

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2003Open to Public
Inspection**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**NASHVILLE CARES**

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

209 TENTH AVENUE SOUTH, SUITE 160

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37203**D** Employer identification number**62-1274532****E** Telephone number**(615) 259-4866****F** Accounting method☐ Cash☒ Accrual

Other (specify) ▶

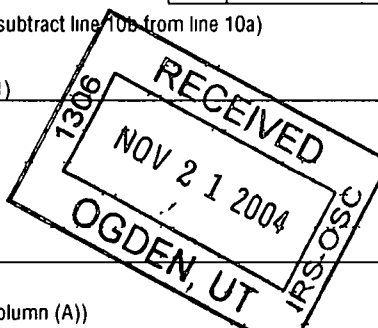
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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? **N/A** ☐ Yes ☐ No

(If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website: **WWW.NASHVILLECARES.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,805,075.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	827,214.		
	b	Indirect public support	1b	25,075.		
	c	Government contributions (grants)	1c	3,917,830.		
	d	Total (add lines 1a through 1c) (cash \$ 4,770,119. noncash \$)	1d	4,770,119.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	34,004.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	952.		
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	7	Other investment income (describe ▶)	7			
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ 358,283. of contributions reported on line 1a)	9a				
b	Less direct expenses other than fundraising expenses	9b	79,261.			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<79,261.>			
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,725,814.			
Net Assets	13	Program services (from line 44, column (B))	13	4,289,211.		
	14	Management and general (from line 44, column (C))	14	159,496.		
	15	Fundraising (from line 44, column (D))	15	268,894.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	4,717,601.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	8,213.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	513,146.		
	20	Other changes in net assets or fund balances (attach explanation)	20	2,363.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	523,722.		



SEE STATEMENT 2

SEE STATEMENT 3

323001
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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.

Page 2

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23	2,378,797.	2,378,797.	STATEMENT 8
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	70,191.	58,755.	3,388.
26	Other salaries and wages	26	1,486,723.	1,244,504.	71,750.
27	Pension plan contributions	27			
28	Other employee benefits	28	198,070.	166,849.	9,157.
29	Payroll taxes	29	127,947.	107,777.	5,917.
30	Professional fundraising fees	30			
31	Accounting fees	31	9,850.	8,764.	155.
32	Legal fees	32			
33	Supplies	33	31,371.	26,345.	1,994.
34	Telephone	34	30,826.	28,211.	354.
35	Postage and shipping	35	14,456.	8,705.	720.
36	Occupancy	36	163,025.	135,661.	11,495.
37	Equipment rental and maintenance	37	6,555.	1,521.	4,874.
38	Printing and publications	38	35,382.	15,215.	1,883.
39	Travel	39	32,567.	32,269.	144.
40	Conferences, conventions, and meetings	40	17,284.	13,045.	4,135.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	38,388.	33,266.	1,358.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 4	43e	76,169.	29,527.	42,172.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,717,601.	4,289,211.	159,496.
					268,894.

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

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

a SEE STATEMENT 6

(Grants and allocations \$	1,787,927.
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b EDUCATIONAL SERVICES: PROMOTES HIV/AIDS PREVENTION EDUCATION AND AWARENESS TO VARIOUS POPULATIONS AND TARGET GROUPS THROUGHOUT 13 COUNTIES OF NORTHERN MIDDLE TENNESSEE.

(Grants and allocations \$)	386,963.
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c VOLUNTEER SERVICES: RECRUITS, TRAINS, INTERVIEWS, AND PLACES VOLUNTEERS WITHIN THE VARIOUS DEPARTMENTS OF THE AGENCY. THERE ARE CURRENTLY MORE THAN 450 VOLUNTEERS THAT WORK IN ALL AREAS OF THE AGENCY. (Grants and allocations \$

(Grants and allocations \$)	80,322.
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d SEE STATEMENT 7

(Grants and allocations \$	2,033,999.
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e Other program services (attach schedule)

