

**Return of Organization Exempt from Income Tax**

OMB No. 1545-0047

**2004****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

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

**A For the 2004 calendar year, or tax year beginning** 7/01, **2004, and ending** 6/30, **2005****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.RENEWAL HOUSE, INC.  
P.O. BOX 280356  
NASHVILLE, TN 37218**D Employer Identification Number**

62-1631055

**E Telephone number**

615-255-5222

**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:** ▶ WWW.RENEWALHOUSE.ORG**J Organization type**(check only one) . . . . . ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,803,168.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

|  |   |  |                |            |            |  |
|--|---|--|----------------|------------|------------|--|
| <b>REVENUE</b>   | <b>1</b> Contributions, gifts, grants, and similar amounts received:  |  |                |            |            |  |
|  | <b>a</b> Direct public support . . . . .  |  |                | <b>1 a</b> | 235,900.   |  |
|  | <b>b</b> Indirect public support . . . . .  |  |                | <b>1 b</b> | 59,906.    |  |
|  | <b>c</b> Government contributions (grants) . . . . .  |  |                | <b>1 c</b> | 780,276.   |  |
|  | <b>d</b> Total (add lines 1a through 1c) (cash \$ 1,076,082. noncash \$ ) . . . . .                             |  |                | <b>1 d</b> | 1,076,082. |  |
|  | <b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .     |  |                | <b>2</b>   | 90,312.    |  |
|  | <b>3</b> Membership dues and assessments . . . . .  |  |                | <b>3</b>   |            |  |
|  | <b>4</b> Interest on savings and temporary cash investments . . . . .   |  |                | <b>4</b>   | 17,889.    |  |
|  | <b>5</b> Dividends and interest from securities . . . . .   |  |                | <b>5</b>   |            |  |
|  | <b>6a</b> Gross rents . . . . .   |  |                | <b>6 a</b> |            |  |
|  | <b>b</b> Less: rental expenses . . . . .  |  |                | <b>6 b</b> |            |  |
|  | <b>c</b> Net rental income or (loss) (subtract line 6b from line 6a) . . . . .                                  |  |                | <b>6 c</b> |            |  |
| <b>7</b> Other investment income (describe . . . . . ) . . . . .   |   |  | <b>7</b>       |            |            |  |
| <b>8a</b> Gross amount from sales of assets other than inventory . . . . .   |   |  | (A) Securities | 540,000.   | <b>8 a</b> |  |
| <b>b</b> Less: cost or other basis and sales expenses . . . . .  |   |  | (B) Other      | 540,000.   | <b>8 b</b> |  |
| <b>c</b> Gain or (loss) (attach schedule) . . . . . STATEMENT 1 . . . . .  |   |  |                |            | <b>8 c</b> |  |
| <b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . .   |   |  |                |            | <b>8 d</b> |  |
| <b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here. . . . . <input type="checkbox"/> |   |  |                |            |            |  |
| <b>a</b> Gross revenue (not including \$ of contributions reported on line 1a) . . . . .   |   |  | <b>9 a</b>     | 78,510.    |            |  |
| <b>b</b> Less: direct expenses other than fundraising expenses . . . . .   |   |  | <b>9 b</b>     | 23,102.    |            |  |
| <b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a) . . . . . STATEMENT 2 . . . . .                    |   |  | <b>9 c</b>     | 55,408.    |            |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   |   |  | <b>10 a</b>    |            |            |  |
| <b>b</b> Less: cost of goods sold . . . . .  |   |  | <b>10 b</b>    |            |            |  |
| <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . . . . .                |   |  | <b>10 c</b>    |            |            |  |
| <b>11</b> Other revenue (from Part VII, line 103) . . . . .  |   |  | <b>11</b>      | 375.       |            |  |
| <b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) . . . . .   |   |  | <b>12</b>      | 1,240,066. |            |  |
| <b>EXPENSES</b>  | <b>13</b> Program services (from line 44, column (B)) . . . . .   |  |                | <b>13</b>  | 957,559.   |  |
|  | <b>14</b> Management and general (from line 44, column (C)) . . . . .   |  |                | <b>14</b>  | 107,892.   |  |
|  | <b>15</b> Fundraising (from line 44, column (D)) . . . . .  |  |                | <b>15</b>  | 83,050.    |  |
|  | <b>16</b> Payments to affiliates (attach schedule) . . . . .  |  |                | <b>16</b>  |            |  |
| <b>17</b> Total expenses (add lines 16 and 44, column (A)) . . . . .   |   |  | <b>17</b>      | 1,148,501. |            |  |
| <b>NET ASSETS</b>  | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .                            |  |                | <b>18</b>  | 91,565.    |  |
|  | <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .                 |  |                | <b>19</b>  | 2,151,967. |  |
|  | <b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . . SEE STATEMENT 3 . . . . . |  |                | <b>20</b>  | 10,019.    |  |
|  | <b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20) . . . . .                   |  |                | <b>21</b>  | 2,253,551. |  |

