

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 black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2011**Open to Public
Inspection**

A For the 2011 calendar year, or tax year beginning , and ending	
B Check if applicable:	C Name of organization 100 BLACK MEN OF MIDDLE TENNESSEE, INC. Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite _____ P.O. BOX 140789 City or town, state or country, and ZIP + 4 NASHVILLE TN 37214 F Name and address of principal officer: DEBORAH POLK PO BOX 140789, NASHVILLE, TN 37214 I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	D Employer identification number 58-1984750 E Telephone number 615 248-2721 G Gross receipts \$ 353,693 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ _____ K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____ L Year of formation: 1991 M State of legal domicile: TN
J Website: WWW.THE100.ORG	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: The organization's mission is to nurture and enhance the growth, development and opportunities for young black males in Middle Tennessee with objectives to encourage value systems and to develop positive work ethics.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3
	6	Total number of volunteers (estimate if necessary)	6	7
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0
8		Contributions and grants (Part VIII, line 1h)	57,421	108,221
9		Program service revenue (Part VIII, line 2g)	0	0
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	288	107
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	193,968	202,323
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	251,677	310,651
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	72,365	96,164
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 77,480		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	236,783	250,025
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	309,148	346,189
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-57,471	-35,538
	20	Total assets (Part X, line 16)	629,184	572,009
	21	Total liabilities (Part X, line 26)	141,871	120,234
	22	Net assets or fund balances. Subtract line 21 from line 20	487,313	451,775

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.

Sign Here	Signature of officer _____	Date _____		
	Type or print name and title _____			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	MAURICE DANNER	MAURICE DANNER	11/20/2012	P00286763
	Firm's name ▶ MAURICE DANNER, CPA P.C.	Firm's EIN ▶ 41-2113649		
	Firm's address ▶ 3640 BURWICK PL, ANTIOCH, TN 37013	Phone no. (615) 364-5935		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990** (2011)