

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)

OMB No 1545-0047

2003

Open to Public
Inspection

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

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

B Check if applicable

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

BOYS & GIRLS CLUBS OF MIDDLE TN INC

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

P. O. BOX 110268

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

NASHVILLE, TN 37222

D Employer identification number

62-0540402

E Telephone number

615-833-2368

F Accounting method

☐ Cash ☒ Accrual

(specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list) **N/A** ☐ Yes ☐ No

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: **WWW.BGCMT.ORG**

J Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,979,972.**

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

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ **2,188,514.** noncash \$)

2 Program service revenue including government fees and contracts (from Part VII, line 93)

3 Membership fees and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6 a Gross rents

b Less rental expenses

c Net rental income or (loss) (subtract line 6b from line 6a)

7 Other investment income (describe ▶)

8 a Gross amount from sales of assets other than inventory

b Less cost or other basis and sales expenses

c Gain or (loss) (attach schedule)

d Net gain or (loss) (combine line 8c, columns (A) and (B))

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ **0.** of contributions reported on line 1a)

b Less direct expenses other than fundraising expenses

c Net income or (loss) from special events (subtract line 9b from line 9a)

10 a Gross sales of inventory, less returns and allowances

b Less cost of goods sold

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

11 Other revenue (from Part VII, line 103)

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses (add lines 16 and 44, column (A))

18 Excess or (deficit) for the year (subtract line 17 from line 12)

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

1a 1,072,506.
1b 349,719.
1c 766,289.

1d 2,188,514.

2 164,597.

3 15,762.

4 16,579.

5

6a
6b

6c

7

(A) Securities (B) Other
309,451. **8a**
285,877. **8b**
23,574. **8c**

8d 23,574.

9c 170,605.

9a 249,003.
9b 78,398.

10c 36,066.

11 2,615,697.

12 2,333,453.

13 287,777.

14 177,167.

15 2,798,397.

16 <182,700.>

17 3,201,503.

18 <8,392.>

19 3,010,411.

20

21

Part II Statement of Functional Expenses

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

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ <u>8,000</u> • noncash \$	22 8,000.	8,000.	STATEMENT 8	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 0.	0.	0.	0.
26	Other salaries and wages	26 1,378,531.	1,118,981.	160,080.	99,470.
27	Pension plan contributions	27 61,618.	49,294.	7,395.	4,929.
28	Other employee benefits	28 96,498.	77,198.	11,580.	7,720.
29	Payroll taxes	29 125,688.	100,626.	16,194.	8,868.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 97,015.	84,591.	7,809.	4,615.
34	Telephone	34			
35	Postage and shipping	35 5,125.	355.	2,213.	2,557.
36	Occupancy	36 103,114.	101,558.	778.	778.
37	Equipment rental and maintenance	37 12,017.	9,728.	1,051.	1,238.
38	Printing and publications	38 17,987.	4,954.	900.	12,133.
39	Travel	39 38,930.	37,360.	1,062.	508.
40	Conferences, conventions, and meetings	40 42,400.	34,522.	1,941.	5,937.
41	Interest	41 11,165.		11,165.	
42	Depreciation, depletion, etc (attach schedule)	42 170,640.	158,224.	6,208.	6,208.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 5	43e 629,669.	548,062.	59,401.	22,206.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,798,397.	2,333,453.	287,777.	177,167.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