**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.

| 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)<br>(cash \$ _____<br>non-cash \$ _____)  | 22        |                      |                            |                 |
| 23  | Specific assistance to individuals (att sch)  | 23        |                      |                            |                 |
| 24  | Benefits paid to or for members (att sch)   | 24        |                      |                            |                 |
| 25  | Compensation of officers, directors, etc.   | 25        | 228,100.             | 180,068.                   | 26,493.         |
| 26  | Other salaries and wages  | 26        | 440,390.             | 347,655.                   | 51,151.         |
| 27  | Pension plan contributions  | 27        | 5,670.               | 4,480.                     | 680.            |
| 28  | Other employee benefits   | 28        | 79,922.              | 63,138.                    | 9,591.          |
| 29  | Payroll taxes   | 29        | 56,071.              | 44,296.                    | 6,729.          |
| 30  | Professional fundraising fees   | 30        |                      |                            |                 |
| 31  | Accounting fees   | 31        | 16,337.              | 14,265.                    | 982.            |
| 32  | Legal fees  | 32        |                      |                            |                 |
| 33  | Supplies  | 33        | 29,066.              | 28,529.                    | 358.            |
| 34  | Telephone   | 34        |                      |                            |                 |
| 35  | Postage and shipping  | 35        | 3,564.               | 3,243.                     | 250.            |
| 36  | Occupancy   | 36        |                      |                            |                 |
| 37  | Equipment rental and maintenance  | 37        | 65,351.              | 62,737.                    | 2,614.          |
| 38  | Printing and publications   | 38        | 8,987.               | 8,538.                     | 449.            |
| 39  | Travel  | 39        | 1,385.               | 1,094.                     | 139.            |
| 40  | Conferences, conventions, and meetings  | 40        | 5,209.               | 4,480.                     | 365.            |
| 41  | Interest  | 41        |                      |                            |                 |
| 42  | Depreciation, depletion, etc (attach schedule)  | 42        | 41,200.              | 41,200.                    |                 |
| 43  | Other expenses not covered above (itemize):   |           |                      |                            |                 |
| a   | SEE STATEMENT 4   | 43a       | 167,249.             | 153,836.                   | 8,091.          |
| b   |   | 43b       |                      |                            |                 |
| c   |   | 43c       |                      |                            |                 |
| d   |   | 43d       |                      |                            |                 |
| e   |   | 43e       |                      |                            |                 |
| 44  | Total functional expenses (add lines 22 - 43).<br>Organizations completing columns (B) - (D),<br>carry these totals to lines 13 - 15. | 44        | 1,148,501.           | 957,559.                   | 107,892.        |

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**What is the organization's primary exempt purpose? SEE STATEMENT 5

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) &amp; (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants &amp; allocations to others.)

|   |  | Program Service Expenses<br>(Required for 501(c)(3) and<br>(4) organizations and<br>4947(a)(1) trusts; but<br>optional for others.) |
|---|--|---|
| a | SEE STATEMENT 6  |   |
|   | (Grants and allocations \$ _____)  | 957,559.  |
| b |  |   |
|   | (Grants and allocations \$ _____)  |   |
| c |  |   |
|   | (Grants and allocations \$ _____)  |   |
| d |  |   |
|   | (Grants and allocations \$ _____)  |   |
| e | Other program services (Grants and allocations \$ _____)                               |   |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 957,559.  |