(Grants and allocations \$

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

► 4,289,211.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	9,493.	45	47,857.
	46 Savings and temporary cash investments	6,606.	46	1,873.
	47 a Accounts receivable	47a 17,902.		
	b Less: allowance for doubtful accounts	47b	15,916.	47c 17,902.
	48 a Pledges receivable	48a 220,155.		
	b Less: allowance for doubtful accounts	48b	268,924.	48c 220,155.
	49 Grants receivable	246,456.	49	283,819.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	24,932.	53	24,241.
	54 Investments - securities	Cost FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 508,307.			
b Less: accumulated depreciation	57b 419,574.	109,444.	57c 88,733.	
58 Other assets (describe SEE STATEMENT 9)	11,505.	58	13,288.	
59 Total assets (add lines 45 through 58) (must equal line 74)	693,276.	59	697,868.	
Liabilities	60 Accounts payable and accrued expenses	142,500.	60	124,146.
	61 Grants payable		61	
	62 Deferred revenue	37,630.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 10)		65	50,000.
66 Total liabilities (add lines 60 through 65)	180,130.	66	174,146.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	244,861.	67	303,544.
	68 Temporarily restricted	268,285.	68	220,178.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	513,146.	73	523,722.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	693,276.	74	697,868.	


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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Total revenue, gains, and other support per audited financial statements		Total expenses and losses per audited financial statements	
a	4,807,438.	a	4,796,862.
b		b	
(1) Net unrealized gains on investments	\$ 2,363.	(1) Donated services and use of facilities	\$
(2) Donated services and use of facilities	\$	(2) Prior year adjustments reported on line 20, Form 990	\$
(3) Recoveries of prior year grants	\$	(3) Losses reported on line 20, Form 990	\$
(4) Other (specify)		(4) Other (specify)	
STMT 11	\$ 79,261.	STMT 12	\$ 79,261.
Add amounts on lines (1) through (4)	b 81,624.	Add amounts on lines (1) through (4)	b 79,261.
c	4,725,814.	c	4,717,601.
d		d	
(1) Investment expenses not included on line 6b, Form 990	\$	(1) Investment expenses not included on line 6b, Form 990	\$
(2) Other (specify)	\$	(2) Other (specify)	\$
Add amounts on lines (1) and (2)	d 0.	Add amounts on lines (1) and (2)	d 0.
e	4,725,814.	e	4,717,601.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)
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[illegible]

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? If "Yes," attach schedule  ☐ Yes ☒ No

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a List the states with which a copy of this return is filed TENNESSEE		
b Number of employees employed in the pay period that includes March 12, 2003 90b 58		
91 The books are in care of ROBERT ADAMS Telephone no 615-259-4866		

Located at **209 TENTH AVE S. #160, NASHVILLE, TN**ZIP + 4 **37203**

92 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 **92** N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM FEES					34,004.
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	952.	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					<79,261.>
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		952.	<45,257.>
105 Total (add line 104, columns (B), (D), and (E))					<44,305.>

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	INCOME FROM PROGRAMS WHICH PROVIDE SUPPORT & EDUCATION FOR HIV/AIDS INFECTED/AFFECTED INDIVIDUALS.

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

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

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

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

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

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

Please Under penalties of perjury, I declare that I have prepared 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.

Date 11-15-04 Robert Adams, Dir of Finance

Date 11/10/04 Check if self-employed ☒ Preparer's SSN or PTIN

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

2003

Name of the organization

NASHVILLE CARES

Employer identification number

62 1274532

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
ROBERT ADAMS ----- 209 10TH AVE S, STE 160 NASHVILLE, TN45	DIR OF FIN	53,704.	4,410.	

Total number of other employees paid over \$50,000	0			

Part II 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	0	

Part III Statements About Activities (See page 2 of the 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 **\$** _____ **\$** 19,499. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) **VI-B, LINE I**

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

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a 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.)
b Do you have a section 403(b) annuity plan for your employees?