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

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	SEE STATEMENT 7			
		(Grants and allocations \$	8,000.)	2,333,453.
b				
		(Grants and allocations \$)	
c				
		(Grants and allocations \$)	
d				
		(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)			2,333,453.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	27,756.	46 27,389.
	47 a Accounts receivable	47a 79,480.	
	b Less allowance for doubtful accounts	47b	47c 79,480.
	48 a Pledges receivable	48a 423,420.	
	b Less allowance for doubtful accounts	48b	48c 423,420.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	10,901.	53 10,019.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment basis	55a 3,476,716.	
	b Less accumulated depreciation	55b 1,319,313.	55c 2,157,403.
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a		
b Less accumulated depreciation	57b	57c	
58 Other assets (describe SEE STATEMENT 9)	892,862.	58 918,843.	
59 Total assets (add lines 45 through 58) (must equal line 74)	3,626,186.	59 3,616,554.	
Liabilities	60 Accounts payable and accrued expenses	170,536.	60 297,046.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe SEE STATEMENT 10)	254,147.	65 309,097.
66 Total liabilities (add lines 60 through 65)	424,683.	66 606,143.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	2,622,909.	67 2,215,362.
	68 Temporarily restricted	220,391.	68 436,846.
	69 Permanently restricted	358,203.	69 358,203.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,201,503.	73 3,010,411.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,626,186.	74 3,616,554.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	a 2,748,027.	a Total expenses and losses per audited financial statements	a 2,909,495.
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments \$ 21,232.		(1) Donated services and use of facilities \$ 32,700.	
(2) Donated services and use of facilities \$ 32,700.		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify) \$		(4) Other (specify) \$	
Add amounts on lines (1) through (4)	b 53,932.	Add amounts on lines (1) through (4)	b 32,700.
c Line a minus line b	c 2,694,095.	c Line a minus line b	c 2,876,795.
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) STMT 11 \$ <78,398.>		(2) Other (specify) STMT 12 \$ <78,398.>	
Add amounts on lines (1) and (2)	d <78,398.>	Add amounts on lines (1) and (2)	d <78,398.>
e Total revenue per line 12, Form 990 (line c plus line d)	e 2,615,697.	e Total expenses per line 17, Form 990 (line c plus line d)	e 2,798,397.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
D. SCOTT TURNER P. O. BOX 110268 NASHVILLE, TN 37222	CHAIRMAN 5 HRS/MONTH	0.	0.	0.
HOLLY SHARP P. O. BOX 110268 NASHVILLE, TN 37222	VICE CHAIRMAN 5 HRS/MONTH	0.	0.	0.
KENNETH WEBB P. O. BOX 110268 NASHVILLE, TN 37222	VICE CHAIRMAN 5 HRS/MONTH	0.	0.	0.
BRIAN SHIPP P. O. BOX 110268 NASHVILLE, TN 37222	SECRETARY 5 HRS/MONTH	0.	0.	0.
PHIL WOODLIEF P. O. BOX 110268 NASHVILLE, TN 37222	TREASURER 5 HRS/MONTH	0.	0.	0.
AMANDA FARNSWORTH P. O. BOX 110268 NASHVILLE, TN 37222	PAST CHAIRMAN 5 HRS/MONTH	0.	0.	0.
SEE ATTACHED LIST OF OTHER NONCOMPENSATED BOARD OF DIRECTORS		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 32,700.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed TENNESSEE	90b	24
b Number of employees employed in the pay period that includes March 12, 2003		
91 The books are in care of ANGIE LITHGOW Telephone no (615) 833-2368		

Located at P. O. BOX 110268, NASHVILLE, TN

ZIP + 4 37222

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROGRAM SERVICE FEES					164,597.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					15,762.
95 Interest on savings and temporary cash investments			14	16,579.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory			18	23,574.	
101 Net income or (loss) from special events			12	170,605.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SALES TO MEMBERS/PUBLIC			03	15,512.	
b OTHER INCOME					20,554.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		226,270.	200,913.
105 Total (add line 104, columns (B), (D), and (E))					427,183.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93A- PROGRAM SERVICE REVENUE, MEMBERSHIP DUES, AND MISCELLANEOUS INCOME
 94 & WERE USED TO SUPPORT THE ORGANIZATION'S VARIOUS PROGRAMS, SUCH AS,
 103B CHARACTER LEADERSHIP AND DEVELOPMENT, EDUCATION AND CAREER
 DEVELOPMENT, HEALTH AND LIFE SKILLS, AND RECREATION PROGRAMS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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, and all information of which preparer has any knowledge.