**Part IV Balance Sheets** (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|  |  | (A)<br>Beginning of year   |             | (B)<br>End of year |          |
|--|--|--|-------------|--------------------|----------|
| <b>ASSETS</b>  | <b>45</b> Cash — non-interest-bearing .....  | 132,413.   | <b>45</b>   | 188,873.           |          |
|  | <b>46</b> Savings and temporary cash investments .....   | 174,275.   | <b>46</b>   | 399,038.           |          |
|  | <b>47 a</b> Accounts receivable .....  | <b>47 a</b>  |             |                    |          |
|  | <b>b</b> Less: allowance for doubtful accounts .....   | <b>47 b</b>  | <b>47 c</b> |                    |          |
|  | <b>48 a</b> Pledges receivable .....   | <b>48 a</b>  |             |                    |          |
|  | <b>b</b> Less: allowance for doubtful accounts .....   | <b>48 b</b>  | <b>48 c</b> |                    |          |
|  | <b>49</b> Grants receivable .....  | 64,027.  | <b>49</b>   | 40,398.            |          |
|  | <b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....  |  | <b>50</b>   |                    |          |
|  | <b>51 a</b> Other notes & loans receivable (attach sch.) .....   | <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 .....  |  | <b>53</b>   | 6,535.             |          |
|  | <b>54</b> Investments — securities (attach schedule) .....   | SEE ST. 7. <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV | 8,000.      | <b>54</b>          | 8,000.   |
|  | <b>55 a</b> Investments — land, buildings, & equipment: basis .....  | <b>55 a</b>  |             |                    |          |
|  | <b>b</b> Less: accumulated depreciation (attach schedule) .....  | <b>55 b</b>  | <b>55 c</b> |                    |          |
| <b>56</b> Investments — other (attach schedule) .....  | SEE STMT. 8.   | 817,216.   | <b>56</b>   | 631,236.           |          |
| <b>57 a</b> Land, buildings, and equipment: basis .....                                      | <b>57 a</b>  | 1,369,528.   |             |                    |          |
| <b>b</b> Less: accumulated depreciation (attach schedule) .....                              | STATEMENT 9  | <b>57 b</b>  | 384,664.    | <b>57 c</b>        | 984,864. |
| <b>58</b> Other assets (describe <input checked="" type="checkbox"/> SEE STATEMENT 10) ..... |  | 9,910.   | <b>58</b>   | 3,375.             |          |
| <b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....                  |  | 2,158,375.   | <b>59</b>   | 2,262,319.         |          |
| <b>LIABILITIES</b>   | <b>60</b> Accounts payable and accrued expenses .....  | 6,408.   | <b>60</b>   | 8,768.             |          |
|  | <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"/> ) .....   |  | <b>65</b>   |                    |          |
| <b>66 Total liabilities</b> (add lines 60 through 65) .....                                  |  | 6,408.   | <b>66</b>   | 8,768.             |          |
| <b>NET ASSETS OR FUND BALANCES</b>   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>                                |  |             |                    |          |
|  | <b>67</b> Unrestricted .....   | 2,015,776.   | <b>67</b>   | 2,238,551.         |          |
|  | <b>68</b> Temporarily restricted .....   | 136,191.   | <b>68</b>   | 15,000.            |          |
|  | <b>69</b> Permanently restricted .....   |  | <b>69</b>   |                    |          |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>  |  |             |                    |          |
|  | <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) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) ..... | 2,151,967.   | <b>73</b>   | 2,253,551.         |          |
|  | <b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....   | 2,158,375.   | <b>74</b>   | 2,262,319.         |          |

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.

BAA

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

|          |   |          |            |
|----------|---|----------|------------|
| <b>a</b> | Total revenue, gains, and other support per audited financial statements. . . . . | <b>a</b> | 1,250,085. |
| <b>b</b> | Amounts included on line <b>a</b> but not on line 12, Form 990:                   |          |            |
| (1)      | Net unrealized gains on investments. . . . \$ 10,019.                             |          |            |
| (2)      | Donated services and use of facilities. . . . \$                                  |          |            |
| (3)      | Recoveries of prior year grants. . . . \$   |          |            |
| (4)      | Other (specify):<br>----- \$  |          |            |
|          | Add amounts on lines (1) through (4). . . .                                       | <b>b</b> | 10,019.    |
| <b>c</b> | Line <b>a</b> minus line <b>b</b> . . . . .                                       | <b>c</b> | 1,240,066. |
| <b>d</b> | Amounts included on line 12, Form 990 but not on line <b>a</b> :                  |          |            |
| (1)      | Investment expenses not included on line 6b, Form 990. . . . \$                   |          |            |
| (2)      | Other (specify):<br>----- \$  |          |            |
|          | Add amounts on lines (1) and (2). . . .   | <b>d</b> |            |
| <b>e</b> | Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . .  | <b>e</b> | 1,240,066. |

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

|          |   |          |            |
|----------|---|----------|------------|
| <b>a</b> | Total expenses and losses per audited financial statements. . . . .               | <b>a</b> | 1,148,501. |
| <b>b</b> | Amounts included on line <b>a</b> but not on line 17, Form 990:                   |          |            |
| (1)      | Donated services and use of facilities. . . . \$                                  |          |            |
| (2)      | Prior year adjustments reported on line 20, Form 990. . . . \$                    |          |            |
| (3)      | Losses reported on line 20, Form 990. . . . \$                                    |          |            |
| (4)      | Other (specify):<br>----- \$  |          |            |
|          | Add amounts on lines (1) through (4). . . .                                       | <b>b</b> |            |
| <b>c</b> | Line <b>a</b> minus line <b>b</b> . . . . .                                       | <b>c</b> | 1,148,501. |
| <b>d</b> | Amounts included on line 17, Form 990 but not on line <b>a</b> :                  |          |            |
| (1)      | Investment expenses not included on line 6b, Form 990. . . . \$                   |          |            |
| (2)      | Other (specify):<br>----- \$  |          |            |
|          | Add amounts on lines (1) and (2). . . .   | <b>d</b> |            |
| <b>e</b> | Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . . | <b>e</b> | 1,148,501. |

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see 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 | (E) Expense account and other allowances |
|----------------------|--|---|---|--|
| SEE STATEMENT 11     |  |   |   |  |
|                      |  | 228,100.                                  | 24,620.   | 0.                                       |
|                      |  |   |   |  |
|                      |  |   |   |  |
|                      |  |   |   |  |
|                      |  |   |   |  |
|                      |  |   |   |  |
|                      |  |   |   |  |
|                      |  |   |   |  |
|                      |  |   |   |  |

