

## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

**62-1571573**

### ROCKETOWN OF MIDDLE TN

**Net Asset / Fund Balance at Beginning of Year** **6,224,429**

#### Revenue

Contributions	<u>670,981</u>
Program service revenue	<u>141,091</u>
Investment income	<u>659</u>
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	<u>27,310</u>
Direct expenses	<u>56,523</u>
Net income	<u>-29,213</u>
Other income	<u>819,754</u>

#### Total revenue

**1,603,272**

#### Expenses

Program services	<u>1,231,665</u>
Management and general	<u>408,588</u>
Fundraising	<u>94,330</u>

#### Total expenses

**1,734,583**

#### Excess / (deficit)

**-131,311**

#### Changes

**541**

**Net Asset / Fund Balance at End of Year**

**6,093,659**

#### Reconciliation of Revenue

Total revenue per financial statements	<u><b>1,856,082</b></u>
Less:	
Unrealized gains	<u>541</u>
Donated services	
Recoveries	
Other	<u>252,269</u>
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u><u><b>1,603,272</b></u></u>

#### Reconciliation of Expenses

Total expenses per financial statements	<u><b>1,986,852</b></u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>252,269</u>
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u><u><b>1,734,583</b></u></u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>7,112,016</u>	<u>6,871,907</u>	
Liabilities	<u>887,587</u>	<u>778,248</u>	
Net assets	<u><u>6,224,429</u></u>	<u><u>6,093,659</u></u>	<u><u>-130,770</u></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date **11/15/19**  
 Failure to file penalty \_\_\_\_\_

**Form 990-T Return Summary**For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19****62-1571573****ROCKETOWN OF MIDDLE TN**

Income and deductions reflect Form 990-T page 1

**Income**

Gross profit	<u>0</u>	
Capital gain / loss	<u>0</u>	
All other income	<u>60,385</u>	
<b>Total income</b>		<u>60,385</u>

**Deductions**

Officer compensation	<u>0</u>	
Salaries	<u>0</u>	
All other deductions	<u></u>	
<b>Total deductions</b>		<u></u>

**Adjustments**

Income from additional activities	<u></u>	
Disallowed fringe benefits	<u></u>	
Net operating loss (prior to 2018)	<u></u>	
Specific deduction	<u>1,000</u>	
<b>Total adjustments</b>		<u>(1,000)</u>

**Unrelated business taxable income**59,385**Taxes / Credits / Payments**

Regular tax	<u>12,471</u>	
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities	<u></u>	
<b>Tax</b>		<u>12,471</u>

Foreign tax credit and other credits	<u></u>	
General business credits	<u></u>	
Prior year minimum tax credit	<u></u>	
<b>Total nonrefundable credits</b>		<u></u>

Other taxes	<u></u>	
<b>Total tax</b>		<u>12,471</u>

Estimated tax payments and Tax withheld	<u></u>	
Paid with extension	<u></u>	
Other credits / payments	<u></u>	
Estimated tax penalty	<u>525</u>	
Overpayment applied to next year's tax	<u></u>	
<b>Payments / penalty / application</b>		<u>-525</u>

<b>Net tax due</b>		<u>12,996</u>
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**Additions to Tax**

Interest on late payments	<u></u>	
Failure to file penalty	<u></u>	
Failure to pay penalty	<u></u>	
<b>Total additions</b>		<u></u>

<b>Balance due</b>		<u>12,996</u>
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<b>Refund</b>		<u></u>
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**Next Year's Estimates**

1st quarter	<u></u>
2nd quarter	<u></u>
3rd quarter	<u></u>
4th quarter	<u></u>
<b>Total</b>	<u></u>

**Miscellaneous Information**

Number of Sch M Units	<u></u>
Amended return	<u></u>
Return / extended due date	<u>11/15/19</u>

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

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service  
Name of exempt organizationFor calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19.**u Do not send to the IRS. Keep for your records.**  
**u Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.****2018**Name of exempt organization  
**ROCKETOWN OF MIDDLE TN**  
Name and title of officer  
**KENNY ALONZO**  
**EXECUTIVE DIRECTOR**Employer identification number  
**62-1571573****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 being filed with 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 one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>1,603,272</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**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 2018 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)** the reason for any delay in processing the return or refund, and **(c)** 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 **GREG LEMON CPA, PLLC.** to enter my PIN **71573** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 2018 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 } **11/05/19****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**62664626794**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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 } **11/05/19****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** (2018)

Form **990**Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Do not enter social security numbers on this form as it may be made public.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
 Open to Public  
 Inspection
**A** For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**ROCKETOWN OF MIDDLE TN**

Doing business as

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

**601 FOURTH AVENUE SOUTH**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**NASHVILLE****TN 37210****D** Employer identification number**62-1571573****E** Telephone number**615-843-4001****G** Gross receipts \$ **1,903,683****F** Name and address of principal officer:**KENNY ALONZO****601 FOURTH AVE SOUTH****NASHVILLE****TN 37210****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) **t** (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.ROCKETOWN.COM****H(c)** Group exemption number **u****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **u****L** Year of formation: **1994****M** State of legal domicile: **TN****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE O	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>43</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>60,385</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>59,385</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>911,721</b>	<b>670,981</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>146,079</b>	<b>141,091</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,532</b>	<b>659</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>725,744</b>	<b>790,541</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>1,788,076</b>	<b>1,603,272</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>941,650</b>	<b>848,082</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>	<b>94,330</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>879,614</b>	<b>886,501</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,821,264</b>	<b>1,734,583</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-33,188</b>	<b>-131,311</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,112,016</b>	<b>6,871,907</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>887,587</b>	<b>778,248</b>
		<b>6,224,429</b>	<b>6,093,659</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>KENNY ALONZO</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed	PTIN
	<b>GREGORY A. LEMON, CPA</b>		<b>11/06/19</b>		<b>P01726794</b>
	Firm's name } <b>GREG LEMON CPA, PLLC.</b>	Firm's EIN } <b>47-2342040</b>			
	Firm's address } <b>102 W 7TH ST # 100</b> <b>COLUMBIA, TN 38401-3249</b>	Phone no. <b>931-388-0517</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2018)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **87,836** including grants of\$ ) (Revenue \$ **98,045** )**THE SIXTH AVENUE SKATEPARK**

ROCKETOWN'S MISSION IS TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE. THE SKATEPARK OFFERS EVER-CHANGING EVER-COOL EXPERIENCE THAT ATTRACTS YOUTH AND OUR GOAL IS TO OFFER CREATIVE, SOCIAL AND SPIRITUAL PROGRAMS THROUGH THE SKATEPARK. IN FISCAL 2018, 17,948 YOUTH PARTICIPATED IN SKATE-ORIENTED PROGRAMS.

**4b** (Code: ) (Expenses \$ **331,743** including grants of\$ ) (Revenue \$ **324,446** )**MUSIC VENUE AND COFFEEBAR**

ROCKETOWN'S MISSION IS TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE. THE MUSIC VENUE OFFERS EVER-CHANGING EVER-COOL EXPERIENCES THAT ATTRACT YOUTH AND OUR GOAL IS TO OFFER CREATIVE, SOCIAL AND SPIRITUAL PROGRAMS THROUGH THE MUSIC VENUE AND COFFEEBAR ENVIRONMENTS. IN FISCAL 2018, 16,294 YOUTH PARTICIPATED IN THIS TYPE OF PROGRAM.

**4c** (Code: ) (Expenses \$ **812,086** including grants of\$ ) (Revenue \$ **869,953** )**OTHER PROGRAM SERVICES**

ROCKETOWN'S MISSION IS TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE. ROCKETOWN OFFERS JOB PREPAREDNESS AND LIFE-SKILL DEVELOPMENT THROUGH AFTERSCHOOL PROGRAMMING WITH OUR PARTNER, MCGAVOCK HIGH SCHOOL. WE ALSO OFFER CREATIVE, SOCIAL AND SPIRITUAL OPPORTUNITIES THAT ATTRACT KIDS LIKE DANCE CLASSES, SUMMER CAMPS, MUSIC LESSONS, ART LESSONS, AND BIBLE STUDIES. IN FISCAL 2018, APPROXIMATELY 8,117 YOUTH PARTICIPATED IN THIS TYPE OF PROGRAM.

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

**4e** Total program service expenses **u 1,231,665**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> <b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<b>2</b> <b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> <b>X</b>	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	<b>X</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> <b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> <b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> <b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<b>17</b>	<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> <b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>25b</b> Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> <b>43</b>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> <b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> <b>X</b>	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b> <b>X</b>	
<b>4a</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)?	<b>4a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b> <b>X</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> <b>X</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>22</b>	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent .....	<b>20</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>	<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	<b>X</b>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	<b>X</b>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<b>12c</b>	<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	<b>X</b>
<b>b</b>	Other officers or key employees of the organization .....	<b>15b</b>	<b>X</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **u TN** .....

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**KENNY ALONZO****601 FOURTH AVE SOUTH****NASHVILLE****TN 37210****615-843-4001**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNY ALONZO										
EXECUTIVE DIRECTOR	40.00 0.00	X		X				118,120	0	0
(2) LAUREN BROOKS										
SECRETARY	20.00 0.00	X		X				0	0	0
(3) AARON DORN										
FINANCE CHAIR	0.50 0.00	X						0	0	0
(4) ANDREA PERRY										
BOARD MEMBER	0.50 0.00	X						0	0	0
(5) BRIAN SWEATT										
CHAIR	2.50 0.00	X		X				0	0	0
(6) CHARLES AVENT										
BOARD MEMBER	0.50 0.00	X						0	0	0
(7) CHARLOTTE GOLDSTON										
BOARD MEMBER	0.50 0.00	X						0	0	0
(8) CHRIS SPENCER										
BOARD MEMBER	0.50 0.00	X						0	0	0
(9) DAN GREENE										
BOARD MEMBER	0.50 0.00	X						0	0	0
(10) DAVID CLAY										
PAST CHAIR	0.50 0.00	X		X				0	0	0
(11) DAVID SSEBULIME										
BOARD MEMBER	0.50 0.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>DEREK SPIRK</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(13) <b>GEORGE URIBE</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(14) <b>KURT NELSON</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(15) <b>JOHNATHAN WOODSIDE</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(16) <b>MARK EZELL</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(17) <b>MICHAEL SMITH</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(18) <b>PATRICIA HUNT</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(19) <b>STACY DANIEL</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
<b>1b Sub-total</b> .....							<b>u</b>	<b>118,120</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>	<b>118,120</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>	4,520			
	<b>c</b> Fundraising events	<b>1c</b>	335,247			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	58,146			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	273,068			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	670,981			
Program Service Revenue	<b>2a</b> SESSION FEES	Busn. Code 711300	56,937	56,937		
	<b>b</b> PROGRAM FEES	611600	37,615	37,615		
	<b>c</b> TICKET SALES/COVER CHARGES	611600	31,016	31,016		
	<b>d</b> LESSONS	611600	10,655	10,655		
	<b>e</b> EQUIPMENT RENTAL	711190	4,868	4,868		
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	141,091			
	Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	659	659	
<b>4</b> Income from investment of tax-exempt bond proceeds		<b>u</b>				
<b>5</b> Royalties		<b>u</b>				
<b>6a</b> Gross rents		(i) Real      (ii) Personal 788,433				
<b>b</b> Less: rental exps.		78,820				
<b>c</b> Rental inc. or (loss)		709,613				
<b>d</b> Net rental income or (loss)		<b>u</b>	709,613		60,385	649,228
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities      (ii) Other				
<b>b</b> Less: cost or other basis & sales exps.						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)		<b>u</b>				
<b>8a</b> Gross income from fundraising events (not including \$ 335,247 of contributions reported on line 1c). See Part IV, line 18		<b>a</b>	27,310			
<b>b</b> Less: direct expenses		<b>b</b>	56,523			
<b>c</b> Net income or (loss) from fundraising events		<b>u</b>	-29,213			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities		<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b>	275,174			
<b>b</b> Less: cost of goods sold	<b>b</b>	165,068				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	110,106	110,106			
Miscellaneous Revenue		Busn. Code				
<b>11a</b> OTHER OPERATING INCOME		35	35			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	<b>u</b>	35				
<b>12 Total revenue.</b> See instructions.	<b>u</b>	1,603,272	251,891	60,385	649,228	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	118,120		118,120	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	599,822	528,760	7,756	63,306
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,016	14,303		1,713
<b>9</b> Other employee benefits	56,941	54,597		2,344
<b>10</b> Payroll taxes	57,183	44,121	9,111	3,951
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	12,720	33	12,687	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	251,716	127,071	122,117	2,528
<b>12</b> Advertising and promotion	1,870	1,790	80	
<b>13</b> Office expenses	34,377	8,986	23,048	2,343
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	153,134	144,600	8,534	
<b>17</b> Travel	4,661	1,992	2,514	155
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	27,452	27,452		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	160,136	147,512	6,312	6,312
<b>23</b> Insurance	64,288		64,288	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SPECIAL EVENTS	58,387	2,394		55,993
<b>b</b> FOOD AND ENTERTAINMENT	50,908	42,140	8,238	530
<b>c</b> TAXES AND LICENSES	46,620	46,620		
<b>d</b> SUPPLIES	42,210	37,928	3,941	341
<b>e</b> All other expenses	-21,978	1,366	21,842	-45,186
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,734,583	1,231,665	408,588	94,330
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing .....	<b>309,032</b>	<b>1</b>	<b>217,315</b>
	<b>2</b> Savings and temporary cash investments .....	<b>117,016</b>	<b>2</b>	<b>117,075</b>
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	<b>16,347</b>	<b>4</b>	<b>32,462</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	<b>49,518</b>	<b>8</b>	<b>38,791</b>
	<b>9</b> Prepaid expenses and deferred charges .....	<b>20,757</b>	<b>9</b>	<b>448</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>8,310,856</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>1,869,776</b>	<b>6,575,342</b>	<b>10c</b> <b>6,441,080</b>
	<b>11</b> Investments—publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	<b>24,004</b>	<b>15</b>	<b>24,736</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	<b>7,112,016</b>	<b>16</b>	<b>6,871,907</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	<b>137,425</b>	<b>17</b>	<b>91,820</b>
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	<b>79,609</b>	<b>19</b>	<b>43,268</b>
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	<b>670,553</b>	<b>23</b>	<b>625,688</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	<b>17,472</b>
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	<b>887,587</b>	<b>26</b>	<b>778,248</b>
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets .....		<b>6,125,985</b>	<b>27</b>	<b>5,958,083</b>
<b>28</b> Temporarily restricted net assets .....		<b>83,444</b>	<b>28</b>	<b>135,576</b>
<b>29</b> Permanently restricted net assets .....		<b>15,000</b>	<b>29</b>	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds .....			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
<b>33</b> Total net assets or fund balances .....		<b>6,224,429</b>	<b>33</b>	<b>6,093,659</b>
<b>34</b> Total liabilities and net assets/fund balances .....		<b>7,112,016</b>	<b>34</b>	<b>6,871,907</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,603,272</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,734,583</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-131,311</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>6,224,429</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>541</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>6,093,659</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>MARK JARRELL</b>	2.00									
VICE CHAIR	0.00	X		X				0	0	0
(21) <b>LATRISHIA JEMISON</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(22) <b>AARON HARRIS</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(23) <b>BEN CLAYBAKER</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(24) <b>PAT EMERY</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(25) <b>SUSAN JOY</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(26) <b>TERRY FRANK</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