2/15/05
Date

Angie L. Hogue VP Finance
Type or print name and title

Date

02/15/05

Check if

self-

employed ☒

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2003

Name of the organization

BOYS & GIRLS CLUBS OF MIDDLE TN INC

Employer identification number

62 0540402

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LLOYD HARRIS P. O. BOX 110268, NASHVILLE, TN 37222	EXECUTIVE DIR 40 HRS/WEEK	107,000.	10,710.	
ROYCE FENTRESS P. O. BOX 110268, NASHVILLE, TN 37222	CLUB DIRECTOR 40 HRS/WEEK	60,000.	6,120.	
SUSAN HOSBACH P. O. BOX 110268, NASHVILLE, TN 37222	DEVELOPMENT D 40 HRS/WEEK	75,000.	7,548.	
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?	X	
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	X	
b Do you have a section 403(b) annuity plan for your employees?	X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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

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

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

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

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

14 <input type="checkbox"/>	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)
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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,874,142.	1,495,991.	2,690,796.	1,130,668.	7,191,597.
16 Membership fees received	31,434.	31,192.	30,901.	17,738.	111,265.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	494,698.	166,350.	131,307.	99,380.	891,735.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	57,683.	<23,060.>	<21,130.>	87,270.	100,763.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	32,700.	72,291.	72,290.	19,750.	197,031.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	2,490,657.	1,742,764.	2,904,164.	1,354,806.	8,492,391.
24 Line 23 minus line 17	1,995,959.	1,576,414.	2,772,857.	1,255,426.	7,600,656.
25 Enter 1% of line 23	24,907.	17,428.	29,042.	13,548.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) 0. (2001) 0. (2000) 0. (1999) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) 0. (2001) 0. (2000) 0. (1999) 0.		
c Add: Amounts from column (e) for lines 15 <u>7,191,597.</u> 16 <u>111,265.</u> 17 <u>891,735.</u> 20 _____ 21 <u>197,031.</u>	27c	8,391,628.
d Add: Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	8,391,628.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f	8,492,391.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	98.8135%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	1.1865%

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

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

N/A

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

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

Schedule A (Form 990 or 990-EZ) 2003

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

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated group.Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

(a)
Affiliated group
totals(b)
To be completed for ALL
electing organizations

N/A

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)**36****37** Total lobbying expenditures to influence a legislative body (direct lobbying)**37****38** Total lobbying expenditures (add lines 36 and 37)**38****39** Other exempt purpose expenditures**39****40** Total exempt purpose expenditures (add lines 38 and 39)**40****41** Lobbying nontaxable amount Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38**44****Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) <input checked="" type="checkbox"/>	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

Yes	No	Amount
		0.

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

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

FOOTNOTES

STATEMENT 1

PROPERTY AND EQUIPMENT ARE STATED AT COST, OR AT ESTIMATED FAIR MARKET VALUE AT DATE OF GIFT IF DONATED, LESS ACCUMULATED DEPRECIATION. DEPRECIATION IS COMPUTED ON THE STRAIGHT-LINE METHOD OVER ESTIMATED USEFUL LIVES OF FIVE TO TEN YEARS FOR FURNITURE, EQUIPMENT, VEHICLES, AND BUILDING IMPROVEMENTS, AND FORTY YEARS FOR BUILDINGS.

PROPERTY AND EQUIPMENT CONSISTED OF THE FOLLOWING AT JUNE 30, 2004:

LAND	26,530.
BUILDINGS AND IMPROVEMENTS	2,579,077.
VEHICLES	202,000.
POOL	102,176.
FURNITURE AND EQUIPMENT	566,933.
	<hr/>
	3,476,716.
LESS ACCUMULATED DEPRECIATION	<1,319,313.>
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TOTAL	2,157,403.
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FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF INVESTMENTS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	309,451.	285,877.	0.	23,574.
TOTAL TO FM 990, PART I, LN 8	309,451.	285,877.	0.	23,574.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPRING FOR KIDS DINNER & AUCTION	94,207.		94,207.	27,113.	67,094.
INGRAM CUP CORPORATE CHALLENGE	40,909.		40,909.	13,113.	27,796.
WINE DOWN MAIN STREET	55,250.		55,250.	11,510.	43,740.
FWCC STEAK DINNER	50,532.		50,532.	22,929.	27,603.
OTHER EVENTS	8,105.		8,105.	3,733.	4,372.
TO FM 990, PART I, LINE 9	249,003.		249,003.	78,398.	170,605.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	<29,624.>
UNREALIZED GAIN	21,232.
TOTAL TO FORM 990, PART I, LINE 20	<8,392.>

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
AWARDS & GRANTS	2,711.	2,297.		414.	
MISCELLANEOUS					
EQUIPMENT EXPENSE	7,820.	7,535.	285.		
FOOD PROGRAM EXPENSE	277,492.	277,492.			
INSURANCE	51,205.	43,855.	4,650.	2,700.	
LICENSES AND PERMITS	1,841.	884.	957.		
MAINTENANCE SUPPLIES	10,595.	10,145.	310.	140.	
COLLABORATIVE FEES					
PAID TO YMCA	51,816.	51,816.			
MEMBERSHIP DUES	4,351.	1,516.	920.	1,915.	
MISCELLANEOUS	15,468.	2,566.	1,928.	10,974.	
NATIONAL DUES	9,749.	5,940.	3,209.	600.	
PROFESSIONAL FEES	43,790.	704.	43,086.		
REPAIRS AND					
MAINTENANCE	57,188.	54,003.	1,580.	1,605.	
TELEPHONE	51,654.	46,790.	2,160.	2,704.	
VACATION EXPENSE	4,978.	3,508.	316.	1,154.	
VEHICLE REPAIRS AND					
MAINTENANCE	39,011.	39,011.			
TOTAL TO FM 990, LN 43	629,669.	548,062.	59,401.	22,206.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

THE GOAL OF THE BOYS AND GIRLS CLUB IS TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE FROM DISADVANTAGED CIRCUMSTANCES, TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE, AND CARING CITIZENS. THE AGENCY STRIVES TO IMPROVE EACH CHILD'S LIFE BY ENHANCING SELF-ESTEEM AND COURAGE, AND INSTILLING POSITIVE VALUES THROUGH EDUCATIONAL PROGRAMS.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	7
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DESCRIPTION OF PROGRAM SERVICE ONE

ALL OF THE BOYS AND GIRLS CLUB'S PROGRAMS AND SERVICES STRIVE TO PROMOTE AND ENHANCE THE DEVELOPMENT OF BOYS AND GIRLS. THESE PROGRAMS INCLUDE CHARACTER LEADERSHIP AND DEVELOPMENT, EDUCATION AND CAREER DEVELOPMENT, HEALTH AND LIFE SKILLS, THE ARTS, AND SPORTS, FITNESS, AND RECREATION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	8,000.	2,333,453.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	8
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	DECARLOS ROBINSON	AVAILABLE UPON REQUEST	NONE	8,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				8,000.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
INVESTMENTS	906,521.
DEPOSITS	100.
AGENCY ENDOWMENT	12,222.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	918,843.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	AMOUNT
LINE OF CREDIT	244,212.
ACCRUED EXPENSES	64,885.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	309,097.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	11
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	<78,398.>
TOTAL TO FORM 990, PART IV-A	<78,398.>

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	12
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	<78,398.>
TOTAL TO FORM 990, PART IV-B	<78,398.>

FOOTNOTES	STATEMENT	13
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SCHEDULE A, PAGE 2, PART III, LINE 2B:

ONE OF THE BOARD MEMBERS IS A SENIOR OFFICER WITH A
FINANCIAL INSTITUTION WHICH IS THE AGENCY'S PRINCIPAL BANK
AND LENDER.