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

**Part VI Other Information** (See instructions.)

|   | Yes        | No  |
|---|------------|-----|
| <b>76</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.   | <b>76</b>  | X   |
| <b>77</b> 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.   | <b>77</b>  | X   |
| <b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | <b>78a</b> | X   |
| <b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?  | <b>78b</b> | N/A |
| <b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.  | <b>79</b>  | X   |
| <b>80a</b> 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>80a</b> | X   |
| <b>b</b> If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.   |            |     |
| <b>81a</b> Enter direct and indirect political expenditures. See line 81 instructions.  | <b>81a</b> | 0.  |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?  | <b>81b</b> | X   |
| <b>82a</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?  | <b>82a</b> | X   |
| <b>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>82b</b> | N/A |
| <b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?  | <b>83a</b> | X   |
| <b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | <b>83b</b> | X   |
| <b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?  | <b>84a</b> | X   |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>84b</b> | N/A |
| <b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members?   | <b>85a</b> | N/A |
| <b>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, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.            | <b>85b</b> | N/A |
| <b>c</b> Dues, assessments, and similar amounts from members.   | <b>85c</b> | N/A |
| <b>d</b> Section 162(e) lobbying and political expenditures.  | <b>85d</b> | N/A |
| <b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.  | <b>85e</b> | N/A |
| <b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e).   | <b>85f</b> | N/A |
| <b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  | <b>85g</b> | N/A |
| <b>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?                               | <b>85h</b> | N/A |
| <b>86 501(c)(7) organizations. Enter: a</b> Initiation fees and capital contributions included on line 12.  | <b>86a</b> | N/A |
| <b>b</b> Gross receipts, included on line 12, for public use of club facilities.  | <b>86b</b> | N/A |
| <b>87 501(c)(12) organizations. Enter: a</b> Gross income from members or shareholders.   | <b>87a</b> | N/A |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>87b</b> | 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. | <b>88</b>  | X   |
| <b>89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u>; section 4912 <u>0.</u>; section 4955 <u>0.</u></b>  |            |     |
| <b>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.</b> | <b>89b</b> | X   |
| <b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.   |            | 0.  |
| <b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization.   |            | 0.  |
| <b>90a</b> List the states with which a copy of this return is filed <u>NONE</u>  |            |     |
| <b>b</b> Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)  | <b>90b</b> | 27  |
| <b>91</b> The books are in care of <u>LISA ROBERTSON</u> Telephone number <u>615-255-5222</u><br>Located at <u>3410 CLARKSVILLE HWY, NASHVILLE, TN</u> ZIP + 4 <u>37218</u>   |            |     |
| <b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> — Check here. <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year. <u>92</u>   |            | N/A |

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

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or exempt<br>function income |
|--|---------------------------|---------------|--------------------------------------|---------------|---|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |   |
| 93 Program service revenue:                                  |                           |               |                                      |               |   |
| a OUTPATIENT TREATMENT                                       |                           |               |                                      |               | 28,405.                                     |
| b RESIDENT FEES  |                           |               |                                      |               | 10,752.                                     |
| c RESIDENTIAL RENTAL IN                                      |                           |               |                                      |               | 51,155.                                     |
| 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                                   | 17,889.       |   |
| 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                                   |                           |               |                                      |               |   |
| 100 Gain or (loss) from sales of assets other than inventory |                           |               |                                      |               |   |
| 101 Net income or (loss) from special events                 |                           |               | 1                                    | 55,408.       |   |
| 102 Gross profit or (loss) from sales of inventory           |                           |               |                                      |               |   |
| 103 Other revenue: a   |                           |               |                                      |               |   |
| b MISCELLANEOUS  |                           |               | 1                                    | 375.          |   |
| c  |                           |               |                                      |               |   |
| d  |                           |               |                                      |               |   |
| e  |                           |               |                                      |               |   |
| 104 Subtotal (add columns (B), (D), and (E))                 |                           |               |                                      | 73,672.       | 90,312.                                     |
| 105 Total (add line 104, columns (B), (D), and (E))          |                           |               |                                      |               | 163,984.                                    |

**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 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). |
|----------|---|
| 1        | SEE STATEMENT 12  |
|          |   |
|          |   |
|          |   |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

|                                 |   |  |           |  |
|---------------------------------|---|--|-----------|--|
| <b>Please Sign Here</b>         | 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      |  |
| <b>Paid Preparer's Use Only</b> | 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<br>3310 WEST END AVENUE, STE. 550<br>NASHVILLE, TN 37203   |  | N/A       | N/A  |
|                                 |   |  | Phone no. | (615) 383-6592                                     |

**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 Section 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

**2004**

Name of the organization

RENEWAL HOUSE, INC.

Employer identification number

62-1631055

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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 and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000            | 0  |                  |   |  |

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services    | 0                   |                  |

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

Schedule A (Form 990 or 990-EZ) 2004

**Part III** Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ N/A \_\_\_\_\_  
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . .

2a X

b Lending of money or other extension of credit? . . . . .

2b X

c Furnishing of goods, services, or facilities? . . . . .

2c X

SEE FORM 990, PART V

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

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, credit repair, or debt negotiation services? . . . . .