**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.

**u Attach to Form 990 or Form 990-EZ.****u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

**ROCKETOWN OF MIDDLE TN**

Employer identification number

**62-1571573****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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	870,285	961,100	781,550	911,721	670,981	4,195,637
<b>2</b> 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	630,297	606,309	420,715	497,655	444,269	2,599,245
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,500,582	1,567,409	1,202,265	1,409,376	1,115,250	6,794,882
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	229,913	276,447	316,605	21,560	20,000	864,525
<b>b</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						
<b>c</b> Add lines 7a and 7b	229,913	276,447	316,605	21,560	20,000	864,525
<b>8 Public support.</b> (Subtract line 7c from line 6.)						5,930,357

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	1,500,582	1,567,409	1,202,265	1,409,376	1,115,250	6,794,882
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	452,025	475,820	521,735	560,538	697,363	2,707,481
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	452,025	475,820	521,735	560,538	697,363	2,707,481
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		31,667	50,945	66,290	59,385	208,287
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	57,143			30,009	35	87,187
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,009,750	2,074,896	1,774,945	2,066,213	1,872,033	9,797,837
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	60.53 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	60.98 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	28 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	24 %

**19a 33 1/3% support tests—2018.** 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—2017.** 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 Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART III, LINE 12 - OTHER INCOME DETAIL**

**OTHER INCOME** \$ 34,000

**TICKET WEB BONUS** \$ 50,000

**PRODUCT REBATE** \$ 3,187

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**u Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

u Attach to Form 990.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

Employer identification number

**ROCKETOWN OF MIDDLE TN****62-1571573****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

- |   | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year .....                       |                         |                              |
| 2 Aggregate value of contributions to (during year) ..... |                         |                              |
| 3 Aggregate value of grants from (during year) .....      |                         |                              |
| 4 Aggregate value at end of year .....                    |                         |                              |
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- |  |   |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space  |   |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u .....
- 4 Number of states where property subject to conservation easement is located u .....
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u .....
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$ .....
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- |   |            |
|---|------------|
| (i) Revenue included on Form 990, Part VIII, line 1 ..... | u \$ ..... |
| (ii) Assets included in Form 990, Part X .....            | u \$ ..... |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- |   |            |
|---|------------|
| a Revenue included on Form 990, Part VIII, line 1 ..... | u \$ ..... |
| b Assets included in Form 990, Part X .....             | u \$ ..... |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange programs

**e** ☐ Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance .....	
<b>1d</b> Additions during the year .....	
<b>1e</b> Distributions during the year .....	
<b>1f</b> Ending balance .....	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment **u** %

**b** Permanent endowment **u** %

**c** Temporarily restricted endowment **u** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations .....

(ii) related organizations .....

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>2,367,032</b>		<b>2,367,032</b>
<b>b</b> Buildings .....		<b>5,078,595</b>	<b>1,068,122</b>	<b>4,010,473</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>860,095</b>	<b>801,306</b>	<b>58,789</b>
<b>e</b> Other .....		<b>5,134</b>	<b>348</b>	<b>4,786</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>6,441,080</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) <b>ACCRUED TAX PAYABLE</b>	<b>17,472</b>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>17,472</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .... ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,856,082
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	541
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	252,269
e	Add lines 2a through 2d	2e	252,810
3	Subtract line 2e from line 1	3	1,603,272
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,603,272

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,986,852
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	252,269
e	Add lines 2a through 2d	2e	252,269
3	Subtract line 2e from line 1	3	1,734,583
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,734,583

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE THE ORGANIZATION'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY

THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE

ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT

WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. THE ORGANIZATION'S

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS

CONCLUDED THAT AS OF JUNE 30, 2019 NO UNCERTAIN POSITIONS ARE TAKEN OR ARE

EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR

ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS

SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE

CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION IS NO

**Part XIII Supplemental Information** *(continued)*

LONGER SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS FOR ANY TAX PERIODS BEGINNING BEFORE 2016.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

COST OF GOODS SOLD	\$	165,068
SPECIAL EVENT EXPENSES	\$	56,524
RENT EXPENSES	\$	30,685
DEPRECIATION ADJUSTMENT	\$	-8

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

COST OF GOODS SOLD	\$	165,068
SPECIAL EVENT EXPENSES	\$	56,524
RENT EXPENSES	\$	30,685
DEPRECIATION ADJUSTMENT	\$	-8

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

U Attach to Form 990 or Form 990-EZ.

U Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**ROCKETOWN OF MIDDLE TN**

Employer identification number

**62-1571573**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**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 10 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 and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

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

.....

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 <b>FUNDRAISING EVENT</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	362,557		362,557
	2 Less: Contributions	335,247		335,247
	3 Gross income (line 1 minus line 2)	27,310		27,310
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages	530		530
	8 Entertainment			
	9 Other direct expenses	55,993		55,993
	10 Direct expense summary. Add lines 4 through 9 in column (d)			56,523
11 Net income summary. Subtract line 10 from line 3, column (d)			-29,213	

**Part III Gaming.** Complete if the organization answered "Yes" on 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				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	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)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u** .....

Address **u** .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization **u\$** ..... and the amount of gaming revenue retained by the third party **u\$** .....
- c** If "Yes," enter name and address of the third party:

Name **u** .....

Address **u** .....

**16** Gaming manager information:

Name **u** .....

Gaming manager compensation **u\$** .....

Description of services provided **u** .....

☐ 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? ☐ Yes ☐ No
- 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 **u\$** .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

ROCKETOWN OF MIDDLE TN

Employer identification number

62-1571573

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

TO CREATE CULTURALLY RELEVANT ENVIRONMENTS THAT FOSTER VITAL RELATIONSHIPS BETWEEN DISENFRANCHISED ADOLESCENTS AND CHRISTIAN MENTORS IN ORDER TO MEET SOCIAL, SPIRITUAL, AND PHYSICAL NEEDS OF THE TEENS. ROCKETOWN HAS VISITORS REPRESENTING EVERY SOCIAL DEMOGRAPHIC OF THE GREATER NASHVILLE AREA AND SURROUNDING COUNTIES.

**FORM 990 - ORGANIZATION'S MISSION**

TO CREATE CULTURALLY RELEVANT ENVIRONMENTS THAT FOSTER VITAL RELATIONSHIPS BETWEEN DISENFRANCHISED ADOLESCENTS AND CHRISTIAN MENTORS IN ORDER TO MEET SOCIAL, SPIRITUAL, AND PHYSICAL NEEDS OF THE TEENS. ROCKETOWN HAS VISITORS REPRESENTING EVERY SOCIAL DEMOGRAPHIC OF THE GREATER NASHVILLE AREA AND SURROUNDING COUNTIES.

**FORM 990, PART I, LINE 6**

VOLUNTEERS PROVIDE SERVICE TO THE ORGANIZATION IN THE FOLLOWING AREAS: BUILDING MAINTENANCE AND IMPROVEMENT, CROWD MANAGEMENT AT EVENTS, SPECIALTY TEACHERS AND LECTURES, AND THROUGH OTHER ACTIVITIES.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

IN DRAFT FORM, THE 990 WILL BE PROVIDED TO THE FINANCE DIRECTOR FOR A DETAILED REVIEW. THE EXECUTIVE COMMITTEE OF THE BOARD WILL THEN REVIEW AND PROVIDE FEEDBACK.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

Name of the organization

Employer identification number

ROCKETOWN OF MIDDLE TN

62-1571573

THE BOARD GOVERNANCE COMMITTEE ANNUALLY ISSUES THE CONFLICT OF INTEREST POLICY AND REVIEWS THESE ANNUALLY AT BOARD MEMBER RENEWAL.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE 990 IS ALSO AVAILABLE THROUGH THE WEBSITE GUIDESTAR.COM. ALL OTHER ORGANIZING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

## DESCRIPTION

## TOT/PROG SERVICE

## MGT &amp; GENERAL

## FUNDRAISING

## PERSONNEL

\$	0	\$	12,040	\$	0
----	---	----	--------	----	---

## PURCHASED SERVICES

\$	127,071	\$	110,077	\$	2,528
----	---------	----	---------	----	-------

## TOTAL

\$	127,071	\$	122,117	\$	2,528
----	---------	----	---------	----	-------

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

COST OF GOODS SOLD	\$	165,068
--------------------	----	---------

SPECIAL EVENT EXPENSES	\$	56,524
------------------------	----	--------

RENT EXPENSES	\$	30,685
---------------	----	--------

DEPRECIATION ADJUSTMENT	\$	-8
-------------------------	----	----

COST OF GOODS SOLD	\$	-165,068
--------------------	----	----------

SPECIAL EVENT EXPENSES	\$	-56,524
------------------------	----	---------

RENT EXPENSES	\$	-30,685
---------------	----	---------

DEPRECIATION ADJUSTMENT	\$	8
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Form **990-T**Department of the Treasury  
Internal Revenue Service**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2018 or other tax year beginning **07/01/18**, and ending **06/30/19**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

**2018**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D Employer identification number</b> (Employees' trust, see instructions.)
<b>B</b> Exempt under section		<b>ROCKETOWN OF MIDDLE TN</b>	<b>62-1571573</b>
<input checked="" type="checkbox"/> 501(c) ( <b>3</b> )		Number, street, and room or suite no. If a P.O. box, see instructions.	<b>E Unrelated business activity code</b> (See instructions.)
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)		<b>601 FOURTH AVENUE SOUTH</b>	<b>531190</b>
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)		City or town, state or province, country, and ZIP or foreign postal code	
<b>C</b> Book value of all assets at end of year		<b>NASHVILLE TN 37210</b>	
<b>6,871,907</b>	<b>F</b> Group exemption number (See instructions.) <b>u</b>		
	<b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Enter the number of the organization's unrelated trades or businesses. **u1** Describe the only (or first) unrelated trade or business here  
**u RENTAL OF PARKING LOT**. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III–V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... **u** ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **u KENNY ALONZO** Telephone number **u 615-843-4001**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales						
<b>b</b> Less returns and allowances		<b>c</b> Balance	<b>u</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)				<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c				<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)				<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				<b>4b</b>		
<b>c</b> Capital loss deduction for trusts				<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)				<b>5</b>		
<b>6</b> Rent income (Schedule C)				<b>6</b>	<b>91,070</b>	<b>30,685</b>
<b>7</b> Unrelated debt-financed income (Schedule E)				<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organization (Schedule F)				<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)				<b>10</b>		
<b>11</b> Advertising income (Schedule J)				<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)				<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12				<b>13</b>	<b>91,070</b>	<b>30,685</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	<b>0</b>
<b>23</b> Depletion		<b>23</b>	
<b>24</b> Contributions to deferred compensation plans		<b>24</b>	
<b>25</b> Employee benefit programs		<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b> Other deductions (attach schedule)		<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>	
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	<b>60,385</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b>	<b>60,385</b>