**BOYS GIRLS CLUBS OF MIDDLE TENNESSEE
2003-2004 Board Roster**

BOARD OFFICERS

MAILING ADDRESSES / * PREFERRED

(All mailing addresses Nashville, TN unless listed)

TELEPHONE

(615-...)

D. Scott Turner <i>Chairman</i>	Ajax Turner Company (w) 1045 Visco Drive 37210 sturner@ajaxturner.com	244-2424 (w) 726-2162 (fax)
Holly Sharp <i>Vice Chairman</i>	(w) 714 Summerwind Circle, 37215 hollandconner@aol.com	665-8916 (h)
Kenneth Webb <i>Vice Chairman</i>	First Tennessee Bank (w) P.O. Box 28100, 37202-8100 kewebb@ftb.com	734-6118 (Asst. Stacey Cleghon) 734-6095 (fax) 347-6025
Brian Shipp <i>Secretary</i>	UnitedHealthcare, AR-TN Division (w) 10 Cadillac Drive, Suite 200 Brentwood, TN 37027 brian_shipp@uhc.com Please copy Becky Jenkins on all matters	372-3601 (w) 372-3551 (Asst. Becky Jenkins) 372-3640 (fax) becky_jenkins@uhc.com
Phil Woodlief <i>Treasurer</i>	Doane Pet Care Co. (w) P.O. Box 2487 Brentwood, TN 37024-2487 pwoodlief@doanepetcare.com	373-7774 (w)
Amanda Farnsworth <i>Immediate Past Chairman</i>	Hilliard Lyons (w) 3401 West End Avenue, Ste. 160, 37203 afarnsworth@hilliard.com	297-2211 (w - Asst. Donna Brooks) 297-7164 (fax)
<u>DIRECTORS</u>		
Currie Andrews	Andrews Cadillac (w) P.O. Box 427 Brentwood, TN 37024 currieandrews@andrewscadillac.com	373-3800 (w) 661-5823 (fax)
Jim Andrews <i>State Alliance Liaison</i>	CreditSouth (w) 357 Riverside Drive, Ste. 234 Franklin, TN 37064 jandrews@gocreditsouth.com	791-3849 (w) 591-2722 (fax)
Roger T. Briggs, Jr.	Morgan Joseph Co. Inc. (w) 150 4th Avenue North, Ste. 1050, 37219 rbriggs@morganjoseph.com Please copy Mamie Hutton on all matters mhutton@morganjoseph.com	238-2302 (w - Asst. Mamie Hutton) 238-2301 (fax) 385-7025 (h) 400-9044 (cell)
Greg Brink <i>Associate Board Chairman</i>	GMAC Commercial Mortgage (w) 2000 Richard Jones Road, Suite 100 37215 skibrink@hotmail.com	279-7509 (w) 279-0729 (fax) 383-7675 (h)
Charles Cardwell	Metropolitan Trustee's Office Metropolitan Trustee *(w) 800 2nd Avenue North, Ste. 2, 37201 (h) 105 Lea Avenue, Unit 1, 37210 charlie.cardwell@nashville.gov	862-6336 (w) 862-6339 (Asst. Wanda Binkley) 862-6337 (fax) 242-1133 (h)
Mary Clement	(h) 4420 E. Brookfield Drive, 37205 Mary_Clement@comcast.net	741-1276 (w)
James "Hal" Conditt	Marsh (w) 1801 West End Avenue, Ste 1500 37203 Hal.H.Conditt@marsh.com	340-2561 (w) 297-7788 (h)
Jennifer Dunphy <i>Young Leaders</i>	353 Normandy Circle Nashville, TN 37209	292-8829 (h)
David Ewing	Nashville Chamber of Commerce 211 Commerce St., Suite 100 37201 dewing@nashvillechamber.com	743-3000

