

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 2005, and ending

- B Check if applicable:
Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization
MONROE HARDING, INC.
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1120 GLENDALE LANE
City or town, state or country, and ZIP + 4
NASHVILLE, TN 37204

D Employer identification number
62-0476670
E Telephone number
(615) 298-5573
F Accounting method: Cash [ ] Accrual [X] 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.

G Website: N/A

J Organization type (check only one) [X] 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.

- H(a) Is this a group return for affiliates? Yes [ ] No [X]
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? Yes [ ] No [X]
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

I Group Exemption Number

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 4,546,969.

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

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Each section contains sub-rows for detailed reporting and a total line.

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

**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 the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>			
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b>	Compensation of officers, directors, etc.	<b>25</b> 85,062.	69,462.	10,768.	4,832.
<b>26</b>	Other salaries and wages	<b>26</b> 1,122,685.	916,796.	142,139.	63,750.
<b>27</b>	Pension plan contributions	<b>27</b> 62,510.	46,365.	11,612.	4,533.
<b>28</b>	Other employee benefits	<b>28</b> 109,275.	94,007.	8,530.	6,738.
<b>29</b>	Payroll taxes	<b>29</b> 116,435.	94,813.	14,642.	6,980.
<b>30</b>	Professional fundraising fees	<b>30</b>			
<b>31</b>	Accounting fees	<b>31</b> 18,192.		18,192.	
<b>32</b>	Legal fees	<b>32</b>			
<b>33</b>	Supplies	<b>33</b> 116,376.	91,360.	16,343.	8,673.
<b>34</b>	Telephone	<b>34</b> 27,076.	23,721.	3,273.	82.
<b>35</b>	Postage and shipping	<b>35</b> 7,146.	1,516.	314.	5,316.
<b>36</b>	Occupancy	<b>36</b> 145,378.	122,547.	19,636.	3,195.
<b>37</b>	Equipment rental and maintenance	<b>37</b> 3,200.	2,712.	443.	45.
<b>38</b>	Printing and publications	<b>38</b> 18,221.	7,476.	785.	9,960.
<b>39</b>	Travel	<b>39</b> 12,736.	10,417.	1,039.	1,280.
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>			
<b>41</b>	Interest	<b>41</b>			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 76,267.	63,703.	12,564.	
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	STMT 3	<b>43a</b> 179,606.	146,486.	18,320.	14,800.
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	<b>44</b> 2,100,165.	1,691,381.	278,600.	130,184.

**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 \$ \_\_\_\_\_

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

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

<p>What is the organization's primary exempt purpose? ► <u>CHILD CARE, EDUCATION, COUNSELING</u> -----</p> <p>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.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p><b>a</b> <u>RESIDENTIAL CHILDCARE SERVICES</u> -----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>1,691,381.</p>
<p><b>b</b> -----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b> -----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b> -----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ►</p>	<p>1,691,381.</p>

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

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash - non-interest-bearing . . . . .	370,367.	<b>45</b>	439,256.
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47 a</b> Accounts receivable . . . . .	<b>47 a</b> 110,688.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47 b</b>	135,630.	<b>47 c</b> 110,688.
	<b>48 a</b> Pledges receivable . . . . .	<b>48 a</b> 20,323.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48 b</b>	26,872.	<b>48 c</b> 20,323.
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	11,640.	<b>53</b>	48,046.
	<b>54</b> Investments - securities (attach schedule) <input type="checkbox"/> STMT 4, <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,772,573.	<b>54</b>	6,373,409.
	<b>55 a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55 a</b> 2,121,946.		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55 b</b> 1,091,435.	1,037,319.	<b>55 c</b> 1,030,511.
	<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>	
	<b>57 a</b> Land, buildings, and equipment: basis . . . . .	<b>57 a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57 b</b>		<b>57 c</b>
	<b>58</b> Other assets (describe <input type="checkbox"/> STMT 5 )	573,992.	<b>58</b>	563,206.
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	8,928,393.	<b>59</b>	8,585,439.	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	70,426.	<b>60</b>	51,037.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64 b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 6 )	25,932.	<b>65</b>	19,610.
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	96,358.	<b>66</b>	70,647.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	1,478,505.	<b>67</b>	1,539,771.
	<b>68</b> Temporarily restricted . . . . .	6,965.	<b>68</b>	38,406.
	<b>69</b> Permanently restricted . . . . .	7,346,565.	<b>69</b>	6,936,615.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	8,832,035.	<b>73</b>	8,514,792.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	8,928,393.	<b>74</b>	8,585,439.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total revenue, gains, and other support per audited financial statements: 1,802,298. Row b: Amounts included on line a but not on Part I, line 12: -312,604. Row c: Subtract line b from line a: 2,114,902. Row d: Amounts included on Part I, line 12, but not on line a: -2,386. Row e: Total revenue (Part I, line 12): 2,112,516.

