|          | 0                               | חר               | Beturn of Or  | ganization Ex                         | empt F            | rom Incom                                    | e Tax             | OMB No. 1545-0047                     |
|----------|---------------------------------|------------------|---|---------------------------------------|-------------------|--|-------------------|---------------------------------------|
| Forn     | n 95                            | JU               |   | (1), 527, or 4947(a)(1) of the        |                   |  |                   | 2007                                  |
| Dena     | rtment of                       | the Treasury     |   | benefit trust or priva                |                   |  | J                 | Open to Public                        |
|          |                                 | ue Service       | The organization m                                  | ay have to use a copy of this         | return to satisfy | / state reporting requir                     | ements.           | Inspection                            |
| AF       | or the 2                        | 2007 calendar    | year, or tax year beginning                         | JUL 1, 200'                           | 7 and en          | iding JUN 30                                 | , 2008            |                                       |
|          | Check if<br>pplicable:          |                  | Name of organization                                |                                       |                   |  | D Employer i      | dentification number                  |
|          | Address                         |                  | YS & GIRLS CLUE                                     | S OF MIDDLE '                         | IN INC            |  | 62-0              | 540402                                |
|          | Name<br>Change                  |                  | Number and street (or P.O. box if n                 | nail is not delivered to street a     | address)          | Room/suite                                   | E Telephone       |                                       |
|          | Initial                         | Instruc-         | O. BOX 110268                                       |                                       |                   |  | 615-8             | <u>333-2368</u>                       |
|          | Termin-<br>ation<br>Amende      | tions.           | City or town, state or country, and ASHVILLE, TN 37 | ZIP + 4<br>' <b>222</b>               |                   |  | F Accounting met  |                                       |
|          | ⊥return<br>]Applica<br>]pending | tion • Sect      | ion 501(c)(3) organizations and 4                   | 947(a)(1) nonexempt charit            | able trusts       | Hand lare not app                            |                   | tion 527 organizations.               |
|          |                                 | must             | attach a completed Schedule A (                     | Form 990 or 990-EZ).                  |                   | H(a) Is this a group r                       |                   |                                       |
|          |                                 |                  | BGCMT.ORG   |                                       |                   | H(b) If "Yes," enter nu                      | umber of affiliat | tes N/A                               |
| J(       | Organiza                        | tion type (check | k only one) ▶ 🗴 501(c) ( 3 ) •                      | (insert no.) 4947(a)(1                | ) or 📃 527        | H(c) Are all affiliates                      |                   | N/A Yes No                            |
| κ        | Check he                        | ere 🕨 🗌 if       | the organization is not a 509(a)(3)                 | supporting organization and           | l its gross       | (If "No," attach a<br>H(d) Is this a separat | e return filed b  | v an or                               |
|          |                                 |                  | ot more than \$25,000. A return is I                | not required, but if the organi       | zation            | ganization cove                              | red by a group    | ruling? Yes X No                      |
|          | hooses                          | to file a return | , be sure to file a complete return.                |                                       |                   | I Group Exemption                            |                   | N/A                                   |
|          |                                 |                  |   | 4 5 4                                 |                   |  |                   | tion is <b>not</b> required to attach |
|          |                                 | •                | es 6b, 8b, 9b, and 10b to line 12                   | -                                     | 3,087.            | Sch. B (Form 99                              | 90, 990-EZ, or s  | 990-PF).                              |
| Pa       |                                 |                  | Expenses, and Change                                |                                       | Fund Bala         | nces   |                   |                                       |
|          | 1                               |                  | s, gifts, grants, and similar amount                |                                       |                   | l  |                   |                                       |
|          |                                 |                  | s to donor advised funds                            |                                       |                   | 2 1 2 2 0                                    | 60                |                                       |
|          |                                 |                  | support (not included on line 1a)                   |                                       |                   | 2,182,8<br>123,2                             |                   |                                       |
|          | C L                             |                  | ic support (not included on line 1a                 |                                       |                   |  |                   |                                       |