4b X

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

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

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

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

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

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





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

N/A

|   |            | 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>29</b>  |     |    |
| <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>30</b>  |     |    |
| <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? ..... | <b>31</b>  |     |    |
| 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>32a</b> |     |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....  | <b>32b</b> |     |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....  | <b>32c</b> |     |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....   | <b>32d</b> |     |    |
| 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>33a</b> |     |    |
| <b>b</b> Admissions policies? .....   | <b>33b</b> |     |    |
| <b>c</b> Employment of faculty or administrative staff? .....   | <b>33c</b> |     |    |
| <b>d</b> Scholarships or other financial assistance? .....  | <b>33d</b> |     |    |
| <b>e</b> Educational policies? .....  | <b>33e</b> |     |    |
| <b>f</b> Use of facilities? .....   | <b>33f</b> |     |    |
| <b>g</b> Athletic programs? .....   | <b>33g</b> |     |    |
| <b>h</b> Other extracurricular activities? .....  | <b>33h</b> |     |    |
| If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)   |            |     |    |
| -----   |            |     |    |
| -----   |            |     |    |
| -----   |            |     |    |
| <b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....  | <b>34a</b> |     |    |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....   | <b>34b</b> |     |    |
| 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. ....   | <b>35</b>  |     |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

| <b>Limits on Lobbying Expenditures</b><br>(The term 'expenditures' means amounts paid or incurred.) |  | (a)<br>Affiliated group<br>totals    | (b)<br>To be completed<br>for ALL electing<br>organizations |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
|---|--|--------------------------------------|---|--------------------------|------------------------------------|---|---|---|---|--|--|-------------------------|-------------------|-----------|--|
| <b>36</b>   | Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  | <b>36</b>                            |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| <b>37</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....  | <b>37</b>                            |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| <b>38</b>   | Total lobbying expenditures (add lines 36 and 37) .....  | <b>38</b>                            |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| <b>39</b>   | Other exempt purpose expenditures .....  | <b>39</b>                            |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| <b>40</b>   | Total exempt purpose expenditures (add lines 38 and 39) .....  | <b>40</b>                            |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| <b>41</b>   | Lobbying nontaxable amount. Enter the amount from the following table —<br><table><tr><td><b>If the amount on line 40 is —</b></td><td><b>The lobbying nontaxable amount is —</b></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> | <b>If the amount on line 40 is —</b> | <b>The lobbying nontaxable amount is —</b>                  | 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 ..... | <b>41</b> |  |
| <b>If the amount on line 40 is —</b>  | <b>The lobbying nontaxable amount is —</b>   |                                      |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| 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 .....  |                                      |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| <b>42</b>   | Grassroots nontaxable amount (enter 25% of line 41) .....  | <b>42</b>                            |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| <b>43</b>   | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. ....   | <b>43</b>                            |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| <b>44</b>   | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. ....   | <b>44</b>                            |   |                          |                                    |   |   |   |   |  |  |                         |                   |           |  |
| <b>Caution:</b> 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.)

| Calendar year<br>(or fiscal year<br>beginning in) ▶            | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2004  | (b)<br>2003 | (c)<br>2002 | (d)<br>2001 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount .....                     |  |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....   |  |             |             |             |              |
| <b>47</b> Total lobbying expenditures .....                    |  |             |             |             |              |
| <b>48</b> Grassroots non-taxable amount .....                  |  |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) ..... |  |             |             |             |              |
| <b>50</b> Grassroots lobbying expenditures .....               |  |             |             |             |              |

**Part VI-B 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 |
|---|-----|----|--------|
| <b>a</b> Volunteers .....   |     |    |        |
| <b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....  |     |    |        |
| <b>c</b> Media advertisements .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....   |     |    |        |
| <b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....  |     |    |        |

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

BAA

Schedule A (Form 990 or 990-EZ) 2004



**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2004**

Name of organization

RENEWAL HOUSE, INC.

Employer identification number

62-1631055

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

**General Rule –**

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2004)

Employer identification number

62-1631055

**Part I Contributors** (See Specific Instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|---------------|-----------------------------------|-----------------------------------|---|
| 1             |                                   |                                   | Person <input checked="checked" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|               |                                   | \$ 59,906.                        |   |
|               |                                   |                                   |   |
|               |                                   |                                   |   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|               |                                   |                                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |                                   | \$                                |   |
|               |                                   |                                   |   |
|               |                                   |                                   |   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|               |                                   |                                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |                                   | \$                                |   |
|               |                                   |                                   |   |
|               |                                   |                                   |   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|               |                                   |                                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |                                   | \$                                |   |
|               |                                   |                                   |   |
|               |                                   |                                   |   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|               |                                   |                                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |                                   | \$                                |   |
|               |                                   |                                   |   |
|               |                                   |                                   |   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|               |                                   |                                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |                                   | \$                                |   |
|               |                                   |                                   |   |
|               |                                   |                                   |   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution   |
|               |                                   |                                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)                   |
|               |                                   | \$                                |   |
|               |                                   |                                   |   |
|               |                                   |                                   |   |

Employer identification number

62-1631055

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
|                           | N/A  |  |                      |
|                           |  | \$   |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$   |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$   |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$   |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$   |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$   |                      |
|                           |  |  |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$   |                      |
|                           |  |  |                      |

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

RENEWAL HOUSE, INC.

