

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

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 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 Instructions.

C Name of organization**NASHVILLE CARES**

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

501 BRICK CHURCH PARK DRIVE

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

NASHVILLE, TN 37207**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 ▶**M** Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**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.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,514,913.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received:					
a Direct public support	1a	847,784.			
b Indirect public support	1b	23,356.			
c Government contributions (grants)	1c	4,244,737.			
d Total (add lines 1a through 1c) (cash \$ 5,115,877. noncash \$)	1d			5,115,877.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			159,061.	
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4			624.	
5 Dividends and interest from securities	5				
6 a 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				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
b Less: cost or other basis and sales expenses	8a				
c Gain or (loss) (attach schedule)	8b	12,298.			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	<12,298.>			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 106,230. of contributions reported on line 1a)	9a	239,351.			
b Less: direct expenses other than fundraising expenses	9b	74,148.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 3		165,203.	
10 a 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			5,428,467.	
13 Program services (from line 44, column (B))	13			4,424,277.	
14 Management and general (from line 44, column (C))	14			450,536.	
15 Fundraising (from line 44, column (D))	15			269,284.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17			5,144,097.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			284,370.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			523,722.	
20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4		1,601.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			809,693.	

423001 01-13-05 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2004)

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.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)					
23	Specific assistance to individuals (attach schedule)	2,637,236.	2,637,236.	STATEMENT 9		
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	165,386.	124,040.	24,808.	16,538.	
26	Other salaries and wages	1,412,498.	1,055,138.	204,341.	153,019.	
27	Pension plan contributions					
28	Other employee benefits	208,276.	158,078.	27,752.	22,446.	
29	Payroll taxes	125,806.	95,613.	16,355.	13,838.	
30	Professional fundraising fees					
31	Accounting fees	12,820.		12,820.		
32	Legal fees					
33	Supplies	75,916.	60,500.	9,895.	5,521.	
34	Telephone	32,128.	26,638.	3,251.	2,239.	
35	Postage and shipping	14,194.	9,090.	952.	4,152.	
36	Occupancy	188,255.	128,012.	45,050.	15,193.	
37	Equipment rental and maintenance	5,576.	1,993.	3,358.	225.	
38	Printing and publications	36,616.	13,822.	6,062.	16,732.	
39	Travel	38,942.	37,553.	895.	494.	
40	Conferences, conventions, and meetings	9,826.	3,952.	5,779.	95.	
41	Interest					
42	Depreciation, depletion, etc. (attach schedule)	59,864.	48,149.	6,184.	5,531.	
43	Other expenses not covered above (itemize):					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 5	43e	120,758.	24,463.	83,034.	13,261.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	5,144,097.	4,424,277.	450,536.	269,284.

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 AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 6**

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 7	
	(Grants and allocations \$ _____)	1,676,251.
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 \$ _____)	350,767.
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 \$ _____)	62,250.
d	SEE STATEMENT 8	
	(Grants and allocations \$ _____)	2,335,009.
e	Other program services (attach schedule)	
	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,424,277.

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	47,857.	45	31,339.
	46 Savings and temporary cash investments	1,873.	46	8,032.
	47 a Accounts receivable	47a 27,259.		
	b Less: allowance for doubtful accounts	47b	17,902.	47c 27,259.
	48 a Pledges receivable	48a 202,394.		
	b Less: allowance for doubtful accounts	48b	220,155.	48c 202,394.
	49 Grants receivable	283,819.	49	489,052.
	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	24,241.	53	30,870.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> 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 1,682,777.			
b Less: accumulated depreciation	57b 148,212.	88,733.	57c 1,534,565.	
58 Other assets (describe ► SEE STATEMENT 10)	13,288.	58	56,128.	
59 Total assets (add lines 45 through 58) (must equal line 74)	697,868.	59	2,379,639.	
Liabilities	60 Accounts payable and accrued expenses	124,146.	60	240,013.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 11		64b	1,329,933.
	65 Other liabilities (describe ►)	50,000.	65	
66 Total liabilities (add lines 60 through 65)	174,146.	66	1,569,946.	
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	303,544.	67	583,655.
	68 Temporarily restricted	220,178.	68	226,038.
	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)	523,722.	73	809,693.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	697,868.	74	2,379,639.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	5,504,216.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 1,601.		
(2)	Donated services and use of facilities ... \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): STMT 12 \$ 74,148.		
	Add amounts on lines (1) through (4)	b	75,749.
c	Line a minus line b	c	5,428,467.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 ... \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,428,467.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	5,218,245.
b	Amounts included on line a 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):		
	STMT 13 \$ 74,148.		
	Add amounts on lines (1) through (4)	b	74,148.
c	Line a minus line b	c	5,144,097.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	5,144,097.

