

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2003

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning 07-01, 2003, and ending 06-30, 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
DOWN SYNDROME ASSOC. OF MIDDLE TENN

Number and street (or P O box if mail is not delivered to street address) Room/suite
111 N WILSON BLVD

City or town, state or country, and ZIP + 4
NASHVILLE, TN 37205

D Employer identification number
62-1664176

E Telephone number
(615) 345-0711

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? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶

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.**

I Group Exemption Number 47/A

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

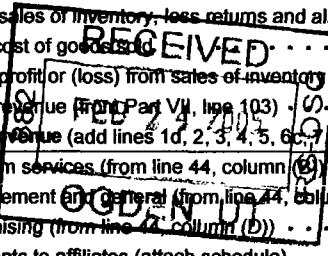
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **915,391**

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	339,976		
b Indirect public support	1b			
c Government contributions (grants)	1c	63,758		
d Total (add lines 1a through 1c) (cash \$ <u>178,734</u> noncash \$ <u>225,000</u>)	1d			403,734
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			487,675
3 Membership dues and assessments	3			345
4 Interest on savings and temporary cash investments	4			25
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	(B) Other	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 \$ <u>7,000</u> of contributions reported on line 1a)	9a	23,612		
b Less direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			23,612
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			915,391
13 Program services (from line 44, column (B))	13			695,395
14 Management and general (from line 44, column (C))	14			14,377
15 Fundraising (from line 44, column (D))	15			1,429
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17			711,201
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			204,190
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			6,133
20 Other changes in net assets or fund balances (attach explanation)	20			(17,079)
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			193,244

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAR 14 2005



Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

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			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26 430,418	425,388	4,527	503
27	Pension plan contributions	27			
28	Other employee benefits	28 20,248	20,248		
29	Payroll taxes	29 40,867	40,483	346	38
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 32,725	31,611	1,114	
34	Telephone	34 12,803	11,801	902	100
35	Postage and shipping	35 730	730		
36	Occupancy	36 35,556	34,766	711	79
37	Equipment rental and maintenance	37 3,889	3,519	370	
38	Printing and publications	38 2,116	2,116		
39	Travel	39 11,021	11,021		
40	Conferences, conventions, and meetings	40 18,968	18,866	102	
41	Interest	41 3,018	3,018		
42	Depreciation, depletion, etc (attach schedule)	42 3,476	3,476		
43	Other expenses not covered above (itemize) a OTHER	43a 4,932	2,030	2,339	563
b	CONSTRUCTION COSTS	43b 24,858	24,858		
c	LICENSES	43c 1,520	1,520		
d	INSURANCE	43d 34,516	33,054	1,316	146
e	PROFESSIONAL SERVICES	43e 29,540	26,890	2,650	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 711,201	695,395	14,377	1,429

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? DOWN SYNDROME TRAIN/SUPPORT	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a SUPPORT MEETINGS, CAMPS, EDUCATIONAL MATERIALS FOR INDIVIDUALS AND FAMILIES WITH DOWN SYNDROME. PUBLIC EDUCATION AND AWARENESS OF DS AND ITS EFFECTS. (Grants and allocations \$ _____)	55,487
b SUPPORTED LIVING PROGRAM TO ASSIST INDIVIDUALS WITH DOWN SYNDROME WITH LIVING IN AN APARTMENT (Grants and allocations \$ _____)	596,633
c HOME OWNERSHIP PROGRAM TO ASSIST HANDICAPPED INDIVIDUALS WITH OWNING A HOME (Grants and allocations \$ _____)	43,275
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	695,395

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

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
A s s e t s	45 Cash - non-interest-bearing	34,254	45	49,169
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	4,848
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments - other (attach schedule)		56	
	57 a Land, buildings, and equipment: basis	18,586		
	b Less: accumulated depreciation (attach schedule)	5,252		
	58 Other assets (describe SEE STATEMENT 58)	16,809	57c	13,334
		3,445	58	225,000
	59 Total assets (add lines 45 through 58) (must equal line 74)	54,508	59	292,351
L i a b i l i t i e s	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	15,152
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	40,000	64b	72,040
	65 Other liabilities (describe PAYROLL TAX)	8,377	65	11,915
	66 Total liabilities (add lines 60 through 65)	48,377	66	99,107
N e t A s s e t s o f	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	(16,746)	67	167,249
	68 Temporarily restricted	22,879	68	25,995
	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)	6,133	73	193,244
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	54,510	74	292,351