3a X

3b X

- 4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 X

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.)
- 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 page 5 of the 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 page 6 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2003

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.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3,549,887.	2,643,168.	2,555,156.	2,050,526.	10,798,737.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	11,663.	31,013.	470,129.	453,399.	966,204.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	348.	3,778.	10,743.	8,583.	23,452.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	3,561,898.	2,677,959.	3,036,028.	2,512,508.	11,788,393.
24 Line 23 minus line 17	3,550,235.	2,646,946.	2,565,899.	2,059,109.	10,822,189.
25 Enter 1% of line 23	35,619.	26,780.	30,360.	25,125.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 216,444.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 377,707.
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶					26c 10,822,189.
d Add: Amounts from column (e) for lines 18 <u>23,452.</u> 19 <u> </u> 22 <u> </u> 26b <u>377,707.</u> ▶					26d 401,159.
e Public support (line 26c minus line 26d total) ▶					26e 10,421,030.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 96.2932%
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 N/A	(2002)	(2001)	(2000)	(1999)	
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 N/A	(2002)	(2001)	(2000)	(1999)	
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u> ▶					27c N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u> ▶					27d N/A
e Public support (line 27c total minus line 27d total) ▶					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
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32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2003

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		
38 Total lobbying expenditures (add lines 36 and 37)		
39 Other exempt purpose expenditures		
40 Total exempt purpose expenditures (add lines 38 and 39)		
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

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

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

Yes	No	Amount
	X	
X		
	X	
	X	
	X	
X		10,500.
X		84.
X		8,915.
		19,499.

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

SEE STATEMENT 13

	Yes	No
51a(i)	X	
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

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FOOTNOTES

STATEMENT 1

PROPERTY AND EQUIPMENT ARE STATED AT ACQUISITION COST, OR ESTIMATED FAIR MARKET VALUE IF DONATED, LESS ACCUMULATED DEPRECIATION. DEPRECIATION IS COMPUTED ON THE STRAIGHT LINE METHOD OVER AN ESTIMATED USEFUL LIFE OF FIVE YEARS.

PROPERTY AND EQUIPMENT CONSIST OF THE FOLLOWING
AT THE END OF THIS FILING YEAR:

LEASEHOLD IMPROVEMENTS	261,375.
FURNITURE AND EQUIPMENT	246,932.
	<hr/>
TOTAL COST/BASIS	508,307.
LESS: ACCUMULATED DEPRECIATION	<419,574.>
	<hr/>
TOTAL	88,733.
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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ARTRAGEOUS	123,536.	123,536.		7,299.	<7,299.>
WALK	118,702.	118,702.		33,419.	<33,419.>
HIKE FOR HIV	6,971.	6,971.		4,511.	<4,511.>
NIGHT IN WHITE/ZOOTOPIA	62,040.	62,040.		25,866.	<25,866.>
CARES CLASSIC	498.	498.		0.	0.
DINING OUT FOR LIFE	41,704.	41,704.		8,148.	<8,148.>
MISCELLANEOUS	4,832.	4,832.		18.	<18.>
TO FM 990, PART I, LINE 9	358,283.	358,283.		79,261.	<79,261.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
CHANGE IN VALUE OF INTEREST IN AGENCY ENDOWMENT FUND	2,363.
TOTAL TO FORM 990, PART I, LINE 20	2,363.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	20,629.	8,421.	9,513.	2,695.
MEMBERSHIPS & SUBSCRIPTIONS	11,345.	140.	11,190.	15.
INSURANCE	11,524.	10,766.	189.	569.
ADVERTISING	756.		756.	
LICENSURE & PERMITS	2,718.	1,485.	908.	325.
MISCELLANEOUS	5,396.		5,396.	
SPACE RENTAL	1,200.	1,200.		
BANK FEES	13,799.		13,799.	
PARTICIPATION FEES	260.	260.		
CONTRACTS	8,542.	7,255.	421.	866.
TOTAL TO FM 990, LN 43	76,169.	29,527.	42,172.	4,470.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

