End Synagogue 3810 West End Ave., 37205	rabbi@westendsyn.org Assistant: Denise Kassman office@westendsyn.org
Judy Simmons	386-9273	MB#943-9703		1202 Chickering Road Nashville, TN 37215	Judysimmons01@msn.com
Debi Tate	269-3150	741-2904 ext. 121	741-5015	Tennessee Regulatory Authority 460 James Robertson Parkway Nashville, TN 37243-0505	debi.tate@state.tn.us
Bob Tuke	385-2786	256-8585	256-9236	Trauger, Ney & Tuke, 222 4th Ave. N., 37219	rtuke@tntlaw.net Assistant: Christina Currier ccurrier@tntlaw.net
Joyce Vise	383-3040	292-0343		228 Burlington Place Nashville, TN 37215	
Paula Wilson	383-4183		383-8637	4343 Glen Eden Drive, 37205	paularw@aol.com
9-01bc ** Evelyn Stancil **		834-0520	834-3662		evelyn stancıl@baxter com