

ROCKETTOW

Form

990

OMB No. 1545-0047

2005

Open to Public Inspection

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.**A** For the 2005 calendar year, or tax year beginning **7/01/05** and ending **6/30/06**

- 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**ROCKETTOWN OF MIDDLE TENNESSEE**

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

P. O. BOX 331129

Room/suite

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

NASHVILLE**TN 37203****D** Employer identification no.**62-1571573****E** Telephone number**615-843-4001****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 ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See Instr.)

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.ROCKETTOWN.COM****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 chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,811,903****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	1,058,036		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 1,058,036 noncash \$)	1d	1,058,036		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	291,950		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a	119,299		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	119,299		
7	Other investment income (describe)	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	5,650		
	b	Less: direct expenses other than fundraising expenses	9b	143		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	5,507		
	10a	Gross sales of inventory, less returns and allowances	10a	305,525		
	b	Less: cost of goods sold	10b	190,448		
Expenses	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	115,077		
	11	Other revenue (from Part VII, line 103)	11	31,443		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,621,312		
	13	Program services (from line 44, column (B))	13	927,593		
	14	Management and general (from line 44, column (C))	14	275,795		
	15	Fundraising (from line 44, column (D))	15	83,982		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	1,287,370		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	333,942		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,283,698		
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,617,640		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
00A

Form 990 (2005)

ROCKTOW

Form **8868**

(Rev. December 2004)

Department of the Treasury
Internal Revenue ServiceApplication 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 8738 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
File by the due date for filing your return. See instructions.	ROCKETOWN OF MIDDLE TENNESSEE	62-1571573
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P. O. BOX 331129	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NASHVILLE TN 37203	

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 ► **RUTH CHODNIEWICZ**

Telephone No. ► **615-843-4001**

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.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **2/15/07** 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 **7/01/05** and ending **6/30/06**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a 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 \$
- b 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 \$
- c 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 \$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

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ROCKETTOWN OF MIDDLE TENNESSEE

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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 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 \$ non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	195,079	61,883	94,795
26	Other salaries and wages	26	263,313	263,313	
27	Pension plan contributions	27			
28	Other employee benefits	28	41,186	21,847	8,921
29	Payroll taxes	29	39,630	29,083	7,546
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	17,804		17,804
33	Supplies	33	19,232	13,417	5,579
34	Telephone	34	11,773	3,456	7,673
35	Postage and shipping	35	9,055	1,860	2,564
36	Occupancy	36	15,195	8,787	6,047
37	Equipment rental and maintenance	37			
38	Printing and publications	38	19,083	6,425	1,421
39	Travel	39	20,234	11,274	7,997
40	Conferences, conventions, and meetings	40			
41	Interest	41	34,151	34,151	
42	Depreciation, depletion, etc. (attach schedule)	42	153,963	143,185	5,389
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 2	43a	447,672	328,912	110,059
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1,287,370	927,593	275,795
					83,982

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 \$

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

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.

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) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a **THE SIXTH AVENUE SKATEPARK**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐**338,778**b **THE ROCKTOWN MUSIC VENUE**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐**380,779**c **THE EMPYREAN COFFEE BAR**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐**166,492**d **AFTER SCHOOL PROGRAMS AND SUMMER CAMPS**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐**41,544**

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐f **Total of Program Service Expenses (should equal line 44, column (B), Program services)****927,593**

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Part IV Balance Sheets (See 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
45	Cash-non-interest-bearing	186,071	92,557
46	Savings and temporary cash investments		
47a	Accounts receivable	2,106	
b	Less: allowance for doubtful accounts	3,473	2,106
48a	Pledges receivable	116,193	
b	Less: allowance for doubtful accounts	83,396	116,193
49	Grants receivable		
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		
51a	Other notes and loans receivable (attach schedule)		
b	Less: allowance for doubtful accounts		
52	Inventories for sale or use	25,449	31,664
53	Prepaid expenses and deferred charges	15,191	2,590
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
55a	Investments-land, buildings, and equipment: basis		
b	Less: accumulated depreciation (attach schedule)		
56	Investments-other (attach schedule)		
57a	Land, buildings, and equipment: basis	4,283,489	
b	Less: accumulated depreciation (attach schedule)	557,527	3,725,962
58	Other assets (describe)		
59	Total assets (must equal line 74). Add lines 45 through 58.	4,183,275	3,971,072
60	Accounts payable and accrued expenses	100,202	93,432
61	Grants payable		
62	Deferred revenue		
63	Loans from officers, directors, trustees, and key employees (attach schedule)		
64a	Tax-exempt bond liabilities (attach schedule)		
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	799,375	260,000
65	Other liabilities (describe)		
66	Total liabilities. Add lines 60 through 65.	899,577	353,432
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
67	Unrestricted	3,200,302	3,501,447
68	Temporarily restricted	83,396	116,193
69	Permanently restricted		
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		
71	Paid-in or capital surplus, or land, building, and equipment fund		
72	Retained earnings, endowment, accumulated income, or other funds		
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)	3,283,698	3,617,640
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	4,183,275	3,971,072