**Part III Total Unrelated Business Taxable income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	<b>60,385</b>
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	
<b>35</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	<b>60,385</b>
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	<b>1,000</b>
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	<b>59,385</b>

**Part IV Tax Computation**

<b>39</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	<b>39</b>	<b>12,471</b>
<b>40</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	<b>Proxy tax.</b> See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	<b>12,471</b>

**Part V Tax and Payments**

<b>45a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>45a</b>		
<b>b</b>	Other credits (see instructions)	<b>45b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>45d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 45a through 45d	<b>45e</b>		
<b>46</b>	Subtract line 45e from line 44	<b>46</b>	<b>12,471</b>	
<b>47</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	<b>47</b>		
<b>48</b>	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	<b>48</b>	<b>12,471</b>	
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	<b>49</b>		
<b>50a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>		
<b>b</b>	2018 estimated tax payments	<b>50b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>50c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <b>u</b>	<b>50g</b>		
<b>51</b>	<b>Total payments.</b> Add lines 50a through 50g	<b>51</b>		
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input checked="" type="checkbox"/>	<b>52</b>	<b>525</b>	
<b>53</b>	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed <b>u</b>	<b>53</b>	<b>12,996</b>	
<b>54</b>	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid <b>u</b>	<b>54</b>		
<b>55</b>	Enter the amount of line 54 you want: Credited to 2019 estimated tax <b>u</b> Refunded <b>u</b>	<b>55</b>		

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

<b>56</b>	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here <b>u</b>	Yes	No
			<b>X</b>
<b>57</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		<b>X</b>
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b>		

**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 taxpayer) is based on all information of which preparer has any knowledge.

<b>u</b>	<b>u</b> <b>EXECUTIVE DIRECTOR</b>
Signature of officer	Title

May the IRS discuss this return with the preparer shown below (see instructions)?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GREGORY A. LEMON, CPA</b>	Preparer's signature	Date <b>11/06/19</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01726794</b>
	Firm's name } <b>GREG LEMON CPA, PLLC.</b>	Firm's EIN } <b>47-2342040</b>			
	Firm's address } <b>102 W 7TH ST # 100</b>	Phone no. <b>931-388-0517</b>			
		<b>COLUMBIA, TN 38401-3249</b>			

Form **990-T** (2018)

Form 990-T (2018) **ROCKETOWN OF MIDDLE TN****62-1571573**Page **3****Schedule A – Cost of Goods Sold.** Enter method of inventory valuation **u**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract		
<b>3</b> Cost of labor	<b>3</b>		line 6 from line 5. Enter here and		
<b>4a</b> Additional sec. 263A costs			in Part I, line 2	<b>7</b>	
(attach schedule)	<b>4a</b>				
<b>b</b> Other costs	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to		<b>Yes</b>
(attach schedule)			property produced or acquired for resale) apply		<b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>		to the organization?		

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property(1) **RENTAL OF PARKING LOT**

(2)

(3)

(4)

**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
		<b>SEE STATEMENT 1</b>
(1)	<b>91,070</b>	<b>30,685</b>
(2)		
(3)		
(4)		
<b>Total</b>	<b>91,070</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**u****91,070****(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B)**u****30,685****Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	<b>N/A</b>			
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8			<b>u</b>	<b>u</b>

Form **990-T** (2018)

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....						

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ..... <b>u</b>						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> .... <b>u</b>						

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>

**Federal Statements****Statement 1 - Form 990-T, Schedule C, Column 3 - Deductions**

<u>Description</u>	<u>Deduction</u>
RENTAL OF PARKING LOT	
TAXES	17,024
ADMINISTRATIVE ALLOCATION	13,661
TOTAL	<u>30,685</u>

Form **2220****Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service**u** Attach to the corporation's tax return.  
**uGo to** [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.**2018**

Name <b>ROCKETOWN OF MIDDLE TN</b>	Employer identification number <b>62-1571573</b>
---------------------------------------	---

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....	1	<b>12,471</b>
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	12a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
c Credit for federal tax paid on fuels (see instructions) .....	2c	
d <b>Total.</b> Add lines 2a through 2c .....	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	<b>12,471</b>
4 Enter the tax shown on the corporation's 2017 income tax return. See instructions. <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	<b>12,737</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	<b>12,471</b>

**Part II Reasons for Filing**—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 ☐ The corporation is using the adjusted seasonal installment method.
- 7 ☐ The corporation is using the annualized income installment method.
- 8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	10/15/18	12/15/18	03/15/19	06/15/19
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	3,118	3,118	3,118	3,117
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11				
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				
13 Add lines 11 and 12 .....	13				
14 Add amounts on lines 16 and 17 of the preceding column .....	14		3,118	6,236	9,354
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	0	0	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		3,118	6,236	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	3,118	3,118	3,118	3,117
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2018)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions .....	<b>19</b>	<b>SEE WORKSHEET</b>		
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2018 and before 7/1/2018	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365}$ x 5% (0.05)	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365}$ x 5% (0.05)	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365}$ x 5% (0.05)	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2018 and before 4/1/2019	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365}$ x 6% (0.06)	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2019 and before 7/1/2019	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x %	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2019 and before 10/1/2019	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365}$ x %	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365}$ x %	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2019 and before 3/16/2020	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366}$ x %	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b>	\$	\$	\$
<b>38</b> Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b>	\$		<b>525</b>

\*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

Form <b>2220</b>	<b>Form 2220 Worksheet</b>	<b>2018</b>
For calendar year 2018, or tax year beginning <b>07/01/18</b> , and ending <b>06/30/19</b>		

Name <b>ROCKETOWN OF MIDDLE TN</b>	Employer Identification Number <b>62-1571573</b>
---------------------------------------	---

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u><b>10/15/18</b></u>	<u><b>12/15/18</b></u>	<u><b>03/15/19</b></u>	<u><b>06/15/19</b></u>
Amount of underpayment	<u><b>3,118</b></u>	<u><b>3,118</b></u>	<u><b>3,118</b></u>	<u><b>3,117</b></u>

Prior year overpayment applied \_\_\_\_\_

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	_____	_____	_____	_____	_____
Amount of payment	_____	_____	_____	_____	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	10/15/18	12/31/18	3,118	77	5.00	33
1	12/31/18	6/30/19	3,118	181	6.00	93
1	6/30/19	11/16/19	3,118	139	5.00	59
2	12/15/18	12/31/18	3,118	16	5.00	7
2	12/31/18	6/30/19	3,118	181	6.00	93
2	6/30/19	11/16/19	3,118	139	5.00	59
3	3/15/19	6/30/19	3,118	107	6.00	55
3	6/30/19	11/16/19	3,118	139	5.00	59
4	6/15/19	6/30/19	3,117	15	6.00	8
4	6/30/19	11/16/19	3,117	139	5.00	59
<b>TOTAL PENALTY</b>						<b>525</b>
						=====

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)  
u Attach to your tax return.u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**Attachment  
Sequence No. **179**Name(s) shown on return **ROCKETOWN OF MIDDLE TN** Identifying number **62-1571573**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,000,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,500,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>160,136</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>160,136</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2018)  
**THERE ARE NO AMOUNTS FOR PAGE 2**

62-1571573

## Federal Asset Report

FYE: 6/30/2019

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>											
34	2 STAINLESS STEEL TABLES	1/10/03	400				400	10	MO S/L	400	0
36	5 COMPARTMENT FILE CABINET	2/05/03	0				0	0	HY	0	0
38	GREEN ROOM FURNITURE	1/10/03	1,411				1,411	10	MO S/L	1,411	0
64	SKATE PARK RAMPS	1/06/03	200,662				200,662	10	MO S/L	200,662	0
65	RANCILIO ESPRESSO MACHINE	1/10/03	6,400				6,400	10	MO S/L	6,400	0
67	3 COMPARTMENT SINK	1/10/03	796				796	10	MO S/L	796	0
71	SOUND & LIGHTS SYSTEM	1/10/03	222,658				222,658	10	MO S/L	222,658	0
83	SKATE PARK RAMP IMPROVEMENTS	5/20/04	0				0	0	HY	0	0
95	MAC COMPUTER	11/09/05	0				0	0	HY	0	0
103	Delta Stage Lighting	4/01/08	0				0	0	HY	0	0
104	Server HV3P	5/28/08	0				0	0	HY	0	0
105	Imac Computer 20/2.4/	6/30/08	0				0	0	HY	0	0
106	Indoor Security	8/08/07	0				0	0	HY	0	0
108	Delta Stage Lighting SN F07516	4/15/09	0				0	0	HY	0	0
109	Refurb Mac 20 in (4)	4/19/10	0				0	0	HY	0	0
110	Amazon Coin Counter	6/03/10	0				0	0	HY	0	0
111	General Bank Supply	6/03/10	0				0	0	HY	0	0
112	Mercury Supply Zambonie	6/15/10	5,565				5,565	10	MO S/L	4,498	557
113	Ice-o-matic Ice Machine	6/14/10	0				0	0	HY	0	0
114	Glass Countertop Showcase	6/15/10	0				0	0	HY	0	0
115	GHA Tech - Wireless Access Point	5/19/10	0				0	0	HY	0	0
116	GHA Tech - Wireless Access Point - 2 Addi	5/26/10	0				0	0	HY	0	0
117	Palos Sports - Basketball Goals (2)	6/03/10	1,404				1,404	10	MO S/L	1,135	140
118	Land - 601 4th Avenue South	3/01/10	0				0	0	HY	0	0
134	RC Mathews - Constructn pmt #13	6/07/11	459				459	39	MO S/L	82	12
135	RC Mathews - Constructn pmt #12	5/02/11	30,648				30,648	39	MO S/L	5,561	775
136	SC&A parking lot engineer (25%)	4/01/11	2,118				2,118	39	MO S/L	389	53
137	Drapery & Track system	4/20/11	13,077				13,077	39	MO S/L	2,373	331
138	RC Mathews - Constructn pmt #11	4/07/11	35,764				35,764	39	MO S/L	6,564	906
139	SC&A parking lot engineer (75%)	3/01/11	6,381				6,381	39	MO S/L	1,185	161
140	RC Mathews - Constructn pmt #10	3/10/11	22,056				22,056	39	MO S/L	4,095	558
141	RC Mathews - Constructn pmt #9	2/07/11	13,434				13,434	39	MO S/L	2,522	340
142	Metro Water Permit - prking lot	2/14/11	400				400	39	MO S/L	75	10
143	RC Mathews - Constructn pmt #8	1/05/11	13,391				13,391	39	MO S/L	2,543	339
144	RC Mathews - Constructn pmt #7	12/06/10	211,677				211,677	39	MO S/L	40,638	5,359
145	RC Mathews - Constructn pmt #6	11/16/10	402,516				402,516	39	MO S/L	77,276	10,191
146	Legal Fees for Grooms Bldg Acqu	11/22/10	9,683				9,683	39	MO S/L	1,859	245
147	Addtl light @ women's stall sk8	11/17/10	430				430	39	MO S/L	83	10
148	Addtl light at men's urinal sk8	11/17/10	430				430	39	MO S/L	83	10
149	Addtl light at drinking ftn	11/17/10	580				580	39	MO S/L	111	15
150	Addtl 4' track fixtures under r	11/17/10	1,290				1,290	39	MO S/L	248	32
151	Addtl fixture in women's stall	11/17/10	430				430	39	MO S/L	83	10
152	Addtl men's urinal upper level	11/17/10	430				430	39	MO S/L	83	10
153	RC Mathews - Constructn pmt #5	10/07/10	199,439				199,439	39	MO S/L	39,130	5,049
154	RC Mathews - Constructn pmt #3	9/08/10	226,900				226,900	39	MO S/L	44,997	5,744
155	RC Mathews - Constructn pmt #4	9/10/10	103,256				103,256	39	MO S/L	20,477	2,614
156	RC Mathews - Constructn pmt #2	8/04/10	600,134				600,134	39	MO S/L	120,280	15,193
157	Re-terminate voice drops	8/16/10	1,005				1,005	39	MO S/L	199	26
158	Prod Svcs for 2010 RCKTWN	7/26/10	3,000				3,000	39	MO S/L	601	76
159	307' data drop for wireless bri	7/30/10	358				358	39	MO S/L	72	9
160	Core drills for security room	7/30/10	679				679	39	MO S/L	136	17
161	Low voltage cabling #2	7/30/10	2,073				2,073	39	MO S/L	415	53
162	Stands for duct work on roof	7/23/10	918				918	39	MO S/L	184	23
163	Flash curbs on Grooms Building	7/30/10	36,873				36,873	39	MO S/L	7,390	934
164	Grooms - architect #4	7/01/10	2,180				2,180	39	MO S/L	442	55
165	Grooms Bldg - cabinet signs (3)	8/02/10	12,629				12,629	39	MO S/L	2,531	320
166	Schlage door locks (3 addtl)	8/09/10	561				561	39	MO S/L	112	15
167	Vanity Lighting Upgrade	5/25/11	1,760				1,760	15	MO S/L	831	117
168	Elec Power from wall to stage	9/07/10	3,437				3,437	15	MO S/L	1,795	229
169	Electric mtl/install for stage	8/25/10	846				846	15	MO S/L	442	56
170	Flash curbs on White Bldg roof	7/30/10	6,300				6,300	15	MO S/L	3,325	420
171	Small interior signs	8/05/10	0				0	0	HY	0	0
172	Phone System & Installation #2	8/10/10	0				0	0	HY	0	0
173	DCR POS System - 50% deposit	7/22/10	0				0	0	HY	0	0
174	Phone System & Installation	7/20/10	0				0	0	HY	0	0
175	SpecoTech DVR & Surge Protector	7/30/10	0				0	0	HY	0	0
176	Mackie Active Speaker(2)	5/27/11	0				0	0	HY	0	0
177	Electrical repair for dimmer	12/22/10	0				0	0	HY	0	0