THE AGENCY SERVES NORTHERN MIDDLE TENNESSEE BY PROVIDING PRACTICAL, FINANCIAL MATERIAL AND EMOTIONAL SUPPORT SERVICES TO PERSONS LIVING WITH AIDS OR HIV INFECTION AND TO THOSE PERSONS' FAMILIES AND LOVED ONES. THE AGENCY EDUCATES AND INFORMS THE GENERAL PUBLIC BY PROVIDING THE MOST CURRENT MEDICAL AND SCIENTIFIC INFORMATION ABOUT AIDS/HIV INFECTION AND RISK REDUCTION PRACTICES.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE ONE

CLIENT SERVICES: PROVIDES SOCIAL SERVICES TO MEET EMOTIONAL, FINANCIAL, MATERIAL, AND PRACTICAL SUPPORT NEEDS OF HIV/AIDS INFECTED/AFFECTED INDIVIDUALS AND THEIR FAMILIES LIVING IN 13 COUNTIES OF MIDDLE TENNESSEE. ASSISTANCE WAS PROVIDED FOR 1,255 INDIVIDUALS.

TO FORM 990, PART III, LINE A

GRANTSEXPENSES1,787,927.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
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DESCRIPTION OF PROGRAM SERVICE FOUR

DENTAL AND INSURANCE ASSISTANCE: PROVIDES FINANCIAL ASSISTANCE FOR THE PAYMENT OF DENTAL CARE, MEDICAL INSURANCE PREMIUMS, AND MEDICAL PRESCRIPTION DEDUCTIBLES AND CO-PAYMENTS OF PERSONS WITH HIV/AIDS THROUGHOUT A 39 COUNTY AREA IN MIDDLE TENNESSEE AND UPPER CUMBERLAND AND A 3 COUNTY AREA IN SOUTHWEST TENNESSEE. INSURANCE SERVICES WERE PROVIDED FOR 499 INDIVIDUALS. DENTAL SERVICES WERE PROVIDED FOR 467 INDIVIDUALS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		2,033,999.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	8
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DESCRIPTION	AMOUNT
CASE MANAGEMENT SERVICES	465,960.
EMOTIONAL AND PRACTICAL SUPPORT SERVICES	154,968.
EDUCATIONAL SERVICES	13,226.
DENTAL AND INSURANCE ASSISTANCE	1,744,643.
TOTAL TO FORM 990, PART II, LINE 23	2,378,797.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
INTEREST IN AGENCY ENDOWMENT FUND	13,288.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	13,288.

FORM 990	OTHER LIABILITIES	STATEMENT 10
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DESCRIPTION	AMOUNT
OBLIGATION UNDER LINE OF CREDIT	50,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	50,000.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
DIRECT FUNDRAISING EXPENSES	79,261.
TOTAL TO FORM 990, PART IV-A	79,261.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
DIRECT FUNDRAISING EXPENSES	79,261.
TOTAL TO FORM 990, PART IV-B	79,261.

SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT 13
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NASHVILLE CARES IS A DUES PAYING MEMBER OF AIDS ACTION COUNCIL, A 501(C)(4) ORGANIZATION HEADQUARTERED IN WASHINGTON, DC THAT CONDUCTS LOBBYING ACTIVITIES ON BEHALF OF INDIVIDUALS ACROSS THE COUNTRY LIVING WITH HIV/AIDS. DUES PAID FOR THE CURRENT FISCAL YEAR TOTAL \$10,000. JOSEPH INTERRANTE, EXECUTIVE DIRECTOR OF NASHVILLE CARES, IS A MEMBER OF THE AAC'S BOARD OF DIRECTORS. NASHVILLE CARES IS A DUES PAYING MEMBER OF THE SOUTHERN AIDS COALITION. COLLABORATIVE SOLUTIONS INC. IS THE FISCAL AGENT OF THE SOUTHERN AIDS COALITION. COLLABORATIVE SOLUTIONS INC IS A 501(C)(3) ORGANIZATION HEADQUARTERED IN BIRMINGHAM, ALABAMA. JOSEPH INTERRANTE SERVES ON THE STEERING COMMITTEE AND IS ON THE EXECUTIVE COMMITTEE AS THE CHAIR OF PUBLIC POLICY. COSTS INCURRED FOR TRAVEL, ACCOMODATIONS, PHONE CALLS, AND AN ALLOCATION OF SALARY (140 HOURS) FOR AAC AND SAC MEETINGS DURING THE CURRENT FISCAL YEAR TOTAL \$8,915. NASHVILLE CARES CONTACTED TN SENATOR BILL FRIST AND OTHER LEGISLATORS DIRECTLY VIA TELEPHONE DURING THE CURRENT FISCAL YEAR AT A COST OF \$84. TOTAL LOBBYING EXPENDITURES FOR THE YEAR ARE \$19,499.