|          | d                               |                  | contributions (grants) (not include                 |                                       |                   | 1,003,5<br>20,000.                           |                   | 2 200 600                             |
|          |                                 |                  | nes 1a through 1d) (cash \$                         |                                       |                   |  |                   | 3,309,699.                            |
|          | 2                               | -                | vice revenue including governmen                    |                                       |                   |  |                   | <u>264,604.</u><br>26,488.            |
|          | 3                               | Membership       | dues and assessments                                |                                       |                   |  | 3                 | 32,270.                               |
|          | 4                               |                  | avings and temporary cash investr                   |                                       |                   |  |                   | 52,270.                               |
|          | 5<br>6 a                        | -                | d interest from securities                          |                                       |                   |  | D                 |                                       |
|          |                                 |                  | whoneoe   |                                       |                   |  | _                 |                                       |
|          |                                 |                  | expenses<br>come or (loss). Subtract line 6b fro    |                                       |                   |  | 60                |                                       |
| anı      | 7                               |                  | ment income (describe <b>&gt;</b>                   |                                       |                   |  | ) 7               |                                       |
| evenue   |                                 |                  | nt from sales of assets other                       | (A) Securities                        |                   | ( <b>B</b> ) Other                           | , ,               |                                       |
| Re       | 0 0                             |                  | ry  |                                       | 768. 8a           |  | _                 |                                       |
|          | Ь                               |                  | other basis and sales expenses                      |                                       |                   |  | _                 |                                       |
|          | c                               |                  | ) (attach schedule)                                 |                                       |                   |  |                   |                                       |
|          | d                               |                  | loss). Combine line 8c, columns (A                  |                                       |                   | т 2  | 8d                | 20,484.                               |
|          | 9                               |                  | ts and activities (attach schedule).                |                                       |                   |  |                   | ,                                     |
|          |                                 | •                | tincluding \$ 55,93                                 |                                       |                   | 452,9  | 08.               |                                       |
|          | b                               |                  | expenses other than fundraising ex                  |                                       |                   | 147,8  |                   |                                       |
|          | c                               | Net income o     | or (loss) from special events. Subtr                | act line 9b from line 9a              | SEE               | STATEMENT                                    |                   | 305,033.                              |
|          | 10 a                            |                  | of inventory, less returns and allow                |                                       |                   |  |                   |                                       |
|          |                                 |                  | goods sold  |                                       |                   |  |                   |                                       |
|          | c                               | Gross profit     | or (loss) from sales of inventory (a                | ttach schedule). Subtract line        | 10b from line     | 10a  | 10c               |                                       |
|          | 11                              |                  | e (from Part VII, line 103)                         | ,                                     |                   |  |                   | 19,350.                               |
|          | 12                              | Total revenu     | ie. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8              | d, 9c, 10c, and 11                    |                   |  | 12                | 3,977,928.                            |
|          | 13                              |                  | vices (from line 44, column (B))                    |                                       |                   |  |                   | 2,722,149.                            |
| ses      | 14                              | Management       | t and general (from line 44, columr                 | (C))                                  |                   |  | 14                | 453,308.                              |
| Expenses | 15                              |                  |   | · · · · · · · · · · · · · · · · · · · |                   |  |                   | 490,692.                              |
| Ă        | 16                              | -                | affiliates (attach schedule)                        |                                       |                   |  | 16                | -                                     |