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**Federal Asset Report**

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
184	TC Elec Rhythm Dly	7/01/10	0				0	0	HY		0	0
185	Soundcraft RW5676 32ch Mixer	7/29/10	0				0	0	HY		0	0
186	Whirlwind 50ft/12ch snake (3)	7/29/10	0				0	0	HY		0	0
187	Drawmer MX40 Punch Gates (3)	7/29/10	0				0	0	HY		0	0
188	CBI MT32BLB/C15NPX Snake	8/11/10	0				0	0	HY		0	0
189	CBI SPR484008X150 48ch inputs	8/11/10	0				0	0	HY		0	0
190	MX300 Stereo Reverb Processor	7/15/10	0				0	0	HY		0	0
191	Sennheiser Drum mic (2)	7/12/10	0				0	0	HY		0	0
192	Lexicon mx200 reverb	7/12/10	0				0	0	HY		0	0
193	1231 Dual 31-Band Graphic EQ(2)	7/16/10	0				0	0	HY		0	0
194	160A Compressor/Limiter (4)	7/16/10	0				0	0	HY		0	0
195	Lights/truss/etc - Main Venue	7/21/10	0				0	0	HY		0	0
196	Custom Acoustic Baffles (16)	7/07/10	0				0	0	HY		0	0
197	Art Railing System in Flex Rm	9/30/10	0				0	0	HY		0	0
198	4.5 Frigerators (2)	9/01/10	0				0	0	HY		0	0
199	ECB 4' snack counter	7/02/10	0				0	0	HY		0	0
200	ECB Open sing	8/02/10	0				0	0	HY		0	0
201	Black Bar Stool (10)	7/26/10	0				0	0	HY		0	0
202	Black Loveseat (3)	7/26/10	0				0	0	HY		0	0
203	Black Lounge Chairs (4)	7/26/10	0				0	0	HY		0	0
204	Sink & faucet for ECB	7/12/10	0				0	0	HY		0	0
205	Baker's Pride Oven - deposit	7/28/10	0				0	0	HY		0	0
206	Skateshop mirrors (2)	8/06/10	0				0	0	HY		0	0
207	6in Showcase Black (2)	7/02/10	0				0	0	HY		0	0
208	4' Showcase Black	7/02/10	0				0	0	HY		0	0
209	SK8 White Birch display	7/23/10	0				0	0	HY		0	0
210	SK8 6' full vision case	7/02/10	0				0	0	HY		0	0
211	Handrails for skatepark	8/02/10	0				0	0	HY		0	0
212	Ryder Weedeater	5/20/11	0				0	0	HY		0	0
213	Propellerhead Record	5/23/11	0				0	0	HY		0	0
214	Flip Cameras (4)	4/15/11	0				0	0	HY		0	0
215	Addtl Camlocks @ stage lightg p	12/01/10	0				0	0	HY		0	0
216	Step&Repeat Banner	11/12/10	0				0	0	HY		0	0
217	Schlage door locks (5 addtl)	9/10/10	0				0	0	HY		0	0
218	Data drop for main venue POS	10/29/10	0				0	0	HY		0	0
219	Century .3x Fisheye Adaptor	10/26/10	0				0	0	HY		0	0
220	Panasonic AG-DVX100A Camcorder	10/26/10	0				0	0	HY		0	0
221	Phone System & Installation #3	10/15/10	0				0	0	HY		0	0
222	Solerant POS/Netwrk install/trg	9/21/10	0				0	0	HY		0	0
223	7.5 Cart from Home Depot	9/08/10	0				0	0	HY		0	0
224	78x48x18 cabinets (3)	8/05/10	0				0	0	HY		0	0
225	Mandy's Computer	8/25/10	0				0	0	HY		0	0
226	4'x12' PSV Print (new logo)	9/08/10	0				0	0	HY		0	0
227	Roll'g bskt for leg storage(2)	9/01/10	0				0	0	HY		0	0
228	Wheels for deck storage (12)	9/01/10	0				0	0	HY		0	0
229	3' skirt panels for stage (2)	9/01/10	0				0	0	HY		0	0
230	3' step units for stage (2)	9/01/10	0				0	0	HY		0	0
231	3' legs for stage (120)	9/01/10	0				0	0	HY		0	0
232	4in extrusion decks (28)	9/01/10	0				0	0	HY		0	0
233	Aluminum truss bases (2)	9/03/10	0				0	0	HY		0	0
234	Strobe & BBS Backbox (2)	8/16/10	0				0	0	HY		0	0
235	Dance studio equip	8/09/10	0				0	0	HY		0	0
236	Black Cat5E cable	7/30/10	0				0	0	HY		0	0
237	Fire Alm Equip/Instl - Grooms	7/30/10	0				0	0	HY		0	0
238	Security & CCTV Eq - Grooms	7/30/10	0				0	0	HY		0	0
239	iPad serial#DLXF9LFXDKPH	5/26/11	0				0	0	HY		0	0
240	iPad serial#DLXF9HCWDKPH	5/26/11	0				0	0	HY		0	0
241	2 Year Warranty on Server	5/31/11	0				0	0	HY		0	0
242	Avid VSSD Pro Tools software	5/23/11	0				0	0	HY		0	0
243	HP Laserjet P2035 - Finance	4/11/11	0				0	0	HY		0	0
244	(2) Office Mac Home 3 lic pack	2/04/11	0				0	0	HY		0	0
245	(4) Apple Final Cut Exp 4 sftwr	2/04/11	0				0	0	HY		0	0
246	Ext harddrive & RAM - recording	2/04/11	0				0	0	HY		0	0
247	(2) 21.5in iMacs-Computer lab	2/04/11	0				0	0	HY		0	0
248	(2) 21.5in iMacs-Coffebar	2/04/11	0				0	0	HY		0	0
249	Finance Computer & Monitor	12/23/10	0				0	0	HY		0	0
250	59in Metal Bookcase (replacement)	1/07/11	0				0	0	HY		0	0
251	DCR POS System - 50% balance	8/25/10	0				0	0	HY		0	0
252	Battery Backup	7/21/10	0				0	0	HY		0	0
253	Dell PC 3548P	7/23/10	0				0	0	HY		0	0
254	Wireless Routers	7/21/10	0				0	0	HY		0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
255	POS Machines	7/26/10	0				0	0	HY	0	0
256	Landscaping at Grooms Bldg	8/04/10	5,505				5,505	15	MO S/L	2,906	367
257	RC Mathews - Construction payment #1	8/06/10	1,134,833				1,134,833	39	MO S/L	227,445	28,730
258	Building Additions (CIP Transfer)	7/01/10	1,082,681				1,082,681	39	MO S/L	219,277	27,410
259	Equipment	8/13/10	0				0	0	HY	0	0
260	Equipment	7/16/10	0				0	0	HY	0	0
261	Skatepark Improvements	7/01/10	0				0	0	HY	0	0
262	Cooler Door	12/07/11	0				0	0	HY	0	0
263	Dell Latitude computer	3/21/12	0				0	0	HY	0	0
266	Curtain and rigging points (3)	1/18/12	0				0	0	HY	0	0
268	RC Mathews Construction payment #14	10/03/11	22,914				22,914	39	MO S/L	3,916	580
269	RC Mathews Construction Payment #15	10/31/11	54,585				54,585	39	MO S/L	9,213	1,381
270	RC Mathews Construcion Payment #16	11/30/11	48,365				48,365	39	MO S/L	8,061	1,224
271	RC Mathews Construction Payment #17	1/01/12	1,282				1,282	39	MO S/L	211	32
272	Concrete Art	10/18/11	2,150				2,150	39	MO S/L	363	54
274	Mac Authority- Ipad?	7/29/11	0				0	0	HY	0	0
275	Donated mic & equipment	12/16/11	0				0	0	HY	0	0
276	Amp Rack & Amps	12/28/12	2,500				2,500	5	MO S/L	2,500	0
277	Wireless Controller	11/15/12	2,971				2,971	5	MO S/L	2,971	0
278	Structured Cabling	10/17/12	1,600				1,600	5	MO S/L	1,600	0
279	Rebuilt Server	9/24/12	1,422				1,422	5	MO S/L	1,422	0
280	Network Setup	9/28/12	3,000				3,000	5	MO S/L	3,000	0
281	Antivirus Liscenses	9/14/12	840				840	5	MO S/L	840	0
284	Snake	9/05/12	2,800				2,800	5	MO S/L	2,800	0
285	MacBook Pro	4/24/13	1,773				1,773	5	MO S/L	1,773	0
286	Land Improvements	1/17/13	17,230				17,230	15	MO S/L	6,222	1,149
287	Console	12/28/12	3,500				3,500	5	MO S/L	3,500	0
288	Acronis backup and Recovery	9/14/12	1,700				1,700	5	MO S/L	1,700	0
289	Windows Server 2012 Liscence 2	9/14/12	1,944				1,944	5	MO S/L	1,944	0
290	Digital 1TB Harddrive	9/14/12	560				560	5	MO S/L	560	0
291	Dell power edge r420 server	9/19/12	6,425				6,425	5	MO S/L	6,425	0
292	Canon EOS Rebel T4i	2/20/13	1,458				1,458	5	MO S/L	1,458	0
293	Canon Rebel Ti3	7/09/12	0				0	0	HY	0	0
294	HD Hero 3-Camera	2/20/13	570				570	5	MO S/L	570	0
295	Cannon EF 75 Lens-Camera	2/20/13	225				225	5	MO S/L	225	0
296	Server Set up	9/01/12	800				800	5	MO S/L	800	0
297	Server set up	5/20/13	799				799	5	MO S/L	799	0
298	Cisco with Smart Net	9/01/12	1,500				1,500	5	MO S/L	1,500	0
299	Building 522&526 5th Ave S	5/27/14	755,543				755,543	39	MO S/L	78,105	19,127
300	Espresso Machine	8/30/13	1,100				1,100	5	MO S/L	1,063	37
301	Pro Tools Rig	10/15/13	2,000				2,000	5	MO S/L	1,900	100
302	Shop Keek iPads	3/31/14	7,178				7,178	5	MO S/L	6,101	1,077
303	Shop Keep receipt printer cash drawers etc	4/30/14	2,083				2,083	5	MO S/L	1,736	347
304	KidTrax software	5/21/14	9,198				9,198	5	MO S/L	7,512	1,686
305	Exterior Sign	2/20/15	6,373				6,373	10	MO S/L	2,124	638
306	Skatepark Wire	2/25/15	2,200				2,200	5	MO S/L	1,467	440
307	45 Round Tables	7/09/14	4,005				4,005	5	MO S/L	3,204	801
308	Post rope cart	7/22/14	1,142				1,142	5	MO S/L	895	228
309	Folding Chairs	9/03/14	5,027				5,027	5	MO S/L	3,854	1,006
310	Coffee Bar Furniture	10/30/15	3,127				3,127	5	MO S/L	1,668	625
311	Ramp Armor	2/11/16	1,100				1,100	5	MO S/L	532	220
312	Skatepark Rebuild	3/13/16	1,434				1,434	5	MO S/L	669	287
313	Breakroom Tables	8/27/15	4,002				4,002	5	MO S/L	2,268	800
314	Hardware & Software	10/02/15	1,907				1,907	5	MO S/L	1,049	381
315	Skatepark Rebuild	11/15/16	956				956	5	MO S/L	319	191
316	Cisco Wifi Equip	10/25/16	47,196				47,196	3	MO S/L	26,220	15,732
317	RAMP	1/04/18	6,000				6,000	10	MO S/L	300	600
318	10 MONITORS WITH CABLING	12/31/17	5,000				5,000	10	MO S/L	250	500
319	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
320	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
321	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
322	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
323	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
324	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
325	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
326	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
327	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
328	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
329	2.3 ghz APPLE LAPTOP	7/31/18	1,409				1,409	10	MO S/L	0	129
330	APPLE COMPUTER	7/31/18	3,003				3,003	10	MO S/L	0	275
331	15 IN MAC BOOK PRO	7/31/18	2,255				2,255	10	MO S/L	0	207