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

Table with 5 main rows (a-e) and sub-rows for adjustments. Row a: Total expenses and losses per audited financial statements: 2,119,541. Row b: Amounts included on line a but not on Part I, line 17: 19,376. Row c: Subtract line b from line a: 2,100,165. Row d: Amounts included on Part I, line 17, but not on line a: 0. Row e: Total expenses (Part I, line 17): 2,100,165.

Part V 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.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: SEE STATEMENT 10, 85,062, 6,641, -0-

Part V-A Current Officers, Directors, Trustees, and Key Employees(continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 23

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy? . . . . .

Table with 3 columns: Question, Yes, No. Rows 75a-75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

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.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .

b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .

80a 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? . . . . .

b If "Yes," enter the name of the organization MIDDLE TENNESSEE PRESBYTERY OF THE PRESBYTERIAN CHURCH and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . 81a

b Did the organization file Form 1120-POL for this year? . . . . .

Table with 3 columns: Question, Yes, No. Rows 76-81b.

Part VI Other Information (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>82 b</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.)		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85 a</b>	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
<b>85 b</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.	N/A	
<b>85 c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85 d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85 h</b>	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?	N/A	
<b>86 a</b>	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87 a</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
<b>87 b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88</b>	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		X
<b>89 a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
<b>89 b</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		X
<b>89 c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
<b>89 d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
<b>90 a</b>	List the states with which a copy of this return is filed	NONE REQUIRED	
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	46	
<b>91 a</b>	The books are in care of JEANNE FORCE Telephone no. 615-298-5573 Located at 1120 GLENDALE LANE NASHVILLE, TN ZIP + 4 37204		
<b>91 b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		X
<b>91 c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>92</b>		N/A	

**Part VII 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 CHILD SUPPORT					1,076,697.
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	5,106.	
96 Dividends and interest from securities			14	209,263.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	345,154.	
101 Net income or (loss) from special events					77,709.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS					18,325.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				559,523.	1,172,731.
105 Total (add line 104, columns (B), (D), and (E))					1,732,254.

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 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).
13	STMT 13

**Part IX 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
	%			
	%			
	%			
	%			

**Part X 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).

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.

**Please Sign Here**

Signature of officer: Jeanne M. Force Date: 5-12-06

Type or print name and title: JEANNE M. FORCE V.P. FINANCE/C.F.O.

---

**Paid Preparer's Use Only**

Preparer's signature: Richard M. Winsted Date: 5-11-06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CROSSLIN, VADEN & ASSOCIATES EIN: 62-1336737

2525 WEST END AVENUE, SUITE 1100 Phone no.: 615-320-5500

NASHVILLE, TN 37203



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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information - (See separate instructions.)**

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

OMB No. 1545-0047

**2005**

Name of the organization

MONROE HARDING, INC.

Employer identification number

62-0476670

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14				
Total number of other employees paid over \$50,000 . . ▶	NONE			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	NONE	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	NONE	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		<input checked="" type="checkbox"/>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Lending of money or other extension of credit? . . . . .		<input checked="" type="checkbox"/>
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .		<input checked="" type="checkbox"/>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<input checked="" type="checkbox"/>	
<b>e</b>	Transfer of any part of its income or assets? . . . . .		<input checked="" type="checkbox"/>
<b>3a</b>	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.) . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .		<input checked="" type="checkbox"/>
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		<input checked="" type="checkbox"/>

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

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

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

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

(a) Name(s) of supported organization(s)	(b) Line number from above
MIDDLE TENNESSEE PRESBYTERY OF THE PRESBYTERIAN CHURCH	13

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows 15-25 include items like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

Table for lines 26-27. Line 26: Organizations described on lines 10 or 11. Includes sub-rows a-f for public support calculations. Line 27: Organizations described on line 12. Includes sub-rows a-b for disqualified person amounts. Columns for 26a-26f and 27c-27h.