Employer identification number

62-1631055

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year** (Complete cols (a) through (e) and the following line entry.)For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once — see instructions.) ..... \$ N/A

| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift                  | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
|---------------------------|---|--------------------|--|
|                           | N/A                                     |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |
|                           | (e)<br>Transfer of gift                 |                    |  |
|                           | Transferee's name, address, and ZIP + 4 |                    | Relationship of transferor to transferee |
|                           |   |                    |  |
|                           |   |                    |  |
|                           |   |                    |  |

BAA



RENEWAL HOUSE, INC.

62-1631055

**STATEMENT 1**  
**FORM 990, PART I, LINE 8**  
**NET GAIN (LOSS) FROM NONINVENTORY SALES**

NONPUBLICLY TRADED SECURITIES

DESCRIPTION: MATURITY OF CDS  
 DATE ACQUIRED: VARIOUS  
 HOW ACQUIRED: PURCHASED  
 DATE SOLD: VARIOUS  
 TO WHOM SOLD:  
 GROSS SALES PRICE: 540,000.  
 COST OR OTHER BASIS: 540,000.

GAIN (LOSS) 0.

TOTAL GAIN (LOSS) NONPUBLICLY TRADED SECURITIES \$ 0.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 0.

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

| <u>SPECIAL EVENTS</u> | <u>GROSS RECEIPTS</u> | <u>LESS CONTRI-<br/>BUTIONS</u> | <u>GROSS REVENUE</u> | <u>LESS DIRECT<br/>EXPENSES</u> | <u>NET<br/>INCOME<br/>(LOSS)</u> |
|-----------------------|-----------------------|---------------------------------|----------------------|---------------------------------|----------------------------------|
| A WOMEN THANKSGIVING  | 73,510.               | 0.                              | 73,510.              | 21,149.                         | 52,361.                          |
| OTHER                 | 5,000.                | 0.                              | 5,000.               | 1,953.                          | 3,047.                           |
| TOTAL                 | \$ 78,510.            | \$ 0.                           | \$ 78,510.           | \$ 23,102.                      | \$ 55,408.                       |

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

UNREALIZED GAIN ON INVESTMENTS..... \$ 10,019.  
 TOTAL \$ 10,019.

**STATEMENT 4**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

|                        | (A)<br>TOTAL | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUNDRAISING |
|------------------------|--------------|----------------------------|--------------------------------|--------------------|
| COMMUNICATIONS         | 9,165.       | 7,882.                     | 642.                           | 641.               |
| CONSULTING             | 7,358.       | 6,425.                     | 442.                           | 491.               |
| FEES & MEMBERSHIPS     | 1,460.       | 1,460.                     |                                |                    |
| INSURANCE              | 29,769.      | 26,792.                    | 2,382.                         | 595.               |
| MISCELLANEOUS          | 7,532.       | 6,252.                     | 527.                           | 753.               |
| PROGRAM SCHEDULES      | 29,899.      | 28,067.                    | 932.                           | 900.               |
| RECRUITING             | 2,511.       | 2,009.                     | 502.                           |                    |
| SOCIAL ENTREP. VENTURE | 17,456.      | 14,488.                    | 1,222.                         | 1,746.             |

RENEWAL HOUSE, INC.

62-1631055

**STATEMENT 4 (CONTINUED)**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

|                  | (A)                | (B)                 | (C)                     | (D)              |
|------------------|--------------------|---------------------|-------------------------|------------------|
|                  | TOTAL              | PROGRAM<br>SERVICES | MANAGEMENT<br>& GENERAL | FUNDRAISING      |
| TENNCARE BILLING | 1,965.             | 1,631.              | 138.                    | 196.             |
| TRANSPORTATION   | 27,538.            | 27,538.             |                         |                  |
| UTILITIES        | 32,596.            | 31,292.             | 1,304.                  |                  |
| <b>TOTAL</b>     | <b>\$ 167,249.</b> | <b>\$ 153,836.</b>  | <b>\$ 8,091.</b>        | <b>\$ 5,322.</b> |

**STATEMENT 5**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

RESIDENTIAL COMMUNITY FOR MOTHERS AND THEIR CHILDREN AFFECTED BY ADDICTION.