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
332	DELL POWER EDGE R430 SERVER	6/29/18	7,780				7,780	10 MO S/L	0	778
333	ICE CHEXX	6/30/18	3,445				3,445	10 MO S/L	0	345
334	Leased MacBooks	8/27/13	7,046				7,046	10 MO S/L	7,046	0
	Sold/Scrapped: 7/01/18									
335	Refridgerator	7/14/18	1,996				1,996	10 MO S/L	0	200
336	Canon Mirrorless Camera Body	3/14/19	1,299				1,299	5 MO S/L	0	87
337	Ice Machine	5/07/19	1,839				1,839	5 MO S/L	0	61
<b>Total Other Depreciation</b>			<u>5,723,503</u>				<u>5,723,503</u>		<u>1,489,455</u>	<u>160,136</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,723,503</u>				<u>5,723,503</u>		<u>1,489,455</u>	<u>160,136</u>
<b>Grand Totals</b>			5,723,503				5,723,503		1,489,455	160,136
<b>Less: Dispositions and Transfers</b>			7,046				7,046		7,046	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>5,716,457</u>				<u>5,716,457</u>		<u>1,482,409</u>	<u>160,136</u>

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**AMT Asset Report**

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
<b>Other Depreciation:</b>												
34	2 STAINLESS STEEL TABLES	1/10/03	0				0	0	HY		0	0
36	5 COMPARTMENT FILE CABINET	2/05/03	0				0	0	HY		0	0
38	GREEN ROOM FURNITURE	1/10/03	0				0	0	HY		0	0
64	SKATE PARK RAMPS	1/06/03	0				0	0	HY		0	0
65	RANCILIO ESPRESSO MACHINE	1/10/03	0				0	0	HY		0	0
67	3 COMPARTMENT SINK	1/10/03	0				0	0	HY		0	0
71	SOUND & LIGHTS SYSTEM	1/10/03	0				0	0	HY		0	0
83	SKATE PARK RAMP IMPROVEMENTS	5/20/04	0				0	0	HY		0	0
95	MAC COMPUTER	11/09/05	0				0	0	HY		0	0
103	Delta Stage Lighting	4/01/08	0				0	0	HY		0	0
104	Server HV3P	5/28/08	0				0	0	HY		0	0
105	Imac Computer 20/2.4/	6/30/08	0				0	0	HY		0	0
106	Indoor Security	8/08/07	0				0	0	HY		0	0
108	Delta Stage Lighting SN F07516	4/15/09	0				0	0	HY		0	0
109	Refurb Mac 20 in (4)	4/19/10	0				0	0	HY		0	0
110	Amazon Coin Counter	6/03/10	0				0	0	HY		0	0
111	General Bank Supply	6/03/10	0				0	0	HY		0	0
112	Mercury Supply Zambonie	6/15/10	0				0	0	HY		0	0
113	Ice-o-matic Ice Machine	6/14/10	0				0	0	HY		0	0
114	Glass Countertop Showcase	6/15/10	0				0	0	HY		0	0
115	GHA Tech - Wireless Access Point	5/19/10	0				0	0	HY		0	0
116	GHA Tech - Wireless Access Point - 2 Addi	5/26/10	0				0	0	HY		0	0
117	Palos Sports - Basketball Goals (2)	6/03/10	0				0	0	HY		0	0
118	Land - 601 4th Avenue South	3/01/10	0				0	0	HY		0	0
134	RC Mathews - Constructn pmt #13	6/07/11	0				0	0	HY		0	0
135	RC Mathews - Constructn pmt #12	5/02/11	0				0	0	HY		0	0
136	SC&A parking lot engineer (25%)	4/01/11	0				0	0	HY		0	0
137	Drapery & Track system	4/20/11	0				0	0	HY		0	0
138	RC Mathews - Constructn pmt #11	4/07/11	0				0	0	HY		0	0
139	SC&A parking lot engineer (75%)	3/01/11	0				0	0	HY		0	0
140	RC Mathews - Constructn pmt #10	3/10/11	0				0	0	HY		0	0
141	RC Mathews - Constructn pmt #9	2/07/11	0				0	0	HY		0	0
142	Metro Water Permit - prking lot	2/14/11	0				0	0	HY		0	0
143	RC Mathews - Constructn pmt #8	1/05/11	0				0	0	HY		0	0
144	RC Mathews - Constructn pmt #7	12/06/10	0				0	0	HY		0	0
145	RC Mathews - Constructn pmt #6	11/16/10	0				0	0	HY		0	0
146	Legal Fees for Grooms Bldg Acqu	11/22/10	0				0	0	HY		0	0
147	Addtl light @ women's stall sk8	11/17/10	0				0	0	HY		0	0
148	Addtl light at men's urinal sk8	11/17/10	0				0	0	HY		0	0
149	Addtl light at drinking ftn	11/17/10	0				0	0	HY		0	0
150	Addtl 4' track fixtures under r	11/17/10	0				0	0	HY		0	0
151	Addtl fixture in women's stall	11/17/10	0				0	0	HY		0	0
152	Addtl men's urinal upper level	11/17/10	0				0	0	HY		0	0
153	RC Mathews - Constructn pmt #5	10/07/10	0				0	0	HY		0	0
154	RC Mathews - Constructn pmt #3	9/08/10	0				0	0	HY		0	0
155	RC Mathews - Constructn pmt #4	9/10/10	0				0	0	HY		0	0
156	RC Mathews - Constructn pmt #2	8/04/10	0				0	0	HY		0	0
157	Re-terminate voice drops	8/16/10	0				0	0	HY		0	0
158	Prod Svcs for 2010 RCKTWN	7/26/10	0				0	0	HY		0	0
159	307' data drop for wireless bri	7/30/10	0				0	0	HY		0	0
160	Core drills for security room	7/30/10	0				0	0	HY		0	0
161	Low voltage cabling #2	7/30/10	0				0	0	HY		0	0
162	Stands for duct work on roof	7/23/10	0				0	0	HY		0	0
163	Flash curbs on Grooms Building	7/30/10	0				0	0	HY		0	0
164	Grooms - architect #4	7/01/10	0				0	0	HY		0	0
165	Grooms Bldg - cabinet signs (3)	8/02/10	0				0	0	HY		0	0
166	Schlage door locks (3 addtl)	8/09/10	0				0	0	HY		0	0
167	Vanity Lighting Upgrade	5/25/11	0				0	0	HY		0	0
168	Elec Power from wall to stage	9/07/10	0				0	0	HY		0	0
169	Electric mtl/install for stage	8/25/10	0				0	0	HY		0	0
170	Flash curbs on White Bldg roof	7/30/10	0				0	0	HY		0	0
171	Small interior signs	8/05/10	0				0	0	HY		0	0
172	Phone System & Installation #2	8/10/10	0				0	0	HY		0	0
173	DCR POS System - 50% deposit	7/22/10	0				0	0	HY		0	0
174	Phone System & Installation	7/20/10	0				0	0	HY		0	0
175	SpecoTech DVR & Surge Protector	7/30/10	0				0	0	HY		0	0
176	Mackie Active Speaker(2)	5/27/11	0				0	0	HY		0	0
177	Electrical repair for dimmer	12/22/10	0				0	0	HY		0	0

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**AMT Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
184	TC Elec Rhythm Dly	7/01/10	0				0	0	HY		0	0
185	Soundcraft RW5676 32ch Mixer	7/29/10	0				0	0	HY		0	0
186	Whirlwind 50ft/12ch snake (3)	7/29/10	0				0	0	HY		0	0
187	Drawmer MX40 Punch Gates (3)	7/29/10	0				0	0	HY		0	0
188	CBI MT32BLB/C15NPX Snake	8/11/10	0				0	0	HY		0	0
189	CBI SPR484008X150 48ch inputs	8/11/10	0				0	0	HY		0	0
190	MX300 Stereo Reverb Processor	7/15/10	0				0	0	HY		0	0
191	Sennheiser Drum mic (2)	7/12/10	0				0	0	HY		0	0
192	Lexicon mx200 reverb	7/12/10	0				0	0	HY		0	0
193	1231 Dual 31-Band Graphic EQ(2)	7/16/10	0				0	0	HY		0	0
194	160A Compressor/Limiter (4)	7/16/10	0				0	0	HY		0	0
195	Lights/truss/etc - Main Venue	7/21/10	0				0	0	HY		0	0
196	Custom Acoustic Baffles (16)	7/07/10	0				0	0	HY		0	0
197	Art Railing System in Flex Rm	9/30/10	0				0	0	HY		0	0
198	4.5 Frigerators (2)	9/01/10	0				0	0	HY		0	0
199	ECB 4' snack counter	7/02/10	0				0	0	HY		0	0
200	ECB Open sing	8/02/10	0				0	0	HY		0	0
201	Black Bar Stool (10)	7/26/10	0				0	0	HY		0	0
202	Black Loveseat (3)	7/26/10	0				0	0	HY		0	0
203	Black Lounge Chairs (4)	7/26/10	0				0	0	HY		0	0
204	Sink & faucet for ECB	7/12/10	0				0	0	HY		0	0
205	Baker's Pride Oven - deposit	7/28/10	0				0	0	HY		0	0
206	Skateshop mirrors (2)	8/06/10	0				0	0	HY		0	0
207	6in Showcase Black (2)	7/02/10	0				0	0	HY		0	0
208	4' Showcase Black	7/02/10	0				0	0	HY		0	0
209	SK8 White Birch display	7/23/10	0				0	0	HY		0	0
210	SK8 6' full vision case	7/02/10	0				0	0	HY		0	0
211	Handrails for skatepark	8/02/10	0				0	0	HY		0	0
212	Ryder Weedeater	5/20/11	0				0	0	HY		0	0
213	Propellerhead Record	5/23/11	0				0	0	HY		0	0
214	Flip Cameras (4)	4/15/11	0				0	0	HY		0	0
215	Addtl Camlocks @ stage lightg p	12/01/10	0				0	0	HY		0	0
216	Step&Repeat Banner	11/12/10	0				0	0	HY		0	0
217	Schlage door locks (5 addtl)	9/10/10	0				0	0	HY		0	0
218	Data drop for main venue POS	10/29/10	0				0	0	HY		0	0
219	Century .3x Fisheye Adaptor	10/26/10	0				0	0	HY		0	0
220	Panasonic AG-DVX100A Camcorder	10/26/10	0				0	0	HY		0	0
221	Phone System & Installation #3	10/15/10	0				0	0	HY		0	0
222	Solerant POS/Netwrk install/trg	9/21/10	0				0	0	HY		0	0
223	7.5 Cart from Home Depot	9/08/10	0				0	0	HY		0	0
224	78x48x18 cabinets (3)	8/05/10	0				0	0	HY		0	0
225	Mandy's Computer	8/25/10	0				0	0	HY		0	0
226	4'x12' PSV Print (new logo)	9/08/10	0				0	0	HY		0	0
227	Roll'g bskt for leg storage(2)	9/01/10	0				0	0	HY		0	0
228	Wheels for deck storage (12)	9/01/10	0				0	0	HY		0	0
229	3' skirt panels for stage (2)	9/01/10	0				0	0	HY		0	0
230	3' step units for stage (2)	9/01/10	0				0	0	HY		0	0
231	3' legs for stage (120)	9/01/10	0				0	0	HY		0	0
232	4in extrusion decks (28)	9/01/10	0				0	0	HY		0	0
233	Aluminum truss bases (2)	9/03/10	0				0	0	HY		0	0
234	Strobe & BBS Backbox (2)	8/16/10	0				0	0	HY		0	0
235	Dance studio equip	8/09/10	0				0	0	HY		0	0
236	Black Cat5E cable	7/30/10	0				0	0	HY		0	0
237	Fire Alm Equip/Instl - Grooms	7/30/10	0				0	0	HY		0	0
238	Security & CCTV Eq - Grooms	7/30/10	0				0	0	HY		0	0
239	iPad serial#DLXF9LFXDKPH	5/26/11	0				0	0	HY		0	0
240	iPad serial#DLXF9HCWDKPH	5/26/11	0				0	0	HY		0	0
241	2 Year Warranty on Server	5/31/11	0				0	0	HY		0	0
242	Avid VSSD Pro Tools software	5/23/11	0				0	0	HY		0	0
243	HP Laserjet P2035 - Finance	4/11/11	0				0	0	HY		0	0
244	(2) Office Mac Home 3 lic pack	2/04/11	0				0	0	HY		0	0
245	(4) Apple Final Cut Exp 4 sftwr	2/04/11	0				0	0	HY		0	0
246	Ext harddrive & RAM - recording	2/04/11	0				0	0	HY		0	0
247	(2) 21.5in iMacs-Computer lab	2/04/11	0				0	0	HY		0	0
248	(2) 21.5in iMacs-Coffebar	2/04/11	0				0	0	HY		0	0
249	Finance Computer & Monitor	12/23/10	0				0	0	HY		0	0
250	59in Metal Bookcase (replacement)	1/07/11	0				0	0	HY		0	0
251	DCR POS System - 50% balance	8/25/10	0				0	0	HY		0	0
252	Battery Backup	7/21/10	0				0	0	HY		0	0
253	Dell PC 3548P	7/23/10	0				0	0	HY		0	0
254	Wireless Routers	7/21/10	0				0	0	HY		0	0