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE

(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 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess 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  
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 %

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.

**Part V Private School Questionnaire** (See page 7 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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? . . . . .		
<b>30</b>	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? . . . . .		
<b>31</b>	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.) ----- ----- -----		
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b>	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.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .		
<b>b</b>	Admissions policies? . . . . .		
<b>c</b>	Employment of faculty or administrative staff? . . . . .		
<b>d</b>	Scholarships or other financial assistance? . . . . .		
<b>e</b>	Educational policies? . . . . .		
<b>f</b>	Use of facilities? . . . . .		
<b>g</b>	Athletic programs? . . . . .		
<b>h</b>	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</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.		
<b>35</b>	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 . . . . .		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

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.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

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

		Yes	No
<b>a</b>	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash		<input checked="" type="checkbox"/>
	(ii) Other assets		<input checked="" type="checkbox"/>
<b>b</b>	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization		<input checked="" type="checkbox"/>
	(ii) Purchases of assets from a noncharitable exempt organization		<input checked="" type="checkbox"/>
	(iii) Rental of facilities, equipment, or other assets		<input checked="" type="checkbox"/>
	(iv) Reimbursement arrangements		<input checked="" type="checkbox"/>
	(v) Loans or loan guarantees		<input checked="" type="checkbox"/>
	(vi) Performance of services or membership or fundraising solicitations		<input checked="" type="checkbox"/>
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees		<input checked="" type="checkbox"/>

**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:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

**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:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
-----	-----	-----	-----
GOLF TOURNAMENT, TOURS, DINNER	94,699.	16,990.	77,709.
TOTALS	94,699.	16,990.	77,709.
	=====	=====	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN (LOSS) ON INVESTMENTS	-345,967.
UNREALIZED GAIN ON BENEFICIAL INTERESTS IN TRUSTS	16,373.
	-----
TOTAL	-329,594.
	=====



FORM 990, PART II - OTHER EXPENSES  
 =====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
ALLOWANCES	6,629.	6,629.		
AUTOMOBILE	18,974.	18,974.		
INSURANCE	28,326.	22,451.	5,875.	
TRAINING	18,917.	15,913.	2,197.	807.
DUES AND PUBLICATIONS	5,926.	3,450.	2,011.	465.
RECRUITMENT	7,319.	6,941.	191.	187.
CONTRACTED SERVICES	39,187.	33,697.	3,107.	2,383.
CLOTHING	7,100.	7,100.		
ACTIVITIES/AWARDS/GIFTS	38,647.	27,023.	3,973.	7,651.
MEDICAL	1,222.	1,222.		
BANK FEES	1,479.		241.	1,238.
OTHER MISCELLANEOUS	2,617.	1,273.	161.	1,183.
INTERNET/WEB HOSTING	1,365.	317.	496.	552.
LICENSES & FEES	1,898.	1,496.	68.	334.
TOTALS	179,606.	146,486.	18,320.	14,800.
	=====	=====	=====	=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
STOCKS & BONDS	6,127,212.	5,760,825.	FMV
INTEREST BEARING ACCOUNTS	440,086.	413,506.	FMV
MUTUAL FUNDS	205,275.	199,078.	FMV
	-----	-----	
TOTALS	6,772,573.	6,373,409.	
	=====	=====	

