

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

2009Department of the Treasury
Internal Revenue Service

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20_____.

▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions on back.**

Name of exempt organization

100 BLACK MEN OF MIDDLE TN, INC.

Employer identification number

58-1984750

Name and title of officer

RON JONES

PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b 204,591
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize MAURICE DANNER, CPA P.C. to enter my PIN 84750 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

62552252052

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶

Date ▶

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

(HTA)

MAURICE DANNER, CPA P.C.
3640 BURWICK PL.
ANTIOCH, TN 37013
(615) 364-5935
Fax - (615) 730-9215
maurice.danner@comcast.net

September 17, 2010

100 BLACK MEN OF MIDDLE TN, INC.
ONE VANTAGE WAY , Room No. E200
NASHVILLE, TN 37228

Dear RON JONES,

I have prepared the 2009 Form 990EZ for 100 BLACK MEN OF MIDDLE TN, INC., based on the information you provided. The return has been successfully e-filed and a copy is enclosed for 100 BLACK MEN OF MIDDLE TN, INC.'s records.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about 100 BLACK MEN OF MIDDLE TN, INC.'s tax situation during the year, please do not hesitate to call me at (615) 364-5935. I appreciate this opportunity to serve you.

Sincerely,

MAURICE DANNER
MAURICE DANNER, CPA P.C.

Privacy Notice

As a tax practitioner, I receive and collect nonpublic personal information from various forms and statements that you provide. I do not disclose such information unless you instruct me to do so. I maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**Federal
Tax Return
for**

100 BLACK MEN OF MIDDLE TN, INC.

2009

**MAURICE DANNER, CPA P.C.
3640 BURWICK PL.
ANTIOCH, TN 37013
(615) 364-5935**

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> C Name of organization 100 BLACK MEN OF MIDDLE TN, INC. Number and street (or P.O. box, if mail is not delivered to street address) ONE VANTAGE WAY City, town, or country NASHVILLE </td> <td style="width:15%; vertical-align: top;"> State TN </td> <td style="width:15%; vertical-align: top;"> Room/suite E200 ZIP + 4 37228 </td> <td style="width:20%; vertical-align: top;"> D Employer identification number 58-1984750 </td> <td style="width:20%; vertical-align: top;"> E Telephone number 615 248-2721 </td> <td style="width:20%; vertical-align: top;"> F Group Exemption Number . . . ► </td> </tr> </table>	C Name of organization 100 BLACK MEN OF MIDDLE TN, INC. Number and street (or P.O. box, if mail is not delivered to street address) ONE VANTAGE WAY City, town, or country NASHVILLE	State TN	Room/suite E200 ZIP + 4 37228	D Employer identification number 58-1984750	E Telephone number 615 248-2721	F Group Exemption Number . . . ►
C Name of organization 100 BLACK MEN OF MIDDLE TN, INC. Number and street (or P.O. box, if mail is not delivered to street address) ONE VANTAGE WAY City, town, or country NASHVILLE	State TN	Room/suite E200 ZIP + 4 37228	D Employer identification number 58-1984750	E Telephone number 615 248-2721	F Group Exemption Number . . . ►		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►
I Website: ► www.The100.org J Tax-exempt status (check only one)— <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 221,730

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 0 b Less: cost or other basis and sales expenses 5b 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> a Gross revenue (not including \$ 129,600 of contributions reported on line 1) 6a 129,600 b Less: direct expenses other than fundraising expenses 6b 17,139 c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 112,461 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe ► Reimbursements) 8 1,155 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 204,591	1 20,165 2 3 70,594 4 216 5c 0 6c 112,461 7c 0 8 1,155 9 204,591
Expenses	10 Grants and similar amounts paid (attach schedule) 10 0 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 138,631 13 Professional fees and other payments to independent contractors 13 549 14 Occupancy, rent, utilities, and maintenance 14 31,626 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe ► See Attached Statement) 16 59,111 17 Total expenses. Add lines 10 through 16 17 229,917	10 0 11 12 138,631 13 549 14 31,626 15 16 59,111 17 229,917
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -25,326 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 570,110 20 Other changes in net assets or fund balances (attach explanation) 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 544,784	18 -25,326 19 570,110 20 0 21 544,784

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	570,110	22	691,261
23 Land and buildings		23	
24 Other assets (describe ►)	0	24	0
25 Total assets	570,110	25	691,261
26 Total liabilities (describe ► See Attached Statement)	0	26	146,477
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	570,110	27	544,784

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

Form **990-EZ** (2009)

(HTA)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41 List the states with which a copy of this return is filed.		
42 a The organization's books are in care of RON JONES Telephone no. 615 248-2721 Located at ONE VANTGE WAY STE. E201 City NASHVILLE ST TN ZIP + 4 37228		
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)?	Yes	No
If "Yes," enter the name of the foreign country:		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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. 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/Wk _____ .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/Wk _____ .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/Wk _____ .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/Wk _____ .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/Wk _____ .00	0	0	0

f Total number of other employees paid over \$100,000 **▶** _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		
Name _____ Str _____ City _____ ST _____ ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Signature of officer _____		Date _____	
Paid Preparer's Use Only	Preparer's signature ▶ MAURICE DANNER		Date ▶ 9/17/2010	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MAURICE DANNER, CPA P.C. 3640 BURWICK PL., ANTIOCH, TN 37013		Preparer's identifying number (See instructions) ▶ P00286763	
			EIN ▶ 41-2113649	Phone no. ▶ (615) 364-5935