**STATEMENT 6**  
**FORM 990, PART III, LINE A**  
**STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

| DESCRIPTION   | GRANTS AND<br>ALLOCATIONS | PROGRAM<br>SERVICE<br>EXPENSES |
|---|---------------------------|--------------------------------|
| SERVES MOTHERS AND THEIR CHILDREN AFFECTED BY ADDICTION IN ORDER TO HELP MOTHERS LIVE SOBER, SELF SUFFICIENT LIVES. BETWEEN 75 & 100 MOTHERS PLUS THEIR CHILDREN WERE SERVED THIS PERIOD IN BOTH THE RESIDENTIAL AND THE INTENSIVE OUTPATIENT TREATMENT PROGRAMS. |                           | 957,559.                       |
|   | \$ 0.                     | \$ 957,559.                    |

**STATEMENT 7**  
**FORM 990, PART IV, LINE 54**  
**INVESTMENTS - SECURITIES**

| CORPORATE STOCKS                      | VALUATION<br>METHOD | AMOUNT           |
|---------------------------------------|---------------------|------------------|
| 8 SHS MERIWETHER CAPITAL CORP         | COST                | \$ 8,000.        |
|                                       | <b>TOTAL</b>        | <b>\$ 8,000.</b> |
| <b>TOTAL INVESTMENTS - SECURITIES</b> |                     | <b>\$ 8,000.</b> |

RENEWAL HOUSE, INC.

62-1631055

**STATEMENT 8**  
**FORM 990, PART IV, LINE 56**  
**INVESTMENTS - OTHER**

| DESCRIPTION OF INVESTMENT | VALUATION METHOD | BOOK VALUE         |
|---------------------------|------------------|--------------------|
| MUTUAL FUNDS              | MARKET VALUE     | \$ 207,826.        |
| CERTIFICATES OF DEPOSIT   | COST             | 423,410.           |
|                           | TOTAL            | <u>\$ 631,236.</u> |

**STATEMENT 9**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

| CATEGORY               | BASIS                | ACCUM. DEPREC.     | BOOK VALUE         |
|------------------------|----------------------|--------------------|--------------------|
| FURNITURE AND FIXTURES | \$ 171,608.          | \$ 147,024.        | \$ 24,584.         |
| BUILDINGS              | 542,991.             | 166,626.           | 376,365.           |
| IMPROVEMENTS           | 451,050.             | 71,014.            | 380,036.           |
| LAND                   | 203,879.             |                    | 203,879.           |
| TOTAL                  | <u>\$ 1,369,528.</u> | <u>\$ 384,664.</u> | <u>\$ 984,864.</u> |

**STATEMENT 10**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

|          |                  |
|----------|------------------|
| DEPOSITS | \$ 3,375.        |
| TOTAL    | <u>\$ 3,375.</u> |

**STATEMENT 11**  
**FORM 990, PART V**  
**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 |
|--|--|---------------|---------------------------|------------------------|
| THE REV. V. H. DIXON, JR.<br>NASHVILLE, TN | BOARD MEMBER<br>.5                       | \$ 0.         | \$ 0.                     | \$ 0.                  |
| CATHERINE BEEMER<br>NASHVILLE, TN          | BOARD MEMBER<br>.5                       | 0.            | 0.                        | 0.                     |
| DAVID DIAZ-BARRIGA<br>NASHVILLE, TN        | BOARD MEMBER<br>.5                       | 0.            | 0.                        | 0.                     |

RENEWAL HOUSE, INC.

62-1631055

**STATEMENT 11 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| <u>NAME AND ADDRESS</u>                | <u>TITLE AND<br/>AVERAGE HOURS<br/>PER WEEK DEVOTED</u> | <u>COMPEN-<br/>SATION</u> | <u>CONTRI-<br/>BUTION TO<br/>EBP &amp; DC</u> | <u>EXPENSE<br/>ACCOUNT/<br/>OTHER</u> |
|--|---|---------------------------|---|---------------------------------------|
| JOAN CHEEK<br>NASHVILLE, TN            | BOARD MEMBER<br>.5                                      | \$ 0.                     | \$ 0.   | \$ 0.                                 |
| BETH FORTUNE<br>NASHVILLE, TN          | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| JEFFREY KELLAR<br>NASHVILLE, TN        | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| CLAIRE DROWOTA<br>NASHVILLE, TN        | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| CLARE ESCHMANN FISHER<br>NASHVILLE, TN | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| JERRY GARDNER<br>NASHVILLE, TN         | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| GAYLE HOGG<br>NASHVILLE, TN            | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| EMILY JAMES<br>NASHVILLE, TN           | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| MARY LOVENTHAL JONES<br>NASHVILLE, TN  | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| RHEA KINNARD<br>NASHVILLE, TN          | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| BRIAN LAPIDUS<br>NASHVILLE, TN         | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| BOB NEMER<br>NASHVILLE, TN             | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |

RENEWAL HOUSE, INC.