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 (See page 27 of the instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements . . . ▶	a 1,056,720	a Total expenses and losses per audited financial statements ▶	a 714,251
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments . . \$ _____		(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):	
<u>ACCRL BASIS</u>		<u>ACCRL BASIS</u>	
\$ 211,676		\$ 9,309	
Add amounts on lines (1) through (4) . ▶	b 211,676	Add amounts on lines (1) through (4) . ▶	b 9,309
c Line a minus line b ▶	c 845,044	c Line a minus line b ▶	c 704,942
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(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):	
<u>PRIOR CASH</u>		<u>PRIOR CASH</u>	
\$ 70,347		\$ 6,259	
Add amounts on lines (1) and (2) . . . ▶	d 70,347	Add amounts on lines (1) and (2) . . . ▶	d 6,259
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 915,391	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 711,201

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TERRI EDMONDSON	PRESIDENT			
THOMPSON STATION, TN	5	0	0	0
JEANNE ROSE	VICE PRES.			
ASHLAND CITY, TN	5	0	0	0
ANDY SWANSON	TREASURER			
FRANKLIN, TN	5	0	0	0
LAURA MAUPIN	DIRECTOR			
NASHVILLE, TN	5	0	0	0
KATHY BRIM	SECRETARY			
BRENTWOOD, TN	5	0	0	0
JOHN SPOONER	DIRECTOR			
NASHVILLE, TN	5	0	0	0
ROXANNE CARREON	DIRECTOR			
NASHVILLE, TN	5	0	0	0
ROMNEY CROFT	DIRECTOR			
BRENTWOOD, TN	5	0	0	0
IRENE BIBLE	DIRECTOR			
LEBANON, TN	5	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If "Yes," attach schedule - see page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
78b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions		
81b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
82a	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	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?		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a	Gross receipts, included on line 12, for public use of club facilities		
86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b			
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		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
89b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> TENNESSEE		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		32
91	The books are in care of <input checked="" type="checkbox"/> SHEILA MOORE Telephone no <input checked="" type="checkbox"/> 615-386-9002 Located at <input checked="" type="checkbox"/> SAME ZIP + 4 <input type="checkbox"/>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a CIRCLE OF FRIENDS EVENT					6,696
b HOME OWNERSHIP PROGRAM					13,021
c SUMMER LEARNING ACADEMY					29,931
d SUPPORTED LIVING SERVICE					1,114
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					436,913
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	25	
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					
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))				25	487,675
105 Total (add line 104, columns (B), (D), and (E))					487,700

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

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	FEEES COLLECTED FOR SUPPORT GROUP EVENTS
93B	SALE OF HOME FOR HOMEOWNERSHIP FOR DISABLED PERSON
93C	FEEES COLLECTED FOR SUPPORT AND EDUCATIONAL EVENTS
93DG	FEEES FOR SUPPORTED LIVING SERVICES

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	%			
	%			
	%			
	%			

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)

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

Please

Shirley J. Mason

2-14-05
Date

Executive Director

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

DOWN SYNDROME ASSOC. OF MIDDLE TENN

62-1664176

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
NONE				
Total number of other employees paid over \$50,000 ▶				

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 ▶		

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 ▶\$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) 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.	1	X
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)?	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 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 0B
- 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.)

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.) . . .	110,701	91,766	95,942	32,421	330,830
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					
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 . . .	166	662	263	13	1,104
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	110,867	92,428	96,205	32,434	331,934
24 Line 23 minus line 17	110,867	92,428	96,205	32,434	331,934
25 Enter 1% of line 23	1,109	924	962	324	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 6,639
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 43,055
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶					26c 331,934
d Add Amounts from column (e) for lines: 18 <u>1,104</u> 19 _____ 22 _____ 26b <u>43,055</u> ▶					26d 44,159
e Public support (line 26c minus line 26d total) ▶					26e 287,775
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 86.70%
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. (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 (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add. Line 27a total . . _____ and line 27b total . . _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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.					

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

2003 Attachment Sequence No. 67

Name(s) shown on return: DOWN SYNDROME ASSOC. OF MIDDLE T Business or activity to which this form relates: PROGRAM SERVICES - 1 Identifying number: 62-1664176

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election. Line 1: \$100,000; Line 2: Total cost; Line 3: \$400,000; Line 4: Reduction in limitation; Line 5: Dollar limitation.

Table with 13 rows for Section 179 election continuation. Includes columns for description, cost, and elected cost. Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover of disallowed deduction; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover of disallowed deduction to 2004.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Deduction Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for Special Deduction Allowance. Line 14: Special depreciation allowance; Line 15: Property subject to section 168(f)(1) election; Line 16: Other depreciation (including ACRS) totaling 3,476.

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

Table with 2 rows for MACRS deductions. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2003; Line 18: If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year and 40-year class life.

Part IV Summary (See page 6 of the instructions)

Table with 3 rows for Summary. Line 21: Listed property; Line 22: Total amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21, totaling 3,476; Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

PART VI LINE 76 NEW ACTIVITY

2003
STM 01
PG01

Name(s) shown on return

DOWN SYNDROME ASSOC. OF MIDDLE TENN

Identifying Number

62-1664176

IN 2002 THE ORGANIZATION RECEIVED A SMALL GRANT FROM THE STATE OF TN COUNCIL ON DEVELOPMENTAL DISABILITIES TO ASSIST THEM IN PROMOTING AFFORDABLE HOUSING AND HOME-OWNERSHIP FOR PERSONS WITH DOWN SYNDROME AND OTHER COGNITIVE DISABILITIES. IN 2003 THE ORGANIZATION RECEIVED A GRANT TO BUILD A HOME FOR PERSONS WITH A COGNITIVE DISABILITY WHO WANTED TO OWN THEIR OWN HOME. THE FIRST HOME WAS COMPLETED IN 2004. THIS ACTIVITY REMAINS CONSISTANT WITH MISSION OF ENHANCING QUALITY OF LIFE THROUGHOUT THE LIFESPAN OF INDIVIDUALS WITH DOWN SYNDROME BY PROVIDING SUPPORT, EDUCATION AND INFORMATION TO THOSE INDIVIDUALS, THEIR FAMILIES AND THE COMMUNITIES THAT MAKE UP THE MIDDLE TENNESSEE AREA.

Depreciation Detail Listing

PROGRAM SERVICES - 1
For your records only

2008 PAGE 1

Names(s) as shown on return

DOWN SYNDROME ASSOC. OF MIDDLE TENN

Social security number/EIN

62-1664176

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current					
1	COMPUTER AND EQUIPMEN	20010901	2,521		100.00		2,521	7	SL	14.286	360	900			360					
2	FILE CABINET & BOOK S	20030422	220		100.00		220	7	SL	14.286	31	35			31					
3	CHAIRS AND LETTER FIL	20030512	370		100.00		370	7	SL	14.286	53	60			53					
4	FILING CABINET	20030520	130		100.00		130	7	SL	14.286	19	21			19					
5	RECEPTION CHAIRS	20030429	194		100.00		194	7	SL	14.286	28	31			28					
6	COMPUTER AND EQUIPMEN	20030626	1,595		100.00		1,595	7	SL	14.286	228	256			228					
7	COMPUTER (2)	20030611	2,536		100.00		2,536	7	SL	14.286	362	407			362					
8	COMPUTER	20030611	1,219		100.00		1,219	7	SL	14.286	174	196			174					
9	DESK	20030430	400		100.00		400	7	SL	14.286	57	64			57					
10	CHAIRS	20030623	2,113		100.00		2,113	7	SL	14.286	302	340			302					
11	FURNITURE PANELS	20030206	2,405		100.00		2,405	7	SL	14.286	344	473			344					
12	OFFICE FURNITURE	20021001	570		100.00		570	7	SL	14.286	81	132			81					
13	LEASEHOLD IMPROVEMENT	20021001	1,236		100.00		1,236	3	SL	33.333	412	670			412					
14	LEASEHOLD IMPROVEMENT	20021006	2,004		100.00		2,004	3	SL	33.333	668	1,086			668					
15	LEASEHOLD IMPROVEMENT	20021021	73		100.00		73	3	SL	33.333	24	39			24					
16	LEASEHOLD IMPROVEMENT	20021022	550		100.00		550	3	SL	33.333	183	298			183					
17	LEASEHOLD IMPROVEMENT	20021105	450		100.00		450	3	SL	33.333	150	244			150					
Totals															18,586	3,476	5,252			3,476

ST 30% ADJ: 3,476

Name as shown on Return

Employer identification number

DOWN SYNDROME ASSOC. OF MIDDLE TENN62-1664176

-----PART I LINE 20 OTHER CHANGES IN NET ASSETS-----

Description	Amount
TO ADJUST FOR AMOUNT IN PRIOR YEAR TREATED AS RESTRICTED INCOME THAT SHOULD HAVE BEEN TREATED AS DEFERRED REVENUE	(17,079)
Total	(17,079)