**BOYS GIRLS CLUBS OF MIDDLE TENNESSEE
2003-2004 Board Roster**

Farzin Ferdowsi	Management Resources Company (w) 1728 Gen. Geo Patton, Brentwood, 37027 fferdowsi@mrco.net Please copy Renee on all matters rwells@mrco.net	377-5723 (w - Asst. Renee Wells) 373-4299 (fax) 972-9222 (Renee Wells' cell)
Brad Gioia	Montgomery Bell Academy *(w) 4001 Harding Road 37205 (h) 126 Ensworth Ave. 37205 gioiab@montgomerybell.com	298-5514 (w - Asst. Jennifer Howell) 297-0271 (fax) 463-2255 (h)
Ed Goodrich <i>New Board Member</i>	Caterpillar Financial Services 2120 West End Avenue Nashville, TN 37203	341-1000 341-1004 (w-Asst. Amber)
Nelson Griffin <i>New Board Member</i>	Cracker Barrel P.O. Box 787 Lebanon, TN 37088-0787 ngnffin@crackerbarrel.com Please Copy Robyn Avella on all matters ravella@crackerbarrel.com	615-443-9256 (Asst. Robyn Avella) 615-443-9441 (fax)
Joe M. Hall	Hall Strategies 222 4th Ave North, 37219 joe@hallstrategies.com	242-8856 ext. 11 38-7081 (fax)
Jim Hennessey	United Healthcare *(w) 10 Cadillac Dr., Ste. 200 Brentwood, TN 37027 (h) 5240 Village Way 37211 jimhennessey@comcast.net	372-3490 (Asst. Becky Walter) 403-8945 (cell) 386-5054 (h)
Peggy Hill	Shop at Home Network (w) 5388 Hickory Hollow Parkway Antioch, TN 37013 *(h) 2926 Wellesley Trace 37215 phill@sath.com	263-8096 (w) 263-8000 (Asst. Carrie Adams) 263-8084 (fax) 292-4077 (h) 618-2143 (cell)
Tony Holcombe <i>Franklin/Williamson Co. Liaison</i>	WebMD 26 Century Blvd Nashville, TN 37214 tholcombe@webmd.net	886-9065 (w) 771-3500 (fax) Connie Bumpus
Allen L. Hovious	Hovious & Associates (w/h) 230 Hillwood Drive 37205 a.hovious@comcast.net	352-7181 (w) 507-1701 (Asst. Joan Greer) 352-7182 (fax)
Jeff Howard	W.L. Hailey & Company (w) 2971 Kraft Drive 37204 jhoward@wlhailey.com	255-3161 x124 (w) 255-7161 x149 (Asst. Terry Beeler) 256-1316 (fax)
Orrin Ingram	Ingram Industries (w) 4400 Harding Road 37205 ingramo@ingramindustries.com Please copy Diane Key on all matters keyd@ingramindustries.com	298-8266 (w) 298-8374 (Asst. Diane Key) 298-7579 (fax) 298-8374 (h)
Jamie Jones	KPMG LLP *(w) 511 Union Street, Ste. 1900, 37219 (h) 2425 Golf Club Lane 37215 jjones@kpmg.com	248-5605 (w) 248-5664 (Asst. Cathi Hart) 248-5615 (fax) 292-3304 (h)
Sydney F. Keeble, Jr.	(w) 505 Park Center Drive, 37205	292-4435 (w) 292-4435 (Carolyn Roberts) 292-1135 (fax)
Preston Lentz	Cadinha & Company (w/h) 3635 Valley Vista Road 37205 np Lentz@aol.com	383-2223 (w) 385-4702 (Asst. Mary Ann) 383-2313 (fax) 385-4702 (h)
Darrell K. Massengale	(h) 9543 Equestrian Lane	377-9846 (h)