Board Member Contact Information

(Please indicate principle officers with a *)

1	Name: Peggy Andrews Employer: N/A	Address: 4308 Harding Place Email: peggyandrews@comcast.net	City: Nashville Telephone: 615-665-3381	Zip: 37205 Term: 2002-04
2	Name: Iris Buhl Employer: N/A	Address: 3505 Belmont Boulevard Email: ibuhl@comcast.net	City: Nashville Telephone: 615-297-3191	Zip: 37215 Term: 2003-05
3	Name: Anne Carr* Employer: Smith, Johnson & Carr	Address: 611 Commerce Street, Ste. 3000 Email: anne@sjc.cc	City: Nashville Telephone: 615-255-2643	Zip: 37203 Term: 2002-04
4	Name: Roger Cunningham Employer: White, Thompson, Cunningham & Regen	Address: 1808 Patterson Street Email: roger@imageiii.com	City: Nashville Telephone: 615-321-1033	Zip: 37203 Term: 2004-06
5	Name: Sameul Felker Employer: Bass, Berry & Sims, PLC	Address: 315 Deaderick Street, Ste. 2700 Email: sfelker@bassberry.com	City: Nashville Telephone: 615-742-6219	Zip: 37238 Term: 2003-05
6	Name: Elizabeth Fox Employer: Corporate Solutions, Inc.	Address: 3812 Whitland Avenue Email: dfox@comcast.net	City: Nashville Telephone: 615-292-8542	Zip: 37205 Term: 2003-05
7	Name: Jon Glassmeyer Employer: ABC Nashville, LLC	Address: 631 Burnett Road Email: jon.glassmeyer@att.net	City: Old Hickory Telephone: 615-847-7400	Zip: 37138 Term: 2004-06
8	Name: Randi Greene Employer: TN General Assembly	Address: War Memorial Building, Rm G16 Email: randi.greene@legislature.state.tn.us	City: Nashville Telephone: 615-741-1146	Zip: 37243 Term: 2004-06
9	Name: Marian F. Harrison Employer: State of Tennessee	Address: 232 Customs House 701 Broadway Email: marian_harrison@tnmb.uscourts.gov	City: Nashville Telephone: 615-736-5589	Zip: 37203 Term: 2003-05
10	Name: Clay Issacs Employer: LUMEN Lamps/Shades	Address: Paddock Place 73 White Bridge Road, Ste. 115 Email: clay@lumenlamps.com	City: Nashville Telephone: 615-356-9596	Zip: 37205 Term: 2004-06
11	Name: Rev. Patrick Kibby Employer: Cathedral of the	Address: 2015 West End Avenue Email: PKibby@aol.com	City: Nashville Telephone: 615-327-2330	Zip: 37203 Term: 2004-06