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, 2004 90b 61		
91 The books are in care of ROBERT ADAMS Telephone no. 615-259-4866		

Located at 501 BRICK CHURCH PARK DRIVE, NASHVILLE, TN

ZIP + 4 37207

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					66,733.
b CONTRACTED SERVICES					92,328.
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	624.	
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			18	<12,298.>	
101 Net income or (loss) from special events			12	165,203.	
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.		153,529.	159,061.
105 Total (add line 104, columns (B), (D), and (E))					312,590.

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& 93B	INCOME FROM PROGRAMS WHICH PROVIDE SUPPORT, COUNSELING, EDUCATION, AND OTHER HIV/AIDS RELATED SERVICES FOR INDIVIDUALS INFECTED WITH THE DISEASE.

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 Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Type or print name and title: _____

Paid Preparer's Use Only: Preparer's signature: *Phillip J. Carr* Date: 12/20/05 Check if self-employed: ☒ Preparer's SSN or PTIN: _____

Firm's name (for self-employed), address, and ZIP + 4: KRAFTCARE PLLC
555 GREAT CIRCLE ROAD, SUITE 200
NASHVILLE, TN 37228-1310

EIN: _____ Phone no.: (615) 242-7351

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

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
T. ALLEN MORGAN 501 BRICK CHURCH PARK DRIVE, NASHVILLE, TN 37207	DIR OF DEV 50 HRS/WEEK	52,948.	4,675.	
SEAN MULDOON 501 BRICK CHURCH PARK DRIVE, NASHVILLE, TN 37207	DIR OF CS 50 HRS/WEEK	50,944.	376.	
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 **\$** _____ **\$** 28,839. (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.)

3a

X

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

3b

X

- 4 a 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 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 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,743,895.	3,549,887.	2,643,168.	2,555,156.	13,492,106.
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	34,004.	11,663.	31,013.	470,129.	546,809.
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	952.	348.	3,778.	10,743.	15,821.
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	4,778,851.	3,561,898.	2,677,959.	3,036,028.	14,054,736.
24 Line 23 minus line 17	4,744,847.	3,550,235.	2,646,946.	2,565,899.	13,507,927.
25 Enter 1% of line 23	47,789.	35,619.	26,780.	30,360.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 270,159.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 256,492.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 13,507,927.
d Add: Amounts from column (e) for lines: 18 15,821. 19					26d 272,313.
22					26e 13,235,614.
e Public support (line 26c minus line 26d total)					26f 97.9841%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					
(2003)					
(2002)					
(2001)					
(2000)					
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					
(2003)					
(2002)					
(2001)					
(2000)					
c Add: Amounts from column (e) for lines: 15					
17					
20					
21					
d Add: Line 27a total					27c N/A
and line 27b total					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 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

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

Schedule A (Form 990 or 990-EZ) 2004

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 group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 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:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		15,800.
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		140.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		12,899.
i Total lobbying expenditures (Add lines c through h.)			28,839.

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

SEE STATEMENT 14

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

	Yes	No
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

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

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

[illegible]

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:

LAND	257,850.
BUILDING	1,092,150.
BUILDING IMPROVEMENTS	87,609.
LEASEHOLD IMPROVEMENTS	0.
VEHICLES	4,125.
SOFTWARE DEVELOPMENT	37,170.
FURNITURE AND EQUIPMENT	203,873.
	<hr/>
	1,682,777.
LESS ACCUMULATED DEPRECIATION	<148,212.>
	<hr/>
	1,534,565.
	<hr/>

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FURNITURE, EQUIPMENT, & LEASEHOLD IMPROVMENTS	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	343,978.	0.	331,680.	<12,298.>
TO FM 990, PART I, LN 8		343,978.	0.	331,680.	<12,298.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ARTRAGEOUS	95,558.	50,000.	45,558.	5,578.	39,980.
WALK	147,145.	0.	147,145.	36,782.	110,363.
NIGHT IN WHITE/ZOOTOPIA	41,779.	100.	41,679.	23,566.	18,113.
DINING OUT FOR LIFE	48,180.	43,930.	4,250.	8,220.	<3,970.>
MISCELLANEOUS	12,919.	12,200.	719.	2.	717.
TO FM 990, PART I, LINE 9	345,581.	106,230.	239,351.	74,148.	165,203.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
CHANGE IN VALUE OF INTEREST IN AGENCY ENDOWMENT FUND	1,601.
TOTAL TO FORM 990, PART I, LINE 20	1,601.