FORM 990, PART IV - OTHER ASSETS  
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	573,992.	563,206.
TOTALS	----- 573,992. =====	----- 563,206. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
RESIDENTS' ACCOUNTS	25,932.	19,610.
TOTALS	----- 25,932. =====	----- 19,610. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED GAIN ON BENEFICIAL INTEREST IN TRUSTS	16,373.
SPECIAL EVENT EXPENSES	16,990.
	-----
TOTAL	33,363.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
LOSS ON SALE OF FIXED ASSETS	-2,386.
TOTAL	----- -2,386.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
SPECIAL EVENT EXPENSES	16,990.
LOSS ON SALE OF FIXED ASSETS	2,386.
	-----
TOTAL	19,376.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
PATRICIA L HARMAN 1120 GLENDALE LANE NASHVILLE, TN 37204	PRESIDENT/CEO 40+	85,062.	6,641.	
RON ROSSMANN 403 AUTUMN LAKE TRAIL FRANKLIN, TN 37067	CHAIR			
WES MAYERS 1321 KINNARD DRIVE FRANKLIN, TN 37064	VICE CHAIR			
DENISE BENTLEY 2601 BRANSFORD AVENUE NASHVILLE, TN 37209	DIRECTOR			
STEPHANIE BERRY 2227 CHICKERING LANE NASHVILLE, TN 37215	DIRECTOR			
SUSAN BRANTLEY 200 LYNNWOOD BLVD NASHVILLE, TN 37205	DIRECTOR			
LISA CHEEK 221 EVELYN AVENUE NASHVILLE, TN 37205	DIRECTOR			
CAROL HASTINGS 6211 BRESSLYN ROAD NASHVILLE, TN 37205	DIRECTOR			



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
KATHY HADFIELD 6107 MURRAY LANE BRENTWOOD, TN 37027	DIRECTOR			
JACK JOHNSON 5858 CLOVERLAND DRIVE BRENTWOOD, TN 37027	DIRECTOR			
MARY NICHOLS 4400 BELMONT PK TER #216 NASHVILLE, TN 37215	DIRECTOR			
MARY PARKER 209 10TH AVENUE S STE 511 NASHVILLE, TN 37203	DIRECTOR			
FRANK PARSONS 503 WAXWOOD DRIVE BRENTWOOD, TN 37027	DIRECTOR			
CLAY PHILLIPS 4315 SUNNYBROOK DRIVE NASHVILLE, TN 37205	DIRECTOR			
MIKE RED 2063 LOMBARDY AVENUE NASHVILLE, TN 37215	DIRECTOR			
NATALIE RUGGIERO 512 OLD HICKORY, APT 1605 NASHVILLE, TN 37205	DIRECTOR			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
CHARLES SMOUSE ONE PARK PLACE NASHVILLE, TN 37203	DIRECTOR			
JODY STANTON 706 OMANDALE DRIVE NASHVILLE, TN 37204	DIRECTOR			
KATHRYN STEPHENSON 222 FOURTH AVE NORTH NASHVILLE, TN 37219	DIRECTOR			
DAN THOMPSON 1502 CLAIRMONT PLACE NASHVILLE, TN 37215	DIRECTOR			
MARK TULLOCH 1893 SHAMROCK DRIVE BRENTWOOD, TN 37027	DIRECTOR			
PHILIP WENK 5316 MEADOW LAKE RD BRENTWOOD, TN 37027	DIRECTOR			
SCOTT WHITE 1646 HIGHFIELD LANE BRENTWOOD, TN 37027	DIRECTOR			
	GRAND TOTALS	85,062.	6,641.	
		=====	=====	

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
--------------------	---

93A AND 103	OUR EXEMPT PURPOSE IS TO PROVIDE CHILDCARE SERVICES FOR EDUCATION AND COUNSELING; AND FAMILY COUNSELING FOR TROUBLED FAMILIES. OUR INCOME ENABLES US TO HIRE EMPLOYEES TO CARE FOR THE CHILDREN AND TO PROVIDE COUNSELING TO THEM AND THEIR FAMILIES. IT ALSO ENABLES US TO FEED, EDUCATE AND PROVIDE LODGING FOR THE CHILDREN.
-------------------	--

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----
DARCI HALFMAN 1120 GLENDALE LANE NASHVILLE, TN 37204	40+	63,481.	4,935.
JEANNE FORCE 1120 GLENDALE LANE NASHVILLE, TN 37204	40+	62,300.	4,408.
TOTAL COMPENSATION		----- 125,781. =====	----- 9,343. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

SALARY OF PATRICIA HARMAN, EXECUTIVE BOARD OF DIRECTORS