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

100 BLACK MEN OF MIDDLE TN, INC.

Employer identification number

58-1984750

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ 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 exempt 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					204,591	204,591
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	204,591	204,591
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						204,591

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	204,591	204,591
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	204,591	204,591
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

- 19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

100 BLACK MEN OF MIDDLE TN, INC.

Employer identification number

58-1984750

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

TN

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA DINNER (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	129,600	0	0	129,600
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	129,600	0	0	129,600
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	17,139	0	0	17,139
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	0	0
	10 Direct expense summary. Add lines 4 through 9 in column (d)	(17,139)			
	11 Net income summary. Combine line 3, column (d), and line 10	112,461			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				0
Direct Expenses				
	2 Cash prizes			0
	3 Noncash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			0
6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
8 Net gaming income summary. Combine line 1, column d, and line 7				0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

- | a The organization's facility | 13a | % |
|--|------------|---|
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$ 0

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a

2009 Electronic Filing Information (990/PF/EZ/1120-POL)

Signature Method

☒ Option (1) - Using Practitioner PIN. Use Section (A) below.

☐ Option (2) - Scanned 8453-EO.

Date return prepared
09/17/2010

PIN Information Enter information below

(A) Practitioner PIN:			
	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN:	84750	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ERO PIN:	52052		

If the ERO entered taxpayer PIN, you must fill out the 8879-EO (IRS e-file Signature Authorization Form).

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Paid Preparer Table (press F3 to open.)

EFIN: 625522

Name Control

(See instructions on the 'Name Control' tab)

100B

Organization Information

Name of organization 100 BLACK MEN OF MIDDLE TN, INC.			Employer identification no. 58-1984750	
Street address ONE VANTAGE WAY , Room No. E200		Address continuation		
In care of name % RON JONES	City NASHVILLE	State TN	ZIP code 37228	
Foreign country	Email address	Daytime phone 615 248-2721	Foreign phone number	
Officer Name RON JONES	Title PRESIDENT	Date return signed 09/17/2010		
Email Address	Phone 615 248-2721	Authorize third party check ("X") here: <input type="checkbox"/>		

ERO

(Enter data in the Preparer Manager)

ERO's Name MAURICE DANNER	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self- employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN P00286763
Firm's name MAURICE DANNER, CPA P.C.	If non-paid preparer, enter type		ERO's EIN 41-2113649
Address 3640 BURWICK PL.			Phone (615) 364-5935
City ANTIOCH	State TN	ZIP code 37013	Foreign country
Foreign phone number			Email address maurice.danner@comcast.net

Paid Preparer

(Enter data in the Preparer Manager)

Paid Preparer's name	Check if self- employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name	EIN	
Address		Phone
City	State	ZIP code
Foreign country	Foreign phone number	Email address

Name Control Instructions (990 E-File Info)

The name control is based on the type of name on the return. Use the "Name Control" section on Page 1 and follow the instructions to avoid rejections. You can enter the name control yourself on Page 1, but we strongly suggest you follow the IRS steps.

Below are some examples of the name control from the IRS:

Individual Names/Sole Proprietorships	Name Control	Derive the Name Control from the name as explained below.
Ralph Teak Dorothy Willow Arthur P. Aspen, Attorney Jane Hemlock, The Pecan Café	TEAK WILL ASPE HEML	The Name Control consists of the first four characters of the primary taxpayer's last name.
Thomas A. El-Oak Ann O'Spruce	EL-O OSPR	The hyphen (-) is the ONLY special character allowed in the individual Name Control.
Dannette B. James P. Al	B AL	The Name Control must contain no more than four characters. However, it may contain less than four characters.
Daniel P. Di Almond Mary J. Van Elm	DIAL VANE	Taxpayers with names such as "Van," "Von" and "Di" are considered as part of the Name Control.
Janet C. Redbud Laurel Dee (Plum) Birch	LAUR BIRC	When two last names are shown for an individual, derive the Name Control from the second last name of the primary taxpayer.
Joan Hickory-Hawthorn Dale Redwood-Cedar	HICK REDW	When two last names for an individual are connected by a hyphen, derive the Name Control from the first last name.
Dell Ash & Linda Birch Trey & Joan Eucalyptus	ASH EUCA	On a joint return, whether the taxpayers use the same or different last names, derive the Name Control from the PRIMARY taxpayer's last name.
Juanita de la Fuente B. A. De Rodriguez	DELA DERO	When "del," "de," or "de la" appear with a Hispanic name, include it as part of the Name Control.
Juan Garza Morales Maria Lopez y Moreno	GARZ LOPE	When two Hispanic last names are shown for an individual, derive the Name Control from the first last name. Note: This rule may not accurately identify all Hispanic last names, but it does provide consistency in IRS Hispanic Name Control.
Dang Van Le Nhat Thi Pham	LE PHAM	When "Van" (male) or "Thi" (female) appear with an Asian-Pacific name, do not include it as part of the Name Control. Note: These are common Asian-Pacific middle names.
Kim Van Nguyen & Thi Tran	NGUY	The name "Nguyen" is a common last name used by both male and female taxpayers.
Kwan, Kim Van & Yue Le	KWAN	The last name may appear first on the name line. Note: On the signature line, the last name often appears first.