FORM 990	OTHER EXPENSES			STATEMENT 5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	62,345.	4,140.	47,859.	10,346.
MEMBERSHIPS & SUBSCRIPTIONS	17,835.	1,595.	16,225.	15.
INSURANCE	17,561.	13,227.	3,345.	989.
ADVERTISING	4,145.	1,961.	2,184.	0.
LICENSURE & PERMITS	4,026.	1,830.	1,896.	300.
MISCELLANEOUS	50.	0.	50.	0.
SPACE RENTAL	3,211.	1,600.	0.	1,611.
BANK FEES	11,475.	0.	11,475.	0.
PARTICIPATION FEES	110.	110.	0.	0.
TOTAL TO FM 990, LN 43	120,758.	24,463.	83,034.	13,261.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

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	7
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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 1,325 INDIVIDUALS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,676,251.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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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 522 INDIVIDUALS. DENTAL SERVICES WERE PROVIDED FOR 539 INDIVIDUALS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		2,335,009.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	9
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DESCRIPTION	AMOUNT
CASE MANAGEMENT SERVICES	427,130.
EMOTIONAL AND PRACTICAL SUPPORT SERVICES	134,619.
EDUCATIONAL SERVICES	24,122.
DENTAL AND INSURANCE ASSISTANCE	2,051,365.
TOTAL TO FORM 990, PART II, LINE 23	2,637,236.

FORM 990	OTHER ASSETS	STATEMENT 10
DESCRIPTION		AMOUNT
INTEREST IN AGENCY ENDOWMENT FUND		14,205.
CONTRACTS RECEIVABLE		41,923.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		56,128.

FORM 990	MORTGAGES PAYABLE	STATEMENT 11
DESCRIPTION		BALANCE DUE
BEACON FEDERAL BANK		1,329,933.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		1,329,933.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
DIRECT FUNDRAISING EXPENSES		74,148.
TOTAL TO FORM 990, PART IV-A		74,148.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION		AMOUNT
DIRECT FUNDRAISING EXPENSES		74,148.
TOTAL TO FORM 990, PART IV-B		74,148.

SCHEDULE A	STATEMENT OF LOBBYING ACTIVITIES - PART VI-B	STATEMENT 14
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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 \$15,000. JOSEPH INTERRANTE, EXECUTIVE DIRECTOR OF NASHVILLE CARES, IS A MEMBER OF THE AAC'S BOARD OF DIRECTORS. NASHVILLE CARES PAID DUES OF \$500 AS A 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 \$12,899. NASHVILLE CARES CONTACTED TN SENATOR BILL FRIST AND OTHER LEGISLATORS DIRECTLY VIA TELEPHONE DURING THE CURRENT FISCAL YEAR AT A COST OF \$140. THE NATIONAL AIDS HOUSING COALITION IS A 501(C)(3) HEADQUARTERED IN WASHINGTON, D.C., THAT CONDUCTS LOBBYING ACTIVITIES FOR INDIVIDUALS ACROSS THE UNITED STATES LIVING WITH THE HIV/AIDS VIRUS. NASHVILLE CARES PAID DUES OF \$300 AS A MEMBER OF NAHC. TOTAL LOBBYING EXPENDITURES FOR THE YEAR ARE \$28,840.

Board Member Biographical Information

(Please indicate principal officers with a *)

1	Name: Lee Adams Employer: HCA	Address: 2545 Park Plaza	City: Nashville Telephone: 615-344-8460	Zip: 37203 Term: 2005-07
2	Name: Peggy Andrews* Employer: N/A	Address: 4308 Harding Place	City: Nashville Telephone: 615-665-3381	Zip: 37205 Term: 2002-04
3	Name: Robert Brooks Employer: Classic Printing	Address: 811 Cowan Street	City: Nashville Telephone: 615-255-1883	Zip: 37207 Term: 2005-07
4	Name: Iris Buhl Employer: N/A	Address: 3505 Belmont Boulevard	City: Nashville Telephone: 615-297-3191	Zip: 37215 Term: 2003-05
5	Name: Anne Carr* Employer: Smith, Johnson & Carr	Address: 611 Commerce St. # 3000	City: Nashville Telephone: 615-255-2643	Zip: 37203 Term: 2002-04
6	Name: Waverly D. Crenshaw, Jr. Employer: Waller Lansden Dortch & Davis	Address: 511 Union Street #2700	City: Nashville Telephone: 615-850-8909	Zip: 37219 Term: 2004-06
7	Name: Roger Cunningham Employer: White, Thompson, Cunningham & Regen	Address: 1808 Patterson Street	City: Nashville Telephone: 615-321-1033	Zip: 37203 Term: 2004-06
8	Name: Robert Deal Employer: Bradfords Furniture	Address: 4100 Hillsboro Road	City: Nashville Telephone: 615-297-3541	Zip: 37215 Term: 2005-07
9	Name: Samuel Felker Employer: Bass, Berry & Sims	Address: 315 Deaderick St. # 2700	City: Nashville Telephone: 615-742-6219	Zip: 37238 Term: 2003-05
10	Name: Elizabeth Fox Employer: Corporate Solutions, Inc.	Address: 3812 Whitland Avenue	City: Nashville Telephone: 615-292-8542	Zip: 37205 Term: 2003-05
11	Name: Jon Glassmeyer Employer: ABC Nashville	Address: 631 Burnett Road	City: Old Hickory Telephone: 615-847-7400	Zip: 37138 Term: 2004-06
12	Name: Cherie Hamilton Employer: N/A	Address: 5852 Beauregard Drive	City: Nashville Telephone: 615-665-0375	Zip: 37215 Term: 2005-07
13	Name: Marian F. Harrison Employer: State of Tennessee	Address: 232 Customs House 701 Broadway	City: Nashville Telephone: 615-736-5589	Zip: 37203 Term: 2003-05
14	Melvin I. Hill Employer: Melvin L. Hill, DDS	Address: 2270 Murfreesboro Pike	City: Nashville Telephone: 615-360-7585	Zip: 37217 Term: 2005-07
15	Sharon I. Hill Employer: Melvin L. Hill, DDS	Address: 2270 Murfreesboro Pike	City: Nashville Telephone: 615-360-7585	Zip: 37217 Term: 2005-07
16	Name: Clay Isaacs Employer: LUMEN Lamps.Shades	Address: 73 White Bridge RD # 115	City: Nashville Telephone: 615-356-9596	Zip: 37205 Term: 2004-06