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**AMT Asset Report**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
255	POS Machines	7/26/10	0				0	0	HY		0	0
256	Landscaping at Grooms Bldg	8/04/10	0				0	0	HY		0	0
257	RC Mathews - Construction payment #1	8/06/10	0				0	0	HY		0	0
258	Building Additions (CIP Transfer)	7/01/10	0				0	0	HY		0	0
259	Equipment	8/13/10	0				0	0	HY		0	0
260	Equipment	7/16/10	0				0	0	HY		0	0
261	Skatepark Improvements	7/01/10	0				0	0	HY		0	0
262	Cooler Door	12/07/11	0				0	0	HY		0	0
263	Dell Latitude computer	3/21/12	0				0	0	HY		0	0
266	Curtain and rigging points (3)	1/18/12	0				0	0	HY		0	0
268	RC Mathews Construction payment #14	10/03/11	0				0	0	HY		0	0
269	RC Mathews Construction Payment #15	10/31/11	0				0	0	HY		0	0
270	RC Mathews Construciton Payment #16	11/30/11	0				0	0	HY		0	0
271	RC Mathews Construction Payment #17	1/01/12	0				0	0	HY		0	0
272	Concrete Art	10/18/11	0				0	0	HY		0	0
274	Mac Authority- Ipad?	7/29/11	0				0	0	HY		0	0
275	Donated mic & equipment	12/16/11	0				0	0	HY		0	0
276	Amp Rack & Amps	12/28/12	0				0	0	HY		0	0
277	Wireless Controller	11/15/12	0				0	0	HY		0	0
278	Structured Cabling	10/17/12	0				0	0	HY		0	0
279	Rebuilt Server	9/24/12	0				0	0	HY		0	0
280	Network Setup	9/28/12	0				0	0	HY		0	0
281	Antivirus Liscenses	9/14/12	0				0	0	HY		0	0
284	Snake	9/05/12	0				0	0	HY		0	0
285	MacBook Pro	4/24/13	0				0	0	HY		0	0
286	Land Improvements	1/17/13	0				0	0	HY		0	0
287	Console	12/28/12	0				0	0	HY		0	0
288	Acronis backup and Recovery	9/14/12	0				0	0	HY		0	0
289	Windows Server 2012 Liscence 2	9/14/12	0				0	0	HY		0	0
290	Digital 1TB Harddrive	9/14/12	0				0	0	HY		0	0
291	Dell power edge r420 server	9/19/12	0				0	0	HY		0	0
292	Canon EOS Rebel T4i	2/20/13	0				0	0	HY		0	0
293	Canon Rebel Ti3	7/09/12	0				0	0	HY		0	0
294	HD Hero 3-Camera	2/20/13	0				0	0	HY		0	0
295	Cannon EF 75 Lens-Camera	2/20/13	0				0	0	HY		0	0
296	Server Set up	9/01/12	0				0	0	HY		0	0
297	Server set up	5/20/13	0				0	0	HY		0	0
298	Cisco with Smart Net	9/01/12	0				0	0	HY		0	0
299	Building 522&526 5th Ave S	5/27/14	0				0	0	HY		0	0
300	Espresso Machine	8/30/13	0				0	0	HY		0	0
301	Pro Tools Rig	10/15/13	0				0	0	HY		0	0
302	Shop Keek iPads	3/31/14	0				0	0	HY		0	0
303	Shop Keep receipt printer cash drawers etc	4/30/14	0				0	0	HY		0	0
304	KidTrax software	5/21/14	0				0	0	HY		0	0
305	Exterior Sign	2/20/15	0				0	0	HY		0	0
306	Skatepark Wire	2/25/15	0				0	0	HY		0	0
307	45 Round Tables	7/09/14	0				0	0	HY		0	0
308	Post rope cart	7/22/14	0				0	0	HY		0	0
309	Folding Chairs	9/03/14	0				0	0	HY		0	0
310	Coffee Bar Furniture	10/30/15	0				0	0	HY		0	0
311	Ramp Armor	2/11/16	0				0	0	HY		0	0
312	Skatepark Rebuild	3/13/16	0				0	0	HY		0	0
313	Breakroom Tables	8/27/15	0				0	0	HY		0	0
314	Hardware & Software	10/02/15	0				0	0	HY		0	0
315	Skatepark Rebuild	11/15/16	0				0	0	HY		0	0
316	Cisco Wifi Equip	10/25/16	0				0	0	HY		0	0
317	RAMP	1/04/18	0				0	0	HY		0	0
318	10 MONITORS WITH CABLING	12/31/17	0				0	0	HY		0	0
319	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
320	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
321	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
322	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
323	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
324	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
325	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
326	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
327	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
328	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
329	2.3 ghz APPLE LAPTOP	7/31/18	0				0	0	HY		0	0
330	APPLE COMPUTER	7/31/18	0				0	0	HY		0	0
331	15 IN MAC BOOK PRO	7/31/18	0				0	0	HY		0	0

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**AMT Asset Report**

FYE: 6/30/2019

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
332	DELL POWER EDGE R430 SERVER	6/29/18	0				0	0	HY		0	0
333	ICE CHEXX	6/30/18	0				0	0	HY		0	0
334	Leased MacBooks	8/27/13	0				0	0	HY		0	0
	Sold/Scrapped: 7/01/18											
335	Refridgerator	7/14/18	0				0	0	HY		0	0
336	Canon Mirrorless Camera Body	3/14/19	0				0	0	HY		0	0
337	Ice Machine	5/07/19	0				0	0	HY		0	0
<b>Total Other Depreciation</b>			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
<b>Grand Totals</b>			0				0				0	0
<b>Less: Dispositions and Transfers</b>			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>

**Depreciation Adjustment Report**  
**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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**Future Depreciation Report****FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
34	2 STAINLESS STEEL TABLES	1/10/03	400	0	0
36	5 COMPARTMENT FILE CABINET	2/05/03	0	0	0
38	GREEN ROOM FURNITURE	1/10/03	1,411	0	0
64	SKATE PARK RAMPS	1/06/03	200,662	0	0
65	RANCILIO ESPRESSO MACHINE	1/10/03	6,400	0	0
67	3 COMPARTMENT SINK	1/10/03	796	0	0
71	SOUND & LIGHTS SYSTEM	1/10/03	222,658	0	0
83	SKATE PARK RAMP IMPROVEMENTS	5/20/04	0	0	0
95	MAC COMPUTER	11/09/05	0	0	0
103	Delta Stage Lighting	4/01/08	0	0	0
104	Server HV3P	5/28/08	0	0	0
105	I Mac Computer 20/2.4/	6/30/08	0	0	0
106	Indoor Security	8/08/07	0	0	0
108	Delta Stage Lighting SN F07516	4/15/09	0	0	0
109	Refurb Mac 20 in (4)	4/19/10	0	0	0
110	Amazon Coin Counter	6/03/10	0	0	0
111	General Bank Supply	6/03/10	0	0	0
112	Mercury Supply Zambonie	6/15/10	5,565	510	0
113	Ice-o-matic Ice Machine	6/14/10	0	0	0
114	Glass Countertop Showcase	6/15/10	0	0	0
115	GHA Tech - Wireless Access Point	5/19/10	0	0	0
116	GHA Tech - Wireless Access Point - 2 Addition	5/26/10	0	0	0
117	Palos Sports - Basketball Goals (2)	6/03/10	1,404	129	0
118	Land - 601 4th Avenue South	3/01/10	0	0	0
134	RC Mathews - Constructn pmt #13	6/07/11	459	11	0
135	RC Mathews - Constructn pmt #12	5/02/11	30,648	776	0
136	SC&A parking lot engineer (25%)	4/01/11	2,118	54	0
137	Draper & Track system	4/20/11	13,077	331	0
138	RC Mathews - Constructn pmt #11	4/07/11	35,764	905	0
139	SC&A parking lot engineer (75%)	3/01/11	6,381	162	0
140	RC Mathews - Constructn pmt #10	3/10/11	22,056	559	0
141	RC Mathews - Constructn pmt #9	2/07/11	13,434	341	0
142	Metro Water Permit - prking lot	2/14/11	400	10	0
143	RC Mathews - Constructn pmt #8	1/05/11	13,391	339	0
144	RC Mathews - Constructn pmt #7	12/06/10	211,677	5,359	0
145	RC Mathews - Constructn pmt #6	11/16/10	402,516	10,190	0
146	Legal Fees for Grooms Bldg Acqu	11/22/10	9,683	245	0
147	Addtl light @ women's stall sk8	11/17/10	430	11	0
148	Addtl light at men's urinal sk8	11/17/10	430	11	0
149	Addtl light at drinking ftn	11/17/10	580	15	0
150	Addtl 4' track fixtures under r	11/17/10	1,290	33	0
151	Addtl fixture in women's stall	11/17/10	430	11	0
152	Addtl men's urinal upper level	11/17/10	430	11	0
153	RC Mathews - Constructn pmt #5	10/07/10	199,439	5,050	0
154	RC Mathews - Constructn pmt #3	9/08/10	226,900	5,745	0
155	RC Mathews - Constructn pmt #4	9/10/10	103,256	2,614	0
156	RC Mathews - Constructn pmt #2	8/04/10	600,134	15,193	0
157	Re-terminate voice drops	8/16/10	1,005	25	0
158	Prod Svcs for 2010 RCKTWN	7/26/10	3,000	76	0
159	307' data drop for wireless bri	7/30/10	358	9	0
160	Core drills for security room	7/30/10	679	17	0
161	Low voltage cabling #2	7/30/10	2,073	52	0
162	Stands for duct work on roof	7/23/10	918	23	0
163	Flash curbs on Grooms Building	7/30/10	36,873	933	0
164	Grooms - architect #4	7/01/10	2,180	55	0
165	Grooms Bldg - cabinet signs (3)	8/02/10	12,629	320	0
166	Schlage door locks (3 addtl)	8/09/10	561	14	0
167	Vanity Lighting Upgrade	5/25/11	1,760	118	0
168	Elec Power from wall to stage	9/07/10	3,437	229	0
169	Electric mtl/install for stage	8/25/10	846	56	0
170	Flash curbs on White Bldg roof	7/30/10	6,300	420	0
171	Small interior signs	8/05/10	0	0	0
172	Phone System & Installation #2	8/10/10	0	0	0
173	DCR POS System - 50% deposit	7/22/10	0	0	0
174	Phone System & Installation	7/20/10	0	0	0
175	SpecoTech DVR & Surge Protector	7/30/10	0	0	0
176	Mackie Active Speaker(2)	5/27/11	0	0	0