**BOYS GIRLS CLUBS OF MIDDLE TENNESSEE
2003-2004 Board Roster**

	Brentwood, TN 37027 dakurt@msn.com	948-4081 (cell)
Pat McKinney	TransCor (w) 646 Melrose Avenue 37211 pmckinney@transcor.com	240-4481 244-4402 (fax) 585-6746 (cell)
J. Chris Meadows	Willis Corporation (w) 26 Century Boulevard 37214 chris.meadows@willis.com	872-3763 (w) 872-3896 (fax)
Albert L. Menefee, III	Menefee Equipment Company (w) 203 3rd Avenue North Franklin, TN 37064 overland59t@aol.com	791-4755 (w) 791-7072 (fax) 943-5748 (mobile)
Todd Officer <i>Phoenix Club</i>	Officer Insurance Agency 906 Harpeth Valley Place Nashville, TN 37221 todd@officerins.com	662-2300 (w) 662-4364 (fax)
Teresa Phillips	Tennessee State University 3500 John A. Merritt Blvd Nashville, TN 37209 tphillips@tnstate.edu	963-5861 (w) 963-5911 (fax)
Scott Portis	Cannon Restaurant Management 6205 Hillsboro Road 37205 Scott.Portis@CannonRM.com	665-0444 (w) 309-6990 (h) 300-3696 (cell)
Greg Roth	HCA Healthcare (w) One Park Plaza 37203 greg.roth@hcahealthcare.com	344-5504 (w) 344-2466 (fax) 473-4840 (pager)
Ronald L. Samuels	Union Planters Bank *(w) 401 Union Street 37219 (h) 405 Georgetown Drive 37205 ron.samuels@upbna.com	726-4215 (Asst. Kit Hendrickson) 726-4330 (fax)
Lee Schaefer	Southeast Venture LLC 3011 Armory Drive, Ste 310 37204 lschaefer@southeastventure.com	833-8716 x22 (w) 791-0493 (fax) 480-7771
Walter Schultz	Sprint PCS 2525 West End Ave, 8th Floor 37203 wschu01@sprintspectrum.com	300-4735 (c) 341-7828 (asst. Kim Clayton) 341-7684 (fax) 341-7844 (w)
John W. Smithwick	(h) 1133 Stonewall Jackson Ct. 37220 HumResConsult@aol.com	373-1719 (h)
Brent Turner	Psychiatric Solutions, Inc. 840 Crescent Centre Drive, Suite 460 Franklin, TN 37067 bturner@psysolutions.com	312-5700 (w) 312-5711 (fax)
David T. Vandewater	*(w) One Burton Hills Blvd., Suite 250 37215 (h) 425 Jackson Blvd. 37205 david.vandewater@ardenthealth.com Please copy Karen West on all matters	296-3351 (w - Asst. Karen West) 296-6001 (fax) 292-2566 (h) karen.west@ardenthealth.com
Jack Wallace	Willis of Tennessee, Inc. (w) P.O. Box 305025, 37230 jack.wallace@willis.com	872-3850 (w) 351-7278 mobile 872-3896 (fax)
Betty Wentworth	Shirley Zeitlin & Co. Realtor (h) 117 Clarendon Avenue 37205 wentworb@realtracs.com	383-7117 (w/h) 385-3222 (fax)
David Williams	Vanderbilt University (w) 305 Kirkland Hall, 37240 david.williams@vanderbilt.edu	322-8331 (Asst. JoAnn Patterson) 343-3930 (fax)

BOYS GIRLS CLUBS OF MIDDLE TENNESSEE
2003-2004 Board Roster

Don Williamson	Rogers Group, Inc. *(w) P.O. Box 25250, 37202 (h) 1137 Traveler's Ridge Drive 37220 dwilliam@rogersgroupinc.com diane.lawbaugh@rogersgroupinc.com	780-5754 (w) 780-5759 (Asst. Diane Lawbaugh) 780-5606 (fax) 371-1084 (h)
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LIFE BOARD