17	Name: Rev. Patrick Kibby Employer: Cathedral of Incarnation	Address: 2015 West End Avenue	City: Nashville Telephone: 615-327-2330	Zip: 37203 Term: 2004-06
18	Name: J. Trent Lehman Employer: N/A	Address: 214 Second Ave. N Ste. 103	City: Nashville Telephone: 615-256-2602	Zip: 37201 Term: 2003-05
19	Name: Johnny Ray Mutina* Employer: Osrarn Sylvania, Inc.	Address: 3828 Abbott Martin Road	City: Nashville Telephone: 615-298-1343	Zip: 37215 Term: 2002-05
20	Name: Cissy Mynatt Employer: Centerstone	Address: P.O. Box 40406	City: Nashville Telephone: 615-463-6671	Zip: 37204 Term: 2003-05
21	Name: Suzy Newton Employer: TN Literacy Coalition	Address: One vantage Way #D-105	City: Nashville Telephone: 615-259-3700	Zip: 37228 Term: 2003-05
22	Name: Kimberly Patterson Employer: Comdata	Address: 5301 Maryland Way	City: Brentwood Telephone: 615-370-7233	Zip: 37027 Term: 2002-04
23	Name: D. Brent Polk, MD Employer: Vanderbilt University	Address: S4322MCN Vanderbilt Univ.	City: Nashville Telephone: 615-322-7449	Zip: 37232-2576 Term: 2003-05
24	Name: Van G. Pond Employer: Allard Architects, LLC	Address: 706 Church ST. # 600	City: Nashville Telephone: 615-345-1010	Zip: 37203 Term: 2002-04
25	Name: Joe B. Rowland Employer: UBS Paine Webber	Address: 3102 West End Ave. # 500	City: Nashville Telephone: 615-750-8172	Zip: 37203 Term: 2004-06
26	Name: Marlene Sanders Employer: Eli Lilly	Address: 3532 Calais Circle	City: Antioch Telephone: 615-491-4939	Zip: 37013 Term: 2004-06
27	Name: Jim Schmidt Employer: Baker Donelson Public Strategies	Address: 211 Commerce St. # 925	City: Nashville Telephone: 615-254-3933	Zip: 37201 Term: 2003-05
28	Name: Wonnice L. Short* Employer: A.G. Edwards & Sons	Address: 230 4 th Ave. N	City: Nashville Telephone: 615-244-4000	Zip: 37219 Term: 2004-06
29	Name: Scott Smith* Employer: Vanderbilt University	Address: 4200 West End Ave. #205	City: Nashville Telephone: 615-383-4077	Zip: 37205 Term: 2004-06
30	Name: LaTonya Turner Employer: N/A	Address: 208 Harpeth View Place	City: Nashville Telephone: 615-646-5086	Zip: 37221 Term: 2002-04
31	Name: Cynthia Brown Warner Employer: N/A	Address: 3612 Westbrook Ave.	City: Nashville Telephone: 615-298-3942	Zip: 37205 Term: 2002-04
32	Name: Robin Bicket White Employer: Mendez and Gonzales	Address: 120 30 th Ave. N # 1000	City: Nashville Telephone: 615-846-8000	Zip: 37203 Term: 2003-05
	Name:	Address:	City:	Zip:
	Employer:	Email:	Telephone:	Term:

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
	NASHVILLE CARES	62-1274532
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 BRICK CHURCH PARK DRIVE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37207	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **ROBERT ADAMS**
Telephone No. ► **615-259-4866** FAX No. ► _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ☐ calendar year _____ or
 - ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 - If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
 - Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.