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**Future Depreciation Report****FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
177	Electrical repair for dimmer	12/22/10	0	0	0
184	TC Elec Rhythm Dly	7/01/10	0	0	0
185	Soundcraft RW5676 32ch Mixer	7/29/10	0	0	0
186	Whirlwind 50ft/12ch snake (3)	7/29/10	0	0	0
187	Drawmer MX40 Punch Gates (3)	7/29/10	0	0	0
188	CBI MT32BLB/C15NPX Snake	8/11/10	0	0	0
189	CBI SPR484008X150 48ch inputs	8/11/10	0	0	0
190	MX300 Stereo Reverb Processor	7/15/10	0	0	0
191	Sennheiser Drum mic (2)	7/12/10	0	0	0
192	Lexicon mx200 reverb	7/12/10	0	0	0
193	1231 Dual 31-Band Graphic EQ(2)	7/16/10	0	0	0
194	160A Compressor/Limiter (4)	7/16/10	0	0	0
195	Lights/truss/etc - Main Venue	7/21/10	0	0	0
196	Custom Acoustic Baffles (16)	7/07/10	0	0	0
197	Art Railing System in Flex Rm	9/30/10	0	0	0
198	4.5 Frigerators (2)	9/01/10	0	0	0
199	ECB 4' snack counter	7/02/10	0	0	0
200	ECB Open sing	8/02/10	0	0	0
201	Black Bar Stool (10)	7/26/10	0	0	0
202	Black Loveseat (3)	7/26/10	0	0	0
203	Black Lounge Chairs (4)	7/26/10	0	0	0
204	Sink & faucet for ECB	7/12/10	0	0	0
205	Baker's Pride Oven - deposit	7/28/10	0	0	0
206	Skateshop mirrors (2)	8/06/10	0	0	0
207	6in Showcase Black (2)	7/02/10	0	0	0
208	4' Showcase Black	7/02/10	0	0	0
209	SK8 White Birch display	7/23/10	0	0	0
210	SK8 6' full vision case	7/02/10	0	0	0
211	Handrails for skatepark	8/02/10	0	0	0
212	Ryder Weedeater	5/20/11	0	0	0
213	Propellerhead Record	5/23/11	0	0	0
214	Flip Cameras (4)	4/15/11	0	0	0
215	Addtl Camlocks @ stage lightg p	12/01/10	0	0	0
216	Step&Repeat Banner	11/12/10	0	0	0
217	Schlage door locks (5 addtl)	9/10/10	0	0	0
218	Data drop for main venue POS	10/29/10	0	0	0
219	Century .3x Fisheye Adaptor	10/26/10	0	0	0
220	Panasonic AG-DVX100A Camcorder	10/26/10	0	0	0
221	Phone System & Installation #3	10/15/10	0	0	0
222	Solerant POS/Netwrk install/trg	9/21/10	0	0	0
223	7.5 Cart from Home Depot	9/08/10	0	0	0
224	78x48x18 cabinets (3)	8/05/10	0	0	0
225	Mandy's Computer	8/25/10	0	0	0
226	4'x12' PSV Print (new logo)	9/08/10	0	0	0
227	Roll'g bskt for leg storage(2)	9/01/10	0	0	0
228	Wheels for deck storage (12)	9/01/10	0	0	0
229	3' skirt panels for stage (2)	9/01/10	0	0	0
230	3' step units for stage (2)	9/01/10	0	0	0
231	3' legs for stage (120)	9/01/10	0	0	0
232	4in extrusion decks (28)	9/01/10	0	0	0
233	Aluminum truss bases (2)	9/03/10	0	0	0
234	Strobe & BBS Backbox (2)	8/16/10	0	0	0
235	Dance studio equip	8/09/10	0	0	0
236	Black Cat5E cable	7/30/10	0	0	0
237	Fire Alm Equip/Instl - Grooms	7/30/10	0	0	0
238	Security & CCTV Eq - Grooms	7/30/10	0	0	0
239	iPad serial#DLXF9LFXDKPH	5/26/11	0	0	0
240	iPad serial#DLXF9HCWDKPH	5/26/11	0	0	0
241	2 Year Warranty on Server	5/31/11	0	0	0
242	Avid VSSD Pro Tools software	5/23/11	0	0	0
243	HP Laserjet P2035 - Finance	4/11/11	0	0	0
244	(2) Office Mac Home 3 lic pack	2/04/11	0	0	0
245	(4) Apple Final Cut Exp 4 sftwr	2/04/11	0	0	0
246	Ext harddrive & RAM - recording	2/04/11	0	0	0
247	(2) 21.5in iMacs-Computer lab	2/04/11	0	0	0
248	(2) 21.5in iMacs-Coffebar	2/04/11	0	0	0
249	Finance Computer & Monitor	12/23/10	0	0	0
250	59in Metal Bookcase (replacement)	1/07/11	0	0	0
251	DCR POS System - 50% balance	8/25/10	0	0	0
252	Battery Backup	7/21/10	0	0	0
253	Dell PC 3548P	7/23/10	0	0	0

62-1571573

**Future Depreciation Report****FYE: 6/30/20**

FYE: 6/30/2019

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
254	Wireless Routers	7/21/10	0	0	0
255	POS Machines	7/26/10	0	0	0
256	Landscaping at Grooms Bldg	8/04/10	5,505	367	0
257	RC Mathews - Construction payment #1	8/06/10	1,134,833	28,730	0
258	Building Additions (CIP Transfer)	7/01/10	1,082,681	27,409	0
259	Equipment	8/13/10	0	0	0
260	Equipment	7/16/10	0	0	0
261	Skatepark Improvements	7/01/10	0	0	0
262	Cooler Door	12/07/11	0	0	0
263	Dell Latitude computer	3/21/12	0	0	0
266	Curtain and rigging points (3)	1/18/12	0	0	0
268	RC Mathews Construction payment #14	10/03/11	22,914	580	0
269	RC Mathews Construction Payment #15	10/31/11	54,585	1,382	0
270	RC Mathews Construcion Payment #16	11/30/11	48,365	1,225	0
271	RC Mathews Construction Payment #17	1/01/12	1,282	33	0
272	Concrete Art	10/18/11	2,150	55	0
274	Mac Authority- Ipad?	7/29/11	0	0	0
275	Donated mic & equipment	12/16/11	0	0	0
276	Amp Rack & Amps	12/28/12	2,500	0	0
277	Wireless Controller	11/15/12	2,971	0	0
278	Structured Cabling	10/17/12	1,600	0	0
279	Rebuilt Server	9/24/12	1,422	0	0
280	Network Setup	9/28/12	3,000	0	0
281	Antivirus Liscenses	9/14/12	840	0	0
284	Snake	9/05/12	2,800	0	0
285	MacBook Pro	4/24/13	1,773	0	0
286	Land Improvements	1/17/13	17,230	1,148	0
287	Console	12/28/12	3,500	0	0
288	Acronis backup and Recovery	9/14/12	1,700	0	0
289	Windows Server 2012 Liscence 2	9/14/12	1,944	0	0
290	Digital 1TB Harddrive	9/14/12	560	0	0
291	Dell power edge r420 server	9/19/12	6,425	0	0
292	Canon EOS Rebel T4i	2/20/13	1,458	0	0
293	Canon Rebel Ti3	7/09/12	0	0	0
294	HD Hero 3-Camera	2/20/13	570	0	0
295	Cannon EF 75 Lens-Camera	2/20/13	225	0	0
296	Server Set up	9/01/12	800	0	0
297	Server set up	5/20/13	799	0	0
298	Cisco with Smart Net	9/01/12	1,500	0	0
299	Building 522&526 5th Ave S	5/27/14	755,543	19,128	0
300	Espresso Machine	8/30/13	1,100	0	0
301	Pro Tools Rig	10/15/13	2,000	0	0
302	Shop Keek iPads	3/31/14	7,178	0	0
303	Shop Keep receipt printer cash drawers etc	4/30/14	2,083	0	0
304	KidTrax software	5/21/14	9,198	0	0
305	Exterior Sign	2/20/15	6,373	637	0
306	Skatepark Wire	2/25/15	2,200	293	0
307	45 Round Tables	7/09/14	4,005	0	0
308	Post rope cart	7/22/14	1,142	19	0
309	Folding Chairs	9/03/14	5,027	167	0
310	Coffee Bar Furniture	10/30/15	3,127	625	0
311	Ramp Armor	2/11/16	1,100	220	0
312	Skatepark Rebuild	3/13/16	1,434	287	0
313	Breakroom Tables	8/27/15	4,002	800	0
314	Hardware & Software	10/02/15	1,907	382	0
315	Skatepark Rebuild	11/15/16	956	191	0
316	Cisco Wifi Equip	10/25/16	47,196	5,244	0
317	RAMP	1/04/18	6,000	600	0
318	10 MONITORS WITH CABLING	12/31/17	5,000	500	0
319	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
320	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
321	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
322	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
323	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
324	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
325	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
326	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
327	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
328	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
329	2.3 ghz APPLE LAPTOP	7/31/18	1,409	141	0
330	APPLE COMPUTER	7/31/18	3,003	301	0

Asset	Description	Date In Service	Cost	Tax	AMT
331	15 IN MAC BOOK PRO	7/31/18	2,255	225	0
332	DELL POWER EDGE R430 SERVER	6/29/18	7,780	778	0
333	ICE CHEXX	6/30/18	3,445	344	0
335	Refridgerator	7/14/18	1,996	199	0
336	Canon Mirrorless Camera Body	3/14/19	1,299	259	0
337	Ice Machine	5/07/19	1,839	368	0
<b>Total Other Depreciation</b>			<u>5,716,457</u>	<u>145,009</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>5,716,457</u>	<u>145,009</u>	<u>0</u>
<b>Grand Totals</b>			<u>5,716,457</u>	<u>145,009</u>	<u>0</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b> Description <b>PRODUCT</b>	<b>2018</b>
Name <b>ROCKETOWN OF MIDDLE TN</b>		Taxpayer Identification Number <b>62-1571573</b>

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	275,174
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	275,174
8. Cost of Goods Sold	8.	165,068
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	165,068
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	110,106

**Expense Details - Cost of Goods Sold:**

Beginning inventory		
Purchases		159,939
Labor		
Section 263A costs		
Other costs		5,129
Ending inventory		
<b>Total Cost of Goods Sold</b>		165,068

**Expense Details - Employment Expense:**

Compensation of officers		
Other salaries and wages		
Pension plan contributions		
Other employee benefits		
Payroll taxes		
<b>Total Employment Expense</b>		

**Expense Details - Fees for Services:**

Management		
Legal		
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
<b>Total Fees for Services</b>		

**Information is indicated for use on Form 990-T schedule:**

- ☐ Schedule E
- ☐ Schedule F
- ☐ Schedule G
- ☐ Schedule I
- ☐ Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion		
Office		
Printing/publication/postage		
Info technology/Maintenance		
Royalties & License Fees		
Occupancy/Real Estate Taxes		
Travel & Repairs		
Travel/entertainment (officials)		
Conferences/meetings		
Interest		
Insurance		
<b>Total Indirect Expense</b>		

**Expense Details - Depreciation Expense:**

On investment property		
On non-investment property		
Amortization		
Depletion		
<b>Total Depreciation Expense</b>		

**Expense Details - Exempt Activity Expense:**

Repairs/Maintenance/Other		
Bad debts		
Taxes/licenses		
Charitable contributions		
Dividend recd deductions		
Readership costs		
<b>Total Exempt Activity Expense</b>		

**Expense Details - Fundraising Expense:**

Cash prizes		
Non-cash prizes		
Rent and facility costs		
Food & beverages (Part II only)		
Entertainment (Part II only)		
Other direct expenses		
<b>Total Fundraising Expense</b>		

**Allocation of Expense to Program Service Accomplishments:**

First		
Second		
Third		
All other		

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b> Description <b>FUNDRAISING EVENT</b>	<b>2018</b>
Name <b>ROCKETOWN OF MIDDLE TN</b>		Taxpayer Identification Number <b>62-1571573</b>

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	27,310
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	335,247
7. <b>Total revenue.</b> Add lines 1 through 6	7.	362,557
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	56,523
15. <b>Total expenses.</b> Add lines 8 through 14	15.	56,523
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	306,034

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T schedule:**

- ☐ Schedule E  
☐ Schedule F  
☐ Schedule G  
☐ Schedule I  
☐ Schedule J

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	530
Entertainment (Part II only)	
Other direct expenses	55,993
<b>Total Fundraising Expense</b>	56,523

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990/990PF</b>	<b>Rent Income and Deduction Worksheet</b> Description <b>RENTAL OF PARKING LOT</b>	<b>2018</b>
Name <b>ROCKETOWN OF MIDDLE TN</b>		Taxpayer Identification Number <b>62-1571573</b>

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents .....	1.	91,070
<b>Expenses (see details on worksheets below):</b>		
2. Fees for services .....	2.	
3. Depreciation Expense .....	3.	
4. Direct Expense .....	4.	30,685
5. <b>Total expenses.</b> Add lines 8 through 12 .....	5.	30,685
6. <b>Net Income/Loss.</b> Line 7 minus Line 13 .....	6.	60,385

**Expense Details - Fees for Services:**

Accounting .....	
Legal .....	
Commissions .....	
Management .....	
Other Professional Fees .....	
<b>Total Fees for Services</b> .....	

**Expense Details - Depreciation Expense:**

On non-investment property .....	
On investment property .....	
Amortization .....	
Depletion .....	
<b>Total Depreciation Expense</b> .....	

**Expense Details - Direct Expense:**

Interest .....	
Taxes/licenses .....	
Occupancy Expenses .....	
Repairs & Maintenance .....	
Travel/conferences/meetings .....	
Printing & Publication .....	
Advertising .....	
Insurance .....	
Utilities .....	
Supplies .....	
Other expenses .....	30,685
<b>Total Direct Expense</b> .....	30,685

**Information is being used for the following Form 990-T schedules:**

- ☒ Schedule C  
☐ Schedule E  
☐ Schedule F  
☐ Schedule G

**Expense Allocation to Program Service Accomplishments for 990/990EZ:**

First .....	
Second .....	
Third .....	
All other .....	