Incarnation	Address: 214 Second Avenue, North Ste. 103	City: Nashville	Zip: 37201
12 Name: J. Trent Lehman	Email: trent@lehmanescrow.com	Telephone: 615-256-2602	Term: 2003-05
Employer: N/A	Address: 3828 Abbott Martin Road	City: Nashville	Zip: 37215
13 Name: Johnny Ray Mutina*	Email: jrmutina@comcast.net	Telephone: 615-298-1343	Term: 2002-04
Employer: Ostram Sylvania, Inc.	Address: 44 Vantage Way, Ste. 230	City: Nashville	Zip: 37228
14 Name: Cecelia L. Mynatt*	Email: clmynatt@aol.com	Telephone: 615-259-0100	Term: 2003-05
Employer: Center for Non-Profit Management	Address: One Vantage Way, Ste. D-105	City: Nashville	Zip: 37228
15 Name: Suzy Newton	Email: suzynewton@earthlink.net	Telephone: 615-259-3700	Term: 2003-05
Employer: TN Literacy Coalition	Address: 5301 Maryland Way	City: Brentwood	Zip: 37027
16 Name: Kimberly Patterson	Email: kpatterson@comdata.com	Telephone: 615-370-7233	Term: 2002-04
Employer: Comdata	Address: S4322MCN Vanderbilt University	City: Nashville	Zip: 37232-2576
17 Name: D. Brent Polk, MD	Email: d-brent.polk@vanderbilt.edu	Telephone: 615-322-7449	Term: 2003-05
Employer: Vanderbilt University	Address: 706 Church Street, Ste. 600	City: Nashville	Zip: 37203
18 Name: Van G. Pond	Email: ypond@allardarchitects.com	Telephone: 615-345-1010	Term: 2002-04
Employer: Allard Architects, LLC	Address: 3102 West End Avenue, Ste. 500	City: Nashville	Zip: 37203
19 Name: Joe B. Rowland	Email: joe.rowland@ubspw.com	Telephone: 615-750-8172	Term: 2004-06
Employer: UBS Paine Webber	Address: 209 10 th Avenue, South Ste. 400	City: Nashville	Zip: 37203
20 Name: Jasmine Sanders	Email: jasmine.sanders@cumulus.com	Telephone: 615-321-5771	Term: 2004-06
Employer: Cumulus Broadcasting	Address: 211 Commerce Street, Ste. 925	City: Nashville	Zip: 37201
21 Name: Jim Schmidt	Email: jim@bakerdonelsons.com	Telephone: 615-254-3933	Term: 2003-05
Employer: Baker Donelson Public Strategies	Address: 230 4 th Avenue, North	City: Nashville	Zip: 37219
22 Name: Ronnie L. Short*	Email: Ronnie.Short@AGEwards.com	Telephone: 615-244-4000	Term: 2004-06
Employer: A.G. Edwards & Sons	Address: P.O. Box 128228	City: Nashville	Zip: 37212-8228
23 Name: Scott Smith*	Email: scott.a.smith@isdn.net	Telephone: 615-383-4077	Term: 2004-06
Employer: Vanderbilt University	Address: 208 Harpeth View Place	City: Nashville	Zip: 37221
24 Name: LaTonya Turner	Email: lantmar@comcast.net	Telephone: 615-646-5086	Term: 2002-04
Employer: N/A	Address: 315 Deaderick Street, Ste. 2700	City: Nashville	Zip: 37238
25 Name: Leigh Walton	Email: lwalton@bassberry.com	Telephone: 615-742-6201	Term: 2002-04
Employer: Bass, Berry & Sims,			

	PLC				
26	Name: Cynthia Brown Warner	Address: 3612 Westbrook Avenue	City: Nashville	Zip: 37205	
	Employer: N/A	Email: cynthiawarner@comcast.net	Telephone: 615-298-3942	Term: 2002-04	
27	Name: Robin Bicket White	Address: 120 30 th Avenue, North Ste. 1000	City: Nashville	Zip: 37203	
	Employer: Mendez and Gonzales, PLLC	Email: rwhite@imglaw.net	Telephone: 615-846-8000	Term: 2003-05	
28	Name: Jim Williams	Address: 2101 Belmont Boulevard, D-4	City: Nashville	Zip: 37212	
	Employer: N/A	Email: N/A	Telephone: 615-383-3861	Term: 2002-04	
29	Name: Joseph Interrante	Address: 209 10 th Avenue, South Ste. 160	City: Nashville	Zip: 37203	
	Employer: Nashville CARES Executive Director	Email: jinterrante@nashvillecares.org	Telephone: 615-259-4866	Term:	
30	Name:	Address:	City:	Zip:	
	Employer:	Email:	Telephone:	Term:	