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

a	Total revenue, gains, and other support per audited financial statements	a	1,811,903
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	SEE STMT 4 190,591
	Add lines b1 through b4	b	190,591
c	Subtract line b from line a	c	1,621,312
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,621,312

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

a	Total expenses and losses per audited financial statements	a	1,477,961
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	SEE STMT 5 190,591
	Add lines b1 through b4	b	190,591
c	Subtract line b from line a	c	1,287,370
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	1,287,370

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RUTH CHODNIEWICZ 401 6TH AVENUE S NASHVILLE TN 37203	ADMIN DIRECT 40	22,073	0	0
AUDRA DAVIS 401 6TH AVENUE S NASHVILLE TN 37203	DEV DIRECTOR 40	31,056	0	0
MARY SETTLE 401 6TH AVENUE S NASHVILLE TN 37203	OPERATIONS D 40	38,364	0	0
JOEL GRIFFITH 401 6TH AVENUE S NASHVILLE TN 37203	SKATEPARK D 40	30,527	0	0
STEPHEN WESTBROOK 401 6TH AVENUE S NASHVILLE TN 37203	EXE DIRECTOR 40	63,702	0	5,000
MATTHEW GRACE 401 6TH AVENUE S NASHVILLE TN 37203	ADMIN DIRECT 40	9,356	0	0
SEE ATTACHED LIST FOR NON-COMPENSATED	0	0	0	0

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Form 990 (2005) **ROCKETTOWN OF MIDDLE TENNESSEE****62-1571573**Page **7****Part VI Other Information (continued)**

		Yes	No
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?	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			
83a	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	
83b			
84a	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?		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a			
b	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			
c	Dues, assessments, and similar amounts from members		
85c			
d	Section 162(e) lobbying and political expenditures		
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a			
b	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			
b	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		X
88			
89a	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) 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		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	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 NONE		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	29
91a	The books are in care of RUTH CHODNIEWICZ 401 6TH AVE SOUTH Located at NASHVILLE, TN ZIP + 4 37203	Telephone no. 615-843-4001	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the United States?		
91b			X
91c			X
c	If "Yes," enter the name of the foreign country		
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			

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 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 PROGRAM SERVICE REVENUE					291,950
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					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	119,299	
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					5,507
102 Gross profit or (loss) from sales of inventory					115,077
103 Other revenue: a					
b OTHER REVENUE					31,443
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		119,299	443,977
105 Total (add line 104, columns (B), (D), and (E))					563,276

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 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).
1	SEE STATEMENT 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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

Type or print name and title.

Date

Paid
Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-
employed ☐Preparer's SSN or PTIN
(See Gen. Instr. W)Firm's name (or yours
if self-employed),
address, and ZIP + 4BLANKENSHIP CPA GROUP, PLLC
109 WESTPARK DRIVE, SUITE 430
BRENTWOOD, TN 37027-5032EIN
Phone
no.45-0491842
615-373-3771

Form 990 (2005)

ROCKETOWN OF MIDDLE TENNESSEE 2006 BOARD OF DIRECTORS

Mark Ezell – President

Purity Dairies
360 Murfreesboro Road
Nashville, TN 37210
615.244.1900
Mark_Ezell@deanfoods.com

Judith Bracken

920 Tyne Blvd
Nashville, TN 37220
615.292.8681
poontdog@aol.com

Ben Cissell

Operations Chair
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