Form <b>990/990PF</b>	<b>Rent Income and Deduction Worksheet</b> Description <b>RENTAL OF BUILDING</b>	<b>2018</b>
Name <b>ROCKETOWN OF MIDDLE TN</b>		Taxpayer Identification Number <b>62-1571573</b>

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents .....	1. <u>697,363</u>
<b>Expenses (see details on worksheets below):</b>	
2. Fees for services .....	2. _____
3. Depreciation Expense .....	3. _____
4. Direct Expense .....	4. <u>48,135</u>
5. <b>Total expenses.</b> Add lines 8 through 12 .....	5. <u>48,135</u>
6. <b>Net Income/Loss.</b> Line 7 minus Line 13 .....	6. <u>649,228</u>

**Expense Details - Fees for Services:**

Accounting .....	_____
Legal .....	_____
Commissions .....	_____
Management .....	_____
Other Professional Fees .....	_____
<b>Total Fees for Services</b> .....	_____

**Expense Details - Depreciation Expense:**

On non-investment property .....	_____
On investment property .....	_____
Amortization .....	_____
Depletion .....	_____
<b>Total Depreciation Expense</b> .....	_____

**Expense Details - Direct Expense:**

Interest .....	_____
Taxes/licenses .....	_____
Occupancy Expenses .....	_____
Repairs & Maintenance .....	_____
Travel/conferences/meetings .....	_____
Printing & Publication .....	_____
Advertising .....	_____
Insurance .....	_____
Utilities .....	_____
Supplies .....	_____
Other expenses .....	<u>48,135</u>
<b>Total Direct Expense</b> .....	<u>48,135</u>

**Information is being used for the following Form 990-T schedules:**

- ☐ Schedule C  
☐ Schedule E  
☐ Schedule F  
☐ Schedule G

**Expense Allocation to Program Service Accomplishments for 990/990EZ:**

First .....	_____
Second .....	_____
Third .....	_____
All other .....	_____

Form <b>990/990PF</b>	<b>Rent Income and Deduction Worksheet</b> Description <b>EQUIPMENT RENTAL</b>	<b>2018</b>
Name <b>ROCKETOWN OF MIDDLE TN</b>		Taxpayer Identification Number <b>62-1571573</b>

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents .....	1.	4,868
<b>Expenses (see details on worksheets below):</b>		
2. Fees for services .....	2.	
3. Depreciation Expense .....	3.	
4. Direct Expense .....	4.	
5. <b>Total expenses.</b> Add lines 8 through 12 .....	5.	
6. <b>Net Income/Loss.</b> Line 7 minus Line 13 .....	6.	4,868

**Expense Details - Fees for Services:**

Accounting .....	
Legal .....	
Commissions .....	
Management .....	
Other Professional Fees .....	
<b>Total Fees for Services</b> .....	

**Expense Details - Depreciation Expense:**

On non-investment property .....	
On investment property .....	
Amortization .....	
Depletion .....	
<b>Total Depreciation Expense</b> .....	

**Expense Details - Direct Expense:**

Interest .....	
Taxes/licenses .....	
Occupancy Expenses .....	
Repairs & Maintenance .....	
Travel/conferences/meetings .....	
Printing & Publication .....	
Advertising .....	
Insurance .....	
Utilities .....	
Supplies .....	
Other expenses .....	
<b>Total Direct Expense</b> .....	

**Information is being used for the following Form 990-T schedules:**

- ☐ Schedule C  
☐ Schedule E  
☐ Schedule F  
☐ Schedule G

**Expense Allocation to Program Service Accomplishments for 990/990EZ:**

First .....	
Second .....	
Third .....	
All other .....	

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>		

Name

Taxpayer Identification Number

**ROCKETOWN OF MIDDLE TN****62-1571573**

		2017	2018	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. 854,670	608,315	-246,355
	2. Membership dues and assessments .....	2. 7,051	4,520	-2,531
	3. Government contributions and grants .....	3. 50,000	58,146	8,146
	4. Program service revenue .....	4. 146,079	141,091	-4,988
	5. Investment income .....	5. 4,532	659	-3,873
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8. -19,023	-29,213	-10,190
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10. 123,448	110,106	-13,342
	11. Other revenue .....	11. 621,319	709,648	88,329
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 1,788,076	1,603,272	-184,804
<b>Expenses</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15. 115,000	118,120	3,120
	16. Salaries, other compensation, and employee benefits .....	16. 826,650	729,962	-96,688
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 236,457	264,436	27,979
	19. Occupancy, rent, utilities, and maintenance .....	19. 159,124	153,134	-5,990
	20. Depreciation and Depletion .....	20. 159,815	160,136	321
	21. Other expenses .....	21. 324,218	308,795	-15,423
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 1,821,264	1,734,583	-86,681
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. -33,188	-131,311	-98,123
<b>Other Information</b>	24. Total exempt revenue .....	24. 1,788,076	1,603,272	-184,804
	25. Total unrelated revenue .....	25. 67,290	60,385	-6,905
	26. Total excludable revenue .....	26. 828,088	901,119	73,031
	27. Total assets .....	27. 7,112,016	6,871,907	-240,109
	28. Total liabilities .....	28. 887,587	778,248	-109,339
	29. Retained earnings .....	29. 6,224,429	6,093,659	-130,770
	30. Number of voting members of governing body .....	30. 23	22	
	31. Number of independent voting members of governing body .....	31. 21	20	
	32. Number of employees .....	32. 46	43	
	33. Number of volunteers .....	33. 400		

Form <b>990T</b>	<b>Two Year Comparison Report</b>	<b>2017 &amp; 2018</b>
For calendar year 2018, or tax year beginning <b>07/01/18</b> , ending <b>06/30/19</b>		

Name

Taxpayer Identification Number

**ROCKETOWN OF MIDDLE TN****62-1571573**

		2017	2018	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.	67,290	60,385	-6,905
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	67,290	60,385	-6,905
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Net income on Page 1; Subtract line 23 from 11	24.	67,290	60,385	-6,905
	25. Unrelated business taxable income from all trades	25.	67,290	60,385	-6,905
Tax & Credits	26. Disallowed employee fringe benefits	26.			
	27. Net operating loss (pre-2018)	27.			
	28. Taxable income after NOL loss	28.	67,290	60,385	-6,905
	29. Specific deduction	29.	1,000	1,000	
	30. Unrelated business taxable income.	30.	66,290	59,385	-6,905
	31. Income tax (corporate or trust)	31.	12,737	12,471	-266
	32. Proxy tax	32.			
	33. Other taxes	33.			
	34. Total taxes	34.	12,737	12,471	-266
	35. Other credits	35.			
	36. General business credit	36.			
	37. Credit for prior year minimum tax	37.			
	38. Total credits	38.			
	39. Net tax after credits	39.	12,737	12,471	-266
Due/Refund	40. Recapture taxes and 965 tax	40.			
	41. Total Taxes	41.	12,737	12,471	-266
	42. Prior year overpayment and estimated tax payments	42.	4,000		-4,000
	43. Payment made with extension	43.			
	44. Backup withholding and foreign withholding	44.			
	45. Other payments	45.			
	46. Total payments	46.	4,000		-4,000
	47. Balance due/(Overpayment)	47.	8,737	12,471	3,734
	48. Overpayment applied to next year	48.			
	49. Penalties	49.	130	525	395
	50. Total due/(Refund)	50.	8,867	12,996	4,129

Form <b>990</b>	<b>Tax Return History</b>	<b>2018</b>
Name <b>ROCKETOWN OF MIDDLE TN</b>		Employer Identification Number <b>62-1571573</b>

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants .....			781,550	904,670	666,461	
Membership dues .....				7,051	4,520	
Program service revenue .....			153,333	146,079	141,091	
Capital gain or loss .....						
Investment income .....			356	4,532	659	
Fundraising revenue (income/loss) .....			-22,355	-19,023	-29,213	
Gaming revenue (income/loss) .....						
Other revenue .....			368,999	744,767	819,754	
<b>Total revenue</b> .....			<b>1,281,883</b>	<b>1,788,076</b>	<b>1,603,272</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....			159,096	115,000	118,120	
Other compensation .....			751,364	826,650	729,962	
Professional fees .....			236,039	236,457	264,436	
Occupancy costs .....			141,539	159,124	153,134	
Depreciation and depletion .....			159,672	159,815	160,136	
Other expenses .....			45,215	324,218	308,795	
<b>Total expenses</b> .....			<b>1,492,925</b>	<b>1,821,264</b>	<b>1,734,583</b>	
<b>Excess or (Deficit)</b> .....			<b>-211,042</b>	<b>-33,188</b>	<b>-131,311</b>	
Total exempt revenue .....			1,281,883	1,788,076	1,603,272	
Total unrelated revenue .....			51,945	67,290	60,385	
Total excludable revenue .....			470,743	828,088	901,119	
Total Assets .....			7,069,584	7,112,016	6,871,907	
Total Liabilities .....			809,589	887,587	778,248	
Net Fund Balances .....			6,259,995	6,224,429	6,093,659	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2018</b>
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Name <b>ROCKETOWN OF MIDDLE TN</b>	Employer Identification Number <b>62-1571573</b>
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\* Income shown net of expenses

	2014	2015	2016	2017	2018	2019
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....			51,945	67,290	60,385	
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....			51,945	67,290	60,385	
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

Form <b>990T</b>	<b>Tax Return History</b>	<b>2018</b>
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Name <b>ROCKETOWN OF MIDDLE TN</b>	Employer Identification Number <b>62-1571573</b>
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	2014	2015	2016	2017	2018	2019
Other deductions .....						
Net income (990T/first activity) .....			51,945	67,290	60,385	
UBTI from all trades .....	0	0	51,945	67,290	60,385	
Taxable employee fringe benefits .....						
Net operating loss deduction .....						
Specific deduction .....			1,000	1,000	1,000	
Income after expense and deductions .....			50,945	66,290	59,385	
Income tax (corporate or trust) .....			7,736	12,737	12,471	
Other taxes .....						
<b>Total taxes</b> .....			7,736	12,737	12,471	
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....			7,736	12,737	12,471	
Estimated tax payments .....				4,000		
Other payments .....						
<b>Balance due/Overpayment</b> .....			7,736	8,737	12,471	

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>						
	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
INTEREST	\$ 730					
TOTAL	\$ 730					

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PERSONNEL	\$ 12,040	\$	\$ 12,040	\$
PURCHASED SERVICES	239,676	127,071	110,077	2,528
TOTAL	<u>\$ 251,716</u>	<u>\$ 127,071</u>	<u>\$ 122,117</u>	<u>\$ 2,528</u>

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES AND SUBSCRIPTIONS	\$ 23,869	\$ 3,229	\$ 17,184	\$ 3,456
BANK FEES	21,430	1,427	12,380	7,623
MINOR EQUIPMENT	10,163	9,228	935	
MISCELLANEOUS	10,102	9,337	765	
GIFT	3,423	784	2,485	154
TUITION AND TRAINING	1,770	99	1,660	11
LESS: DEPRECIATION ADJ	8	-180	94	94
LESS FREIGHT	-5,129	-5,129		
LESS: AMOUNTS REPORTED ON	-87,614	-17,429	-13,661	-56,524
TOTAL	<u>\$ -21,978</u>	<u>\$ 1,366</u>	<u>\$ 21,842</u>	<u>\$ -45,186</u>

## Federal Statements

### Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIP FEES	\$ 4,520
GOVERNMENT GRANTS OR CONTRIBUTIONS	58,146
CONTRIBUTIONS	100
INDIVIDUALS	67,645
MONTHLY DONORS	17,178
CHURCHES	5,800
CORPORATE	29,182
STAFF	1,015
GRANTS	21,975
FOUNDATIONS	43,100
OTHER GRANTS	52,073
SPONSORSHIPS	35,000
FUNDRAISING EVENT	
CASH CONTRIBUTION	335,247
TOTAL	<u>\$ 670,981</u>

### Schedule A, Part III, Line 2(e)

Description	Amount
TICKET SALES/COVER CHARGES	\$ 31,016
PROGRAM FEES	37,615
SESSION FEES	56,937
LESSONS	10,655
INTEREST	730
REALIZED GAIN/LOSS	-71
OTHER OPERATING INCOME	35
PRODUCT	275,174
FUNDRAISING EVENT	27,310
EQUIPMENT RENTAL	4,868
TOTAL	<u>\$ 444,269</u>

## Federal Statements

### Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2014	2015	2016	2017	2018
	\$ 229,913	\$ 276,447	\$ 316,605	\$ 21,560	\$ 20,000
TOTAL	\$ 229,913	\$ 276,447	\$ 316,605	\$ 21,560	\$ 20,000

### Schedule A, Part III, Line 10a(e)

Description	Amount
RENTAL OF BUILDING	\$ 697,363
TOTAL	\$ 697,363

### Schedule A, Part III, Line 11

Description	Amount
RENTAL OF PARKING LOT	\$ 60,385
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 59,385