1

Other changes in net assets or fund balances (attach explanation) **SEE STATEMENT** 

Total expenses. Add lines 16 and 44, column (A) ..... Excess or (deficit) for the year. Subtract line 17 from line 12

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

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

Net assets or fund balances at end of year. Combine lines 18, 19, and 20 .

17

18

19

20

21

LHA

723001 12-27-07

Net

Form 990 (2007)

3,666,149. 311,779.

3,459,819.

3,668,293.

<103,305.>

17

18

19

20

21

4

17290130 781331 11134-11134 2007.07050 BOYS & GIRLS CLUBS OF MIDDL 11134-11 Part II

**Functional Expenses** 

BOYS & GIRLS CLUBS OF MIDDLE TN INC

and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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| Do not include amounts reported on line                  |              | (A) Total     | (B) Program                         | (C) Management | (D) Fundraising                         |
|--|--------------|---------------|-------------------------------------|----------------|---|
| 6b, 8b, 9b, 10b, or 16 of Part I.                        |              | (A) TOTAI     | services                            | and general    | ע) Fundialsing                          |
| a Grants paid from donor advised funds                   |              |               |                                     |                |   |
| (attach schedule)  |              |               |                                     |                |   |
|  | -1           |               |                                     |                |   |
| If this amount includes foreign grants, check here       | 22a          |               |                                     |                | STATEMENT 6                             |
| b Other grants and allocations (attach schedu            |              |               |                                     |                | SIAIEMENI O                             |
|  | ·]           | 10 125        | 10 125                              |                |   |
| If this amount includes foreign grants, check here       | 22b          | 12,135.       | 12,135.                             |                |   |
| Specific assistance to individuals (attach               |              |               |                                     |                |   |
| schedule)  | 23           |               |                                     |                |   |
| Benefits paid to or for members (attach                  |              |               |                                     |                |   |
| schedule)  | . 24         |               |                                     |                |   |
| a Compensation of current officers, directors, key       | 0.5          | 255 617       | 272 022                             | E0 114         | 22 570                                  |
| employees, etc. listed in Part V-A                       | . <b>25a</b> | 355,617.      | 272,933.                            | 59,114.        | 23,570                                  |
| <b>b</b> Compensation of former officers, directors, key |              | 20 615        |                                     | C 400          | <b>2 5 5 5 5</b>                        |
| employees, etc. listed in Part V-B                       |              | 38,615.       | 29,660.                             | 6,400.         | 2,555                                   |
| c Compensation and other distributions, not include      | d            |               |                                     |                |   |
| above, to disqualified persons (as defined under         |              |               |                                     |                |   |
| section $4958(f)(1)$ and persons described in            |              |               |                                     |                |   |
| section 4958(c)(3)(B)                                    | 25c          |               |                                     |                |   |
| Salaries and wages of employees not                      |              | 1 0 0 0 0 0 0 | 0.61 010                            |                | 00 071                                  |
| included on lines 25a, b, and c                          | 26           | 1,239,378.    | 961,812.                            | 197,495.       | 80,071                                  |
| Pension plan contributions not included on               |              | 40 504        | 00 050                              | 0 110          | ~ |
| lines 25a, b, and c                                      | . 27         | 40,731.       | 28,350.                             | 9,110.         | 3,271                                   |
| Employee benefits not included on lines                  |              | 00 640        |                                     |                |   |
| 25a - 27   |              | 98,640.       | 68,656.                             | 22,062.        | 7,922<br>9,703                          |
| Payroll taxes  |              | 120,810.      | 84,086.                             | 27,021.        | 9,703                                   |
| Professional fundraising fees                            |              |               |                                     |                |   |
| Accounting fees  |              |               |                                     |                |   |
| Legal fees   |              | 111 201       | 00 800                              | 18 005         | 10.000                                  |
| Supplies   |              | 111,381.      | 80,790.                             | 17,385.        | 13,206                                  |
| Telephone  | . 34         | 45,670.       | 39,714.                             | 3,659.         | 2,297                                   |
| Postage and shipping                                     |              | 5,077.        | 1,065.                              | 802.           | 3,210                                   |
| Occupancy  |              | 224,712.      | 178,883.                            | 24,757.        | 21,072                                  |
| Equipment rental and maintenance                         |              | 25,669.       | 22,727.                             | 1,386.         | 1,556                                   |
| Printing and publications                                | . 38         | 6,780.        | 1,110.                              | 531.           | 5,139                                   |
| Travel   |              | 138,621.      | 113,927.                            | 10,147.        |   |
| Conferences, conventions, and meetings $\dots$           |              | 14,566.       | 8,191.                              | 4,612.         | 1,763                                   |
| Interest   |              | 45,527.       | 3,103.                              | 42,424.        |   |
| Depreciation, depletion, etc. (attach schedule)          | 42           | 194,217.      | 155,705.                            | 4,256.         | 34,256                                  |
| Other expenses not covered above (itemize)               | :            |               |                                     |                |   |
| a  | 43a          |               |                                     |                |   |
| b  | 43b          |               |                                     |                |   |
| c  | 43c          |               |                                     |                |   |
| d  | 43d          |               |                                     |                |   |
| e  | 43e          |               |                                     |                |   |
| f  | 43f          |               |                                     |                |   |
| g SEE STATEMENT 5  | 43g          | 948,003.      | 659,302.                            | 22,147.        | 266,554                                 |
| Total functional expenses. Add lines 22a through         | 1            |               |                                     |                |   |
| 43g. (Organizations completing columns (B)-(D),          |              |               |                                     |                |   |
| carry these totals to lines 13-15)                       |              |               | 2,722,149.                          | 453,308.       | 490,692                                 |
| int Costs. Check 🕨 🔲 if you are followin                 |              |               |                                     |                |   |
| e any joint costs from a combined educational camp       |              |               | ported in <b>(B)</b> Program servio | ces?►          |   |
| Yes," enter (i) the aggregate amount of these joint c    |              |               | (ii) the amount allocated to        |                |   |
|  |              | ,             | (iv) the amount allocated to        |                | N/A                                     |
| i) the amount allocated to Management and general        |              |               |                                     |                |   |

17290130 781331 11134-11134

| Form 990 (2 | 2007)        | BOYS    | &    | GIRLS     | CLUBS    | OF  | MIDDLE                 | $\mathbf{TN}$ | INC   |
|-------------|--------------|---------|------|-----------|----------|-----|------------------------|---------------|-------|
| Part III    | Statement of | Program | I Se | ervice Ac | complish | men | <b>ts</b> (See the ins | structio      | ons.) |

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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.

| Wh   | at is the organization's primary exempt purpose?  SEE STATEMENT 7  | Program Service<br>Expenses  |
|------|--|--|
| clie | organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of<br>nts served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)<br>anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | (Required for 501(c)(3)<br>and (4) orgs., and<br>4947(a)(1) trusts; but<br>optional for others.) |
| а    | ALL OF THE BOYS AND GIRLS CLUB'S PROGRAMS AND SERVICES   |  |
|      | STRIVE TO PROMOTE AND ENHANCE THE DEVELOPMENT OF BOYS AND<br>GIRLS. THESE PROGRAMS INCLUDE CHARACTER LEADERSHIP AND  |  |
|      | DEVELOPMENT, EDUCATION AND CAREER DEVELOPMENT, HEALTH AND  |  |
|      | LIFE SKILLS, THE ARTS, AND SPORTS, FITNESS, AND RECREATION.  |  |
|      |  |  |
|      | (Grants and allocations \$ 12,136.) If this amount includes foreign grants, check here 🕨 🗌   | 2,722,149.   |
| b    |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      | (Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🗌   |  |
| С    |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      | (Grants and allocations \$) If this amount includes foreign grants, check here   |  |
| d    | , , , , , , , , , , , , , , , , , , ,  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      |  |  |
|      | (Grants and allocations \$) If this amount includes foreign grants, check here   |  |
| е    | Other program services (attach schedule)   |  |
| -    | (Grants and allocations \$ ) If this amount includes foreign grants, check here  |  |
| f    | Total of Program Service Expenses (should equal line 44, column (B), Program services)   | 2,722,149.   |

Form **990** (2007)

|                   | 46             | Savings and temporary cash investments  |   |  | 507,700.                 | 46       | 230,037                |
|-------------------|----------------|---|---|--|--------------------------|----------|------------------------|
|                   | 47 a           | Accounts receivable   | 479   | 52,971.  |                          |          |                        |
|                   |                | Less: allowance for doubtful accounts   |   | 52,571.  | 60,321.                  | 470      | 52,971                 |
|                   | U              |   | 470   |  | 00,521.                  | 4/0      | 52,571                 |
|                   | 48 a           | Pledges receivable  | 48a   | 1,027,703.   |                          |          |                        |
|                   |                | Less: allowance for doubtful accounts   |   |  | 780,671.                 | 48c      | 1,027,703              |
|                   | 49             | Grants receivable   |   |  | · · · ·                  | 49       | · ·                    |
|                   | 50 a           | Receivables from current and former officers  |   |  |                          |          |                        |
|                   |                | key employees   |   |  |                          | 50a      |                        |
|                   | b              | Receivables from other disqualified persons   |   |  |                          |          |                        |
| ŝ                 |                | 4958(f)(1)) and persons described in section  | 4958(c)(3)(B)   |  |                          | 50b      |                        |
| Assets            | 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   |   |  | 23,894.                  | 53       | 44,754                 |
|                   | 54 a           | Investments - publicly-traded securities  | ►   | Cost FMV   |                          | 54a      |                        |
|                   | b              | Investments - other securities ST   | MT 11►  | Cost 🛛 KMV   | 0.                       | 54b      | 1,123,809              |
|                   |                | Investments - land, buildings, and  |   |  |                          |          |                        |
|                   |                | equipment: basis  | 55a   | 3,525,656.   |                          |          |                        |
|                   |                |   |   |  |                          |          |                        |
|                   | b              | Less: accumulated depreciation  | 55b   | 1,723,235.   | 1,918,253.               | 55c      | 1,802,421              |
|                   | 56             | Investments - other   | -   |  |                          | 56       |                        |
|                   | 57 a           | Land, buildings, and equipment: basis   | 57a   |  |                          |          |                        |
|                   | b              | Less: accumulated depreciation  | 57b   |  |                          | 57c      |                        |
|                   | 58             | Other assets, including program-related investmer   |   |  |                          |          |                        |
|                   |                | (describe ►   | 882,125.  | 58   | 285,360                  |          |                        |
|                   | 59             | Total assets (must equal line 74). Add lines  | 4,172,964.  | 59   | 4,567,055                |          |                        |
|                   | 60             | Accounts payable and accrued expenses   | 122,172.  | 60   | 201,964                  |          |                        |
|                   | 61             | Grants payable  |   |  | 61                       | 10.000   |                        |
| ر<br>م            | 62             | Deferred revenue  |   |  | 51,942.                  | 62       | 19,629                 |
|                   | 63             | Loans from officers, directors, trustees, and   |   |  |                          | 63       |                        |
| Liabilities       | 64 a           | a Tax-exempt bond liabilities   |   | ·····  |                          | 64a      |                        |
|                   |                | Mortgages and other notes payable   | ~~~ ~~  | STMT 9   | 249,533.                 | 64b      | 250,559                |
|                   | 65             | Other liabilities (describe 🕨   | SEE STA   | ATEMENT 10)  | 289,498.                 | 65       | 426,610                |
|                   | 66             | Total liabilities. Add lines 60 through 65  |   |  | 713,145.                 | 66       | 898,762                |
|                   | Orga           | anizations that follow SFAS 117, check here   |   |  |                          |          | -                      |
|                   |                | 67 through 69 and lines 73 and 74.  |   |  |                          |          |                        |
| l ces             | 67             | Unrestricted  |   |  | 1,833,204.               | 67       | 1,316,553              |
|                   | 68             | Temporarily restricted  |   |  | 1,268,412.               | 68       | 1,917,412              |
| l a               | 69             | Permanently restricted  |   |  | 358,203.                 | 69       | 434,328                |
|                   | Orga           | anizations that do not follow SFAS 117, che   | ck here 🕨   | and  |                          |          |                        |
|                   |                | complete lines 70 through 74.   |   |  |                          |          |                        |
| r Fund            |                |   |   | 70   |                          |          |                        |
| is or Fund        | 70             | Capital stock, trust principal, or current fund   | s   |  |                          | 10       |                        |
|                   | 70<br>71       | Capital stock, trust principal, or current fund<br>Paid-in or capital surplus, or land, building, a   |   |  |                          | 71       |                        |
| t Assets or Fund  |                |   | nd equipmer   | t fund   |                          |          |                        |
| of Assets or Fund | 71             | Paid-in or capital surplus, or land, building, a<br>Retained earnings, endowment, accumulate<br>Total net assets or fund balances. Add lines 67 th  | nd equipmen<br>d income, or<br>nrough 69 <b>or</b> lii                            | t fund<br>other funds<br>nes 70 through 72.        |                          | 71       |                        |
|                   | 71<br>72<br>73 | Paid-in or capital surplus, or land, building, a<br>Retained earnings, endowment, accumulate<br><b>Total net assets or fund balances</b> . Add lines 67 th<br>(Column (A) <b>must</b> equal line 19 and column (B) <b>m</b> | nd equipmen<br>d income, or<br>nrough 69 <b>or</b> lin<br><b>ust</b> equal line 2 | t fund<br>other funds<br>nes 70 through 72.<br>P1) | 3,459,819.               | 71       | 3,668,293              |
|                   | 71<br>72       | Paid-in or capital surplus, or land, building, a<br>Retained earnings, endowment, accumulate<br>Total net assets or fund balances. Add lines 67 th  | nd equipmen<br>d income, or<br>nrough 69 <b>or</b> lin<br><b>ust</b> equal line 2 | t fund<br>other funds<br>nes 70 through 72.<br>P1) | 3,459,819.<br>4,172,964. | 71<br>72 | 3,668,293<br>4,567,055 |

#### BOYS & GIRLS CLUBS OF MIDDLE TN INC Part IV Balance Sheets (See the instructions.)

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

Cash - non-interest-bearing

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45

**(B)** End of year

**(A)** Beginning of year

| Part IV-A Reconciliation of Revenue per Audited Final instructions.)   | F MIDDLE TN IN<br>ancial Statements W   |  | 62-05<br>er Retur   |  | Page <b>5</b>  |
|--|---|--|---|--|--|
| a Total revenue, gains, and other support per audited financial statem   | ents  |  | a   | 4,047  | ,698.  |
| <b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12:   |   |  |   |  |  |
| 1 Net unrealized gains on investments  |   | b1 <58,5   | 41.>  |  |  |
| 2 Donated services and use of facilities   |   | b2 25,2  | 00.   |  |  |
| 3 Recoveries of prior year grants  |   | b3   |   |  |  |
| 4 Other (specify): SEE STATEMENT 12  |   | b4 <44,7   |   |  |  |
| Add lines <b>b1</b> through <b>b4</b>  |   |  | b   |  | <u>,105.</u> >   |
| <b>c</b> Subtract line <b>b</b> from line <b>a</b>   |   |  | C   | 4,125  | ,803.  |
| <b>d</b> Amounts included on Part I, line 12, but not on line <b>a:</b>  | 1   | 1  |   |  |  |
| <ol> <li>Another included on Part I, line 12, but not on line a.</li> <li>Investment expenses not included on Part I, line 6b</li> <li>Other (specify): SPECIAL EVENTS EXPENSE</li> </ol>  |   | d1   |   |  |  |
|  |   |  |   | 1 4 17   | 075  |
| Add lines d1 and d2  |   |  | d   |  | / <u>,875.</u> >   |
| e Total revenue (Part I, line 12). Add lines c and d<br>Part IV-B Reconciliation of Expenses per Audited Fir   | ancial Statements V   | Nith Expanses  | . ▶ e   | <u>3,9//</u>   | ,928.  |
|  |   |  |   |  | 224  |
| a Total expenses and losses per audited financial statements   |   |  | a   | 3,839  | , 224•   |
| <ul> <li>b Amounts included on line a but not on Part I, line 17:</li> <li>1 Dependence and use of facilities</li> </ul>   | 1   | b1 25,2  |   |  |  |
| Donated services and use of facilities     Driver year edjustments reported on Part Lline 20   |   |  |   |  |  |
| 2 Prior year adjustments reported on Part I, line 20   | ·····   | b2   |   |  |  |
| <ol> <li>Losses reported on Part I, line 20</li> <li>Other (specify): SPECIAL EVENTS EXPENSE</li> </ol>  | ·····   | b4 147,8   | 75  |  |  |
|  |   |  |   | 173  | ,075.  |
| Add lines <b>b1</b> through <b>b4</b>  |   |  |   | 3,666  | 1/0  |
| c Subtract line b from line a  |   |  | C   | 5,000  | ,149.  |
| <ul> <li>d Amounts included on Part I, line 17, but not on line a:</li> <li>1 Investment expenses not included on Part I, line 6b</li> </ul>   | 1   | 41   |   |  |  |
|  | ·····   | d1<br>d2   |   |  |  |
| Add lines d1 and d2  |   |  | d   |  | 0  |
| e Total expenses (Part I, line 17). Add lines c and d  |   |  |   | 3,666  | 149.   |
| Part V-A Current Officers, Directors, Trustees, and K  |   |  |   |  |  |
|  |   |  |   |  | rusiee.  |
| or key employee at any time during the year even if they w   | vere not compensated.) (Se  | e the instructions.)   |   |  | rusiee,  |
| or key employee at any time during the year even if they w (A) Name and address  |   | e the instructions.)   |   |  | Expense<br>Count and<br>Count and                              |
| (A) Name and address   | (B) Title and average hours<br>per week devoted to<br>position  | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)  |   |  | Expense  |
| (A) Name and address   | (B) Title and average hours<br>per week devoted to<br>position  | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)  | (D)Contribut<br>employee b<br>plans & def<br>compensation   | ions to<br>enefit<br>erred<br>n plans<br>Other                               | Expense  |
| (A) Name and address   | (B) Title and average hours<br>per week devoted to<br>position  | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)  | (D)Contribut<br>employee b<br>plans & def<br>compensation   | ions to<br>enefit<br>erred<br>n plans<br>Other                               | Expense  |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS  | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC   | the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>(C) Compensation<br>(If not paid, enter<br>-0)   | (D)Contribut<br>employee b<br>plans & def<br>compensation   | ions to<br>enefit<br>erred<br>n plans<br>Other                               | Expense<br>count and<br>allowances                             |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268   | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT  | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>IONS   | (D)Contribut<br>employee b<br>plans & def<br>compensation<br>15,0                                 | ions to (E)<br>enefit acc<br>orred other<br>35.                              | ) Expense<br>count and<br>allowances<br>0 •                    |