MAILING ADDRESSES / * PREFERRED

TELEPHONE

John Anderson	*(h) 7 Carriage Hill 37205	352-1930 (h)
Bob Battle	*(h) 8889 Horton Highway College Grove, TN 37046	368-2353 (w/h) 368-2353 (fax)
Thomas W. Beasley	*(h) 1407 Lebanon Road 37210	
Evelyn Bennett	*(h) 7286 Nolensville Road Nolensville, TN 37135	776-5181 (h)
Richard W. Cardin	*(h) 4969 Tyne Ridge Court 37220 rwc35@aol.com	298-5914 (w/h) 298-5915 (fax)
Franklin G. Clark	First & Mid-South Associates *(w) 2215 Abbott Martin Road, Ste. D-4, 37215	383-6922 (w)
Tom Cone	Cone Oil *(w) P.O. Box 90308 6185 Cockrill Bend Circle 37209	255-2654 (h)
Lew Conner	Stokes & Bartholomew *(w) 424 Church Street, Ste. 2800, 37219 lconner@stokesbartholomew.com	259-1421 (w) 259-1470 (fax) 259-1409 (Asst. LuAnn Breece)
Frank C. Davis, Jr.	Frank Davis Enterprises *(w) 1310 Coreland Drive Madison, TN 37115	865-2199 (w) 865-2199 (Asst. Melanie)
Gene C. Koonce	104 Windsor Drive Nashville, TN 37205	356-1603 (h)
Jack A. Oman	Oman Management Company, Inc. *(w) P.O. Box 90268 37209	385-2500 (w) 385-2507 (fax)
Dr. Bruce P'Pool, Jr.	*(h) 1900 Chickering Road 37215	327-1011 (w)
Herbert R. Rich, Attorney	*(w) 213 Third Avenue North 37201	254-3341 (w) 242-5918 (fax)
Edwin C. Rodgers	*(h) 1217 Bedfordshire Court 37221	646-8018 (h)
George W. Sullivan	*(h) 49 Concord Park East 37205	297-8731 (h) 367-5385 (fax)
J. Fred Tarkington, Jr.	Tarkington Co. (w) 1705 Division Street 37205 *(h) Enquirer Avenue 37205	331-9002 (w) 331-9002 (Asst. Carolyn) 352-1424 (fax) 356-3745 (h)
Warren C. Wilkerson	*(h) 500 Elmington Avenue #426 37205	832-6775 (h)



BOYS & GIRLS CLUBS
of Middle Tennessee

ALUMNI SCHOLARSHIP CRITERIA

- I. Youth of the year scholarship
 - A. The Youth of the year of Boys & Girls Clubs of Middle Tennessee will win a ~~\$1000~~²⁵⁰⁰ college scholarship.
 - B. For those youth of the years not ready for college, the ~~\$1000~~²⁵⁰⁰ will be held and will be available for them when they reach college age.
 - C. Interest will not be added to the scholarship.
- II. Other scholarships
 - A. \$500 per semester college scholarships will be awarded as funds are available to those students who meet the criteria
 - B. College includes post high school vocational and trade schools.
 - C. Criteria
 - 1. Must have been a Boys & Girls Club member for at least two years.
 - 2. Must be a student in good standing with a 2.0 or better GPA.
 - 3. Must send in proof of grades and school progress

August 21, 2000

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	BOYS & GIRLS CLUBS OF MIDDLE TN INC	62-0540402
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 110268	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37222	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning JUL 1, 2003, and ending JUN 30, 2004.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Valerie Smith Title ► CPA Date ► 11/8/04
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note: Only complete **Part II** if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	BOYS & GIRLS CLUBS OF MIDDLE TN INC	62-0540402
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	P. O. BOX 110268	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NASHVILLE, TN 37222	

Check type of return to be filed (File a separate application for each return):

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐. If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 16, 2005
 5 For calendar year _____, or other tax year beginning JUL 1, 2003 and ending JUN 30, 2004
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension
TAXPAYER IS AWAITING INFORMATION FROM THIRD PARTIES.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Shelley C. Mayfield Title CPT Date 2/14/05

Notice to Applicant - To Be Completed by the IRS

☐ We **have** approved this application. Please attach this form to the organization's return.
☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	KRAFTCPAS PLLC
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	555 GREAT CIRCLE ROAD, SUITE 200
	City or town, province or state, and country (including postal or ZIP code)
	NASHVILLE, TN 37228