Estates	Name Control	Derive the Name Control from the name as explained below.
Frank Walnut Estate Alan Beech, Exco. Estate of Jan Poplar Homer J. Maple Estate	WALN POPL MAPL	The Name Control is the first four characters of the individual's last name. Note: The decedent's name may be followed by "Estate" on the name line.

Trusts and Fiduciaries	Name Control	Derive the Name Control from the name of the trust as explained below.
a. Jan Fir Trust FBO Patrick Redwood Chestnut Bank TTEE	FIR	a. If only an individual is listed, use the first four characters of the last name.
Donald C. Beach Trust FBO Mary, Karen & Testamentary Trust UAW Margaret Balsam Cynthia Fig & Laura Fir	BEEC BALS	Note: Never include any part of the word "trust" in the Name Control.
Richard L. Aster Charitable Remainder Unitrust	ASTE	
b. Cedar Corp. Employee Benefit Trust	CEDA	b. When a corporation, association, or endowment is part of the Trust name, use the first four characters of the name of the corporation, association, etc.
Magnolia Association Charitable Lead Trust	MAGN	
Maple-Birch Endowment Trust John J. Willow, Trustee	MAPL	
c. Trust No. 12190 FBO Margaret Laurel	1219	c. For numbered trusts and GNMA Pools, use the first four digits of the trust number, disregarding any leading zeros and/or trailing alphas. If there are fewer than four numbers, use enough letters from "GNMA" to complete the Name Control.
ABCD Trust No. 001006 Elm Bank TTEE	1036	
0020, GNMA POOL	20GN	
GNMA Pool No. 001008	100G	
d. Michael Teak Clifford Trust	TEAK	d. If the Trust is a "Clifford" Trust, use the last four characters of the last name.

Partnerships	Name Control	Derive the Name Control from the name of the trust as explained below.
Redbud Restaurant Teak Drywall Finishers Howard Elder Development Co. DBA P&L Pump Co. Almond Group E. J. Fig, M. L. Maple	REOB TEAK HOWA P&LP ALMO	Derive the Name Control for partnership entities from the trade or business name of the partnership. Note: Specific instructions for name controlling partnerships for Form SS-4 are found in IRM 21.7.13.
The Hemlock Cup The Hawthorn	HEML THEN	Omit the word "The" when it is followed by more than one word. Include the word "The" when it is followed by only one word.
Bob Oak & Carol Hazel Cedar, Teak & Pine, Pcs	OAK CEDA	If no trade or business name is present, derive the Name Control from the last name of the first listed partner following the general rules listed at the beginning of this document.

Corporations	Name Control	Derive the Name Control from the name of the trust as explained below.
Sunac Field Flow Inc. 11th Street Inc. City of Fort Hickory Board Walnut County Employees Assoc. Rho Alpha Chapter The Joseph Holly Foundation Kathryn Fir Memorial Fdn.	SUMA 11TH CITY WALN RHOA JOSE KATH	Derive the Name Control from the first four significant characters of the corporation name.
The Hemlock Cup The Hawthorn	HEML THEN	Omit the word "The" when it is followed by more than one word. Include the word "The" when it is followed by only one word.
John Hackberry PA Sam Sycamore SC Carl Eucalyptus M.D. P.A.	JOHN SAVS CARL	If an individual name contains any of the following abbreviations, treat it as the business name of the corporation: PC – Professional Corporation SC – Small Corporation PA – Professional Association PS – Professional Service

Part I, Line 8 (990-EZ) - Other Revenue

1,155

Description		Amount	
1	Reimbursements	1	1,155
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

59,111

1	Travel	1	
2	Meals and entertainment	2	2,566
3	Fundraising	3	1,638
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	6,864
9	Interest	9	693
10	Supplies	10	887
11	Telephone	11	5,104
12	Unrelated business income taxes	12	0
13	Kings Luncheon	13	5,000
14	Academic Enrichment	14	14,794
15	Insurance	15	1,915
16	Bank Charges	16	555
17	Collateral Design and Printing	17	6,712
18	Contract Labor	18	1,770
19	Merchant Fees	19	639
20	Dues and Memberships	20	3,528
21	Internet Services	21	903
22	Office	22	1,203
23	Service Fees	23	2,112
24	Penalties and Fines	24	500
25	Miscellaneous	25	1,728
26		26	
27		27	
28		28	

Part II, Line 26 (990-EZ) - Liabilities

0146,477

Description		Beginning	End
1	Accounts Payable		2,028
2	Lonterm Liabilities		144,449
3			
4			
5			
6			
7			
8			
9			
10			