62-1631055

**STATEMENT 11 (CONTINUED)**  
**FORM 990, PART V**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| <u>NAME AND ADDRESS</u>                | <u>TITLE AND<br/>AVERAGE HOURS<br/>PER WEEK DEVOTED</u> | <u>COMPEN-<br/>SATION</u> | <u>CONTRI-<br/>BUTION TO<br/>EBP &amp; DC</u> | <u>EXPENSE<br/>ACCOUNT/<br/>OTHER</u> |
|--|---|---------------------------|---|---------------------------------------|
| DRUSILLA MARTIN<br>NASHVILLE, TN       | TREASURER<br>1  | \$ 0.                     | \$ 0.   | \$ 0.                                 |
| MICHEL MCDONALD, M.D.<br>NASHVILLE, TN | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| JIMMIE PLUMMER<br>NASHVILLE, TN        | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| NATASHA METCALF<br>ANTIOCH, TN         | VICE PRESIDENT<br>1                                     | 0.                        | 0.  | 0.                                    |
| ILENE NEDELMAN<br>NASHVILLE, TN        | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| ELIZABETH PAPEL<br>NASHVILLE, TN       | PRESIDENT<br>1  | 0.                        | 0.  | 0.                                    |
| BONITA PAYNE<br>NASHVILLE, TN          | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| GAYLE RAY<br>NASHVILLE, TN             | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| MIKE SHMERLING<br>NASHVILLE, TN        | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| JIM SHULMAN<br>NASHVILLE, TN           | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| PAUL SCHRAG<br>NASHVILLE, TN           | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |
| BETTIE TEASLEY<br>NASHVILLE, TN        | BOARD MEMBER<br>.5                                      | 0.                        | 0.  | 0.                                    |

RENEWAL HOUSE, INC.

62-1631055

STATEMENT 11 (CONTINUED)  
 FORM 990, PART V  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS                         | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|--|--|-------------------|----------------------------------|------------------------------|
| CRISTIN VIEBRANZ<br>FRANKLIN, TN         | SECRETARY<br>1                                 | \$ 0.             | \$ 0.                            | \$ 0.                        |
| MARSHA ANN WILLIAMS<br>NASHVILLE, TN     | BOARD MEMBER<br>.5                             | 0.                | 0.                               | 0.                           |
| JULIUS WITHERSPOON<br>NASHVILLE, TN      | BOARD MEMBER<br>.5                             | 0.                | 0.                               | 0.                           |
| MARY WALKER<br>NASHVILLE, TN             | BOARD MEMBER<br>.5                             | 0.                | 0.                               | 0.                           |
| JUDE WHITE<br>NASHVILLE, TN              | EXECUTIVE DIREC<br>40                          | 60,000.           | 4,650.                           | 0.                           |
| MARY BETH HEANEY-GARATE<br>NASHVILLE, TN | RESIDENTIAL DIR<br>40                          | 46,000.           | 4,200.                           | 0.                           |
| BETH BOILOTT<br>HERMITAGE, TN            | OUTPATIENT DIR.<br>40                          | 41,500.           | 6,170.                           | 0.                           |
| STEPHANIE FERRELL<br>MT. JULIET, TN      | DEVELOPMENT DIR<br>40                          | 47,000.           | 5,600.                           | 0.                           |
| LISA WASZKIEWICZ<br>NASHVILLE, TN        | ASSISTANT DIR.<br>40                           | 24,000.           | 3,600.                           | 0.                           |
| ALYSSA LEONARD<br>NASHVILLE, TN          | ASSISTANT DIR.<br>40                           | 9,600.            | 400.                             | 0.                           |
| TOTAL                                    |  | \$ 228,100.       | \$ 24,620.                       | \$ 0.                        |

RENEWAL HOUSE, INC.

62-1631055

**STATEMENT 12**  
**FORM 990, PART VIII**  
**RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

| LINE # | EXPLANATION OF ACTIVITIES   |
|--------|---|
| 93A    | RESIDENTIAL FEE INCOME RECEIVED FROM LOW INCOME MOTHERS WHO ARE CURRENTLY ENROLLED IN THE RESIDENTIAL PROGRAM AND ARE LIVING IN THE ENTITY'S RESIDENTIAL APARTMENTS. THE FEES ARE MEANT TO HELP ENCOURAGE FINANCIAL RESPONSIBILITY BY TEACHING THE ELEMENTS OF HOUSEHOLD BUDGETING. |
| 93B    | RENTAL INCOME RECEIVED BY LOW INCOME RESIDENTS WHO LIVE IN THE AFFORDABLE HOUSING COMMUNITY AND HAVE GRADUATED FROM THE RESIDENTIAL PROGRAM. THE AFFORDABLE HOUSING COMMUNITY PROVIDES A STRONG ALCOHOL AND DRUG FREE ENVIROMENT FOR THESE RESIDENTS.                               |
| 93C    | PAYMENTS RECEIVED FROM TENNCARE FOR PATIENTS WHO ARE PARTICIPATING IN THE INTENSIVE OUTPATIENT TREATMENT PROGRAM WHICH SERVES ADDICTED WOMEN IN POVERTY.  |

**STATEMENT 13**  
**SCHEDULE A, PART IV-A, LINE 22**  
**OTHER INCOME**

| DESCRIPTION   | (A) 2003  | (B) 2002 | (C) 2001 | (D) 2000 | (E) TOTAL |
|---------------|-----------|----------|----------|----------|-----------|
| MISCELLANEOUS | \$ 4,391. | \$ 0.    | \$ 0.    | \$ 0.    | \$ 4,391. |
| TOTAL         | \$ 4,391. | \$ 0.    | \$ 0.    | \$ 0.    | \$ 4,391. |