| (A) Name and address<br>BOBBY_LEE_SMITH<br>P.O. BOX_110268<br>NASHVILLE, TN 37222<br>ROYCE_FENTRESS<br>P.O. BOX_110268<br>NASHVILLE, TN 37222  | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERATI   | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>IONS<br>69,293.  | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4                           | ions to (E)<br>enefit acc<br>orred other<br>35.                              | Expense<br>count and<br>allowances                             |
| (A) Name and address<br>BOBBY_LEE_SMITH<br>P.O. BOX_110268<br>NASHVILLE, TN_37222<br>ROYCE_FENTRESS<br>P.O. BOX_110268<br>NASHVILLE, TN_37222<br>AMY_MADEN   | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT  | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>IONS<br>69,293.  | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4                           | ions to (E)<br>enefit acc<br>orred other<br>35.                              | ) Expense<br>count and<br>allowances<br>0 •                    |
| (A) Name and address<br>BOBBY_LEE_SMITH<br>P.O. BOX_110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX_110268<br>NASHVILLE, TN 37222<br>AMY_MADEN<br>P.O. BOX_110268  | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERATI<br>40.00<br>VP FINANCE/AI   | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION                    | ions to (E)<br>enefit acc<br>acc<br>other<br>35.<br>87.                      | Expense<br>count and<br>allowances<br>0 •                      |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222   | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00   | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>MINISTRAT<br>55,265.   | (D)Contribut<br>employee b<br>plans & def<br>compensation<br>15,0<br>9,4<br>ION<br>7,0            | ions to (E)<br>enefit acc<br>acc<br>other<br>35.<br>87.                      | ) Expense<br>count and<br>allowances<br>0 •                    |
| (A) Name and address<br>BOBBY_LEE_SMITH_<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT_JACOBS   | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERATI<br>40.00<br>VP FINANCE/AI   | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>MINISTRAT<br>55,265.   | (D)Contribut<br>employee b<br>plans & def<br>compensation<br>15,0<br>9,4<br>ION<br>7,0            | ions to (E)<br>enefit acc<br>acc<br>other<br>35.<br>87.                      | Expense<br>count and<br>allowances<br>0 •                      |
| (A) Name and address<br>BOBBY_LEE_SMITH_<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE_FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY_MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT_JACOBS<br>P.O. BOX 110268  | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERATI<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I   | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>MINISTRAT<br>55,265.<br>0<br>EVELOPMEN   | (D)Contribut<br>employee b<br>plans & def<br>compensation<br>15,0<br>9,4<br>ION<br>7,0            | ions to (E)<br>enefit acc<br>n plans other<br>35.<br>87.<br>11.              | ) Expense<br>count and<br>allowances<br>0 .<br>0 .             |
| (A) Name and address<br>BOBBY_LEE_SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY_MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT_JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222  | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERATI<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00  | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T        | ions to (E)<br>enefit acc<br>acc<br>other<br>35.<br>87.                      | Expense<br>count and<br>allowances<br>0 •                      |
| (A) Name and address<br>BOBBY_LEE_SMITH<br>P.O. BOX_110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX_110268<br>NASHVILLE, TN 37222<br>AMY_MADEN<br>P.O. BOX_110268<br>NASHVILLE, TN 37222<br>ROBERT_JACOBS<br>P.O. BOX_110268<br>NASHVILLE, TN 37222<br>JIM_WILLIAMSON  | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERATI<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I   | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T        | ions to (E)<br>enefit acc<br>n plans other<br>35.<br>87.<br>11.              | ) Expense<br>count and<br>allowances<br>0 .<br>0 .             |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268   | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV   | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>acc<br>other<br>35.<br>87.<br>11.<br>0.         | Expense<br>count and<br>allowances<br>0 .<br>0 .<br>0 .        |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268<br>NASHVILLE, TN 37222  | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV<br>40.00  | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>acc<br>other<br>35.<br>87.<br>11.<br>0.         | ) Expense<br>count and<br>allowances<br>0 .<br>0 .             |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>SEE ATTACHED LIST OF NONