

Return of Organization Exempt From Income Tax

2003

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2003 calendar year, or tax year beginning JUL 1, 2003 and ending JUN 30, 2004

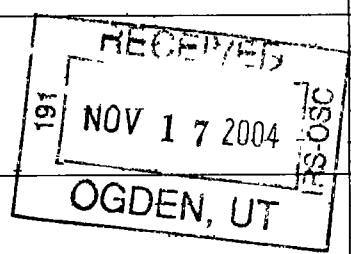
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: RIVERFRONT DEVELOPMENT CORPORATION. D Employer identification number: 62-1811726. E Telephone number: 901-312-9190. F Accounting method: Accrual.

G Website: WWW.MEMPHISRIVERFRONT.COM. J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 5,205,676.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 5,205,676.

Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents; 6 b Less rental expenses; 6 c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; 8 b Less cost or other basis and sales expenses; 8 c Gain or (loss); 8 d Net gain or (loss); 9 Special events and activities; 9 a Gross revenue; 9 b Less direct expenses other than fundraising expenses; 9 c Net income or (loss); 10 a Gross sales of inventory, less returns and allowances; 10 b Less cost of goods sold; 10 c Gross profit or (loss); 10 d Other revenue; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



DECO 1 '04 SCANNED

**Part II**

**Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	176,609.	0.	176,609.	0.
26	Other salaries and wages	1,588,858.	1,371,898.	216,960.	
27	Pension plan contributions	61,646.	47,531.	14,115.	
28	Other employee benefits	153,461.	147,031.	6,430.	
29	Payroll taxes	142,013.	116,360.	25,653.	
30	Professional fundraising fees				
31	Accounting fees	17,413.	11,169.	6,244.	
32	Legal fees	44,487.	29,400.	15,087.	
33	Supplies	233,639.	215,693.	17,946.	
34	Telephone	51,574.	35,911.	15,663.	
35	Postage and shipping	7,515.	4,484.	3,031.	
36	Occupancy				
37	Equipment rental and maintenance	165,651.	157,830.	7,821.	
38	Printing and publications	12,141.	11,920.	221.	
39	Travel	38,330.	26,367.	11,963.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	28,647.		28,647.	
43	Other expenses not covered above (itemize)				
	a _____				
	b _____				
	c _____				
	d _____				
	e <b>SEE STATEMENT 2</b>				
44	<b>Total functional expenses (add lines 22 through 43)</b> <small>Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	<b>5,306,139.</b>	<b>4,582,422.</b>	<b>723,717.</b>	<b>0.</b>

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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	<b>ADMINISTERED DEVELOPMENT OF A MASTERPLAN FOR THE MEMPHIS RIVERFRONT. (WORKED EXTENSIVELY WITH CONTRACTOR, HELD PUBLIC MEETINGS, PRIVATE MEETINGS, MANAGED MASTERPLAN WEBSITE, EXPANDED STAFF AND OPERATIONS)</b>	(Grants and allocations \$ _____)	396,194.
b	<b>PLANNING AND DESIGN OF BEALE STREET LANDING</b>	(Grants and allocations \$ _____)	182,115.
c	<b>MANAGED CITY OF MEMPHIS PARKS UNDER CONTRACT FROM CITY OF MEMPHIS</b>	(Grants and allocations \$ _____)	3,494,944.
d	<b>DIRECTED CONSTRUCTION OF THE RIVERSIDE DRIVE IMPROVEMENT PROJECT</b>	(Grants and allocations \$ _____)	509,169.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>4,582,422.</b>

**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	
<b>Assets</b>	45 Cash - non-interest-bearing	1,606,835.	45	1,704,209.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	522,148.			
	b Less allowance for doubtful accounts				
			533,498.	47c	522,148.
	48 a Pledges receivable	108,600.			
	b Less allowance for doubtful accounts	4,500.			
			475,474.	48c	104,100.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use		47,239.	52	38,667.
	53 Prepaid expenses and deferred charges		18,751.	53	23,319.
54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55 a Investments - land, buildings, and equipment basis					
b Less accumulated depreciation					
			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment basis	164,990.				
b Less accumulated depreciation	96,114.				
		84,110.	57c	68,876.	
58 Other assets (describe <b>▶ DEPOSITS</b> )		4,788.	58	4,788.	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		<b>2,770,695.</b>	<b>59</b>	<b>2,466,107.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	263,003.	60	317,925.	
	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	200,000.	64b	200,000.	
	65 Other liabilities (describe <b>▶ SEE STATEMENT 4</b> )	343,542.	65	136,654.	
<b>66 Total liabilities (add lines 60 through 65)</b>		<b>806,545.</b>	<b>66</b>	<b>654,579.</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted	1,476,576.	67	1,695,328.	
	68 Temporarily restricted	487,574.	68	116,200.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	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		
	<b>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)</b>		<b>1,964,150.</b>	<b>73</b>	<b>1,811,528.</b>
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		<b>2,770,695.</b>	<b>74</b>	<b>2,466,107.</b>

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

Table with 5 rows (a-e) and 2 columns. Row a: Total revenue, gains, and other support per audited financial statements 5,153,517. Row b: Amounts included on line a but not on line 12, Form 990. (1) Net unrealized gains on investments. (2) Donated services and use of facilities. (3) Recoveries of prior year grants. (4) Other (specify). Add amounts on lines (1) through (4) 0. Row c: Line a minus line b 5,153,517. Row 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) 0. Row e: Total revenue per line 12, Form 990 (line c plus line d) 5,153,517.

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

Table with 5 rows (a-e) and 2 columns. Row a: Total expenses and losses per audited financial statements 5,306,139. Row 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). Add amounts on lines (1) through (4) 0. Row c: Line a minus line b 5,306,139. Row 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) 0. Row e: Total expenses per line 17, Form 990 (line c plus line d) 5,306,139.

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

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: SEE STATEMENT 5, 176,609., 9,694., 4,800. Other rows are empty.

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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. <input type="checkbox"/> 81a 0.		
b	Did the organization file Form 1120-POL for this year?		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?		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). <input type="checkbox"/> 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		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		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	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 <input type="checkbox"/> 85c N/A		
d	Section 162(e) lobbying and political expenditures <input type="checkbox"/> 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <input type="checkbox"/> 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <input type="checkbox"/> 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
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		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 <input type="checkbox"/> 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities <input type="checkbox"/> 86b N/A		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders <input type="checkbox"/> 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) <input type="checkbox"/> 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		X
89 a	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.		
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> N/A		
b	Number of employees employed in the pay period that includes March 12, 2003 <input type="checkbox"/> 90b 53		
91	The books are in care of <input type="checkbox"/> BENNY O. LENDERMON, III Telephone no <input type="checkbox"/> 901-312-9190		
	Located at <input type="checkbox"/> 22 N. FRONT STREET STE 960, MEMPHIS, TN ZIP + 4 <input type="checkbox"/> 38103-2194		
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 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 <b>PARKS ADMISSIONS</b>					1,277,918.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	14,499.	
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					33,545.
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		14,499.	1,311,463.
105 Total (add line 104, columns (B), (D), and (E))					1,325,962.

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)
▼	SEE STATEMENT 6

**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 720 (see instructions)

I have prepared this return accompanying schedules and statements, and to the best of my knowledge and belief, it is true, and I am not aware of any information of which preparer has any knowledge

Date            **DENNY O. LENDERMAN**  
Type or print name and title **PRESIDENT**

Check if self  Preparer's SSN or PTIN

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

OMB No 1545-0047

**2003**

Name of the organization: **RIVERFRONT DEVELOPMENT CORPORATION** Employer identification number: **62 1811726**

**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
DANNY LEMMONS ----- 22 NORTH FRONT STREET, SUITE 960	40+	88,154.	5,612.	3,600.
JAY FULLER ----- 22 NORTH FRONT STREET, SUITE 960	40+	81,112.	8,654.	
PAUL CHRESTMAN ----- 22 NORTH FRONT STREET, SUITE 960	40+	66,150.	4,333.	3,600.
JOHN CONROY ----- 22 NORTH FRONT STREET, SUITE 960	40+	110,250.	6,954.	3,600.
DORCHELLE SPENCE ----- 22 NORTH FRONT STREET, SUITE 960	40+	81,462.	12,138.	
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
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (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.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

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

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

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

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

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



**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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,599,884.	7,800,495.	2,800,906.	250,000.	17,451,285.
<b>16</b> Membership fees received					
<b>17</b> 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	1,268,523.	1,124,016.	10,000.		2,402,539.
<b>18</b> 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	27,227.	33,642.	5,610.		66,479.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	7,895,634.	8,958,153.	2,816,516.	250,000.	19,920,303.
<b>24</b> Line 23 minus line 17	6,627,111.	7,834,137.	2,806,516.	250,000.	17,517,764.
<b>25</b> Enter 1% of line 23	78,956.	89,582.	28,165.	2,500.	

<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24	<b>26a</b>	350,355.
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	<b>26b</b>	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	<b>26c</b>	17,517,764.
d Add Amounts from column (e) for lines 18 <u>66,479.</u> 19 _____ 22 _____ 26b _____	<b>26d</b>	66,479.
e Public support (line 26c minus line 26d total)	<b>26e</b>	17,451,285.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>	<b>26f</b>	99.6205%

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

(2002)	(2001)	(2000)	(1999)
--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year **N/A**

(2002)	(2001)	(2000)	(1999)
--------	--------	--------	--------

c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_

<b>27c</b>	N/A
<b>27d</b>	N/A
<b>27e</b>	N/A

d Add Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) **27f** N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** **27g** N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** **27h** N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

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

N/A

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

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

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

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**

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

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

**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 (e) Total
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

Yes	No	Amount
		0.

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



**Detailed Depreciation Schedule By Category**

**Riverfront Development Corp.**

Date: 07/21/2004

Print From C to L

Asset #	Description	Type	Cat	Loc	CClr	PurDate	Rate	Mtd	Qty	Cost	CurrMthDepn	YtdDepn	PriorYtdDepn	NetBookValue
<b>Computer/Electronics</b>														
09	Computer Equipment	C				08/01/2000	20.00%	S	1	4,782.50	79.71	956.52	2,789.85	1,036.13
10	Computer Equipment	C				08/01/2000	20.00%	S	1	1,894.67	31.58	378.96	1,105.30	410.41
11	Digital Camera	C				08/01/2000	20.00%	S	1	643.00	10.72	128.64	375.20	139.16
20	Notebook Computer	C				11/30/2000	20.00%	S	1	5,500.00	91.67	1,100.04	2,933.44	1,466.52
21	Accounting Software	C				11/22/2000	10.00%	S	1	3,885.00	32.38	388.56	1,036.16	2,460.28
22	Software Suite	C				01/01/2001	33.33%	S	1	535.00	0.00	89.20	445.80	0.00
25	Computer / Monitor	C				03/15/2001	33.33%	S	1	4,068.75	0.00	904.47	3,164.28	0.00
26	Video Projector	C				10/15/2001	33.33%	S	1	3,500.00	97.21	1,166.52	2,041.41	292.07
27	Digital Camera	C				10/19/2001	33.33%	S	1	512.90	14.25	171.00	299.25	42.65
30	Computer / Monitor	C				02/05/2002	33.33%	S	1	1,563.00	43.41	520.92	737.97	304.11
33	Computer	C				07/09/2002	33.33%	S	1	1,315.22	36.53	438.36	401.83	475.03
34	MIP User Upgrade	C				01/10/2003	33.33%	S	1	2,000.00	55.55	999.90	0.00	1,000.10
35	Laptop Computer	C				07/14/2003	33.33%	S	1	2,792.00	77.55	930.60	0.00	1,861.40
36	MIP Import/Export Module	C				08/29/2003	33.33%	S	1	1,095.00	30.41	334.51	0.00	760.49
37	Digital Camera	C				07/25/2003	33.33%	S	1	1,201.74	33.38	400.56	0.00	801.18
38	Projector	C				11/01/2003	33.33%	S	1	2,249.00	62.47	499.76	0.00	1,749.24
39	Computer / Monitor	C				04/01/2004	33.33%	S	1	997.00	27.69	83.07	0.00	913.93
40	Computer	C				04/01/2004	33.33%	S	1	848.00	23.55	70.65	0.00	777.35
41	Server Computer/UPS	C				04/01/2004	33.33%	S	1	3,231.50	89.75	269.25	0.00	2,962.25
42	Firewall	C				04/30/2004	33.33%	S	1	999.00	27.75	83.25	0.00	915.75
<b>Sub-Total (Category)</b>										<b>43,613.28</b>	<b>865.56</b>	<b>9,914.74</b>	<b>15,330.49</b>	<b>18,368.05</b>
( 20 records )														
<b>Furniture/Fixtures</b>														
01	Furniture	F				08/01/2000	10.00%	S	1	9,936.15	82.80	993.60	2,898.00	6,044.55
02	Chairs	F				08/01/2000	10.00%	S	7	4,131.75	34.43	413.16	1,205.05	2,513.54
03	Chairs	F				08/01/2000	10.00%	S	27	8,728.20	72.74	872.88	2,545.90	5,309.42
04	Lateral Files	F				08/01/2000	10.00%	S	4	2,376.00	19.80	237.60	693.00	1,445.40
05	Desks / Credenzas	F				08/01/2000	10.00%	S	4	3,884.40	32.37	388.44	1,132.95	2,363.01

**Detailed Depreciation Schedule By Category**

**Riverfront Development Corp.**

Date : 07/21/2004

Print From : C to L

Asset #	Description	Type	Cat	Loc	CCtr	PurDate	Rate	Mtd	Qty	Cost	CurrMthDepn	YtdDepn	PriorYtdDepn	NetBookValue
16	Office Furniture	F				08/01/2000	10.00 %	S	1	8,409.60	70.08	840.96	2,452.80	5,115.84
17	Telephone System	F				08/01/2000	10.00 %	S	1	6,163.76	51.36	616.32	1,797.60	3,749.84
18	Fax/Scanner	F				08/01/2000	20.00 %	S	1	865.99	14.43	173.16	505.05	187.78
6	Office Furniture	F				08/01/2000	10.00 %	S	1	8,956.29	74.64	895.68	2,612.40	5,448.21
8	Micro Transcriber	F				11/10/2000	10.00 %	S	1	1,087.00	9.06	108.72	289.92	688.36
4	Black Out Shades	F				02/01/2001	20.00 %	S	1	1,578.83	26.31	315.72	762.99	500.12
8	Lateral File Cabinet	F				11/09/2001	14.29 %	S	1	791.00	9.42	113.04	188.40	489.56
9	Lateral File Cabinet	F				11/09/2001	14.29 %	S	1	791.00	9.42	113.04	188.40	489.56
1	Modular Desks/Workspace	F				04/15/2002	14.29 %	S	1	8,386.16	99.87	1,198.44	1,498.05	5,689.67
2	Conference Phone	F				06/01/2002	33.33 %	S	1	1,879.00	52.19	626.28	678.47	574.25
	<b>Sub-Total (Category)</b>					( 15 records )				<b>67,965.13</b>	<b>658.92</b>	<b>7,907.04</b>	<b>19,448.98</b>	<b>40,609.11</b>
	<b>Leasehold Improvemnt</b>													
2	Leasehold Improvements	L				08/01/2000	20.83 %	S	1	38,611.00	670.22	8,042.64	23,457.70	7,110.66
3	Signs	L				08/01/2000	20.83 %	S	1	397.82	6.91	82.92	241.85	73.05
4	Security System	L				08/01/2000	20.83 %	S	1	3,160.74	54.87	658.44	1,920.45	581.85
5	Leasehold Improvements	L				08/01/2000	20.83 %	S	1	6,433.40	111.67	1,340.04	3,908.45	1,184.91
7	Leasehold Improvements	L				09/25/2000	21.28 %	S	1	480.00	8.51	102.12	289.34	88.54
9	Leasehold Improvements	L				11/27/2000	21.74 %	S	1	3,348.00	60.65	727.80	1,940.80	679.40
3	Leasehold Improvements	L				08/01/2000	20.83 %	S	1	980.60	17.02	204.24	595.70	180.66
	<b>Sub-Total (Category)</b>					( 7 records )				<b>53,411.56</b>	<b>929.85</b>	<b>11,158.20</b>	<b>32,354.29</b>	<b>9,899.07</b>
	<b>Grand Total As At: 06/30/2004</b>					( 42 records )				<b>164,989.97</b>	<b>2,454.33</b>	<b>28,979.98</b>	<b>67,133.76</b>	<b>68,876.23</b>

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS . . . . .	85,704	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		85,704
4. COST OF GOODS SOLD (LINE 13) . . . . .	52,159	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		33,545

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	47,239	
7. MERCHANDISE PURCHASED . . . . .	43,587	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		90,826
12. INVENTORY AT END OF YEAR . . . . .	38,667	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		52,159

FORM 990	OTHER EXPENSES			STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES AND SUBSCRIPTIONS	9,945.	3,826.	6,119.	
BANK CHARGES	4,713.	4,618.	95.	
INSURANCE	92,843.	60,634.	32,209.	
ADVERTISING AND MARKETING	118,432.	80,650.	37,782.	
CONSTRUCTION COSTS	626,575.	626,575.		
PROFESSIONAL FEES	0.			
FUEL	8,813.	8,813.		
CHEMICALS	50,514.	50,514.		
LANDSCAPING SERVICES	254,963.	254,963.		
UNIFORMS	2,746.	2,746.		
UTILITIES	409,213.	409,213.		
PARK MAINTENANCE	0.			
RENT	69,628.	84.	69,544.	
EVENT EXPENSE	0.			
CONTRACTED LABOR	90,778.	90,778.		
MAINTENANCE AGREEMENTS	115,901.	108,480.	7,421.	
EQUIPMENT PURCHASES	74,981.	74,981.		
OUTSIDE SERVICES	654,110.	629,953.	24,157.	
<b>TOTAL TO FM 990, LN 43</b>	<b>2,584,155.</b>	<b>2,406,828.</b>	<b>177,327.</b>	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT 3
	PART III	

## EXPLANATION

TO PLAN, PROMOTE AND COORDINATE THE DEVELOPMENT AND OPERATION OF AMENITIES ON THE MEMPHIS WATERFRONT.

FORM 990	OTHER LIABILITIES	STATEMENT 4
DESCRIPTION	AMOUNT	
ACCRUED PAYROLL	85,956.	
CUSTOMER DEPOSITS	25,300.	
RETAINAGE PAYABLE	25,398.	
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>	<b>136,654.</b>	



FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE		
			BEN CONTRIB	PLAN	EXPENSE ACCOUNT
JOHN W. STOKES, JR. 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	CHAIRPERSON AS NECESSARY	0.	0.	0.	0.
KRISTI JERNIGAN 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	VICE-CHAIRPERSON AS NECESSARY	0.	0.	0.	0.
DR. JAMES C. HUNT, SR. 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.	0.
MRS. LUCIA GILLILAND 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.	0.
BENNY O. LENDERMAN III 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	PRESIDENT 40+	176,609.	9,694.	4,800.	
DIANNE DIXON 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.	0.
KEVIN KANE 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.	0.
WILLIAM TAYLOR 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	ASSISTANT - TREASURER AS NECESSARY	0.	0.	0.	0.
JOHN H. PONTIUS 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.	0.
BURNETTA B. WILLIAMS 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	TREASURER AS NECESSARY	0.	0.	0.	0.
TED FOX 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.	0.

SALLY PALMER THOMASON 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	SECRETARY AS NECESSARY	0.	0.	0.
GREG DUCKETT 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
ROB CARTER 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
PETE AVIOTTI, JR. 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
JOHN BOBANGO 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
RICK MASSON 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
CYNTHIA A. BUCHANAN 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
WAYNE BOYER 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
JEFF SANFORD 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MRS. BARBARA HYDE 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
JAY FULLER 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	40+	0.	0.	0.
DANNY LEMMONS 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	40+	0.	0.	0.
PAUL CHRESTMAN 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	40+	0.	0.	0.

JOHN CONROY 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	40+	0.	0.	0.
ROGER GIUNTINI 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	40+	0.	0.	0.
DORCHELLE SPENCE 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	40+	0.	0.	0.
MRS. PAT KERR TIGRETT 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MR. JOHN MICHAEL FARRIS 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MR. DERRICK D. JOYCE 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MS. CYBILL SHEPHERD 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MR. JERRY WEST 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MR. HERMAN EWING 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MR. ANGUS MCEACHRAN 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MR. THOMAS M. MORGAN 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MR. KEITH MCGEE 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.
MR. RICKEY PEETE 22 NORTH FRONT STREET, SUITE 960 MEMPHIS, TN 38103	AS NECESSARY	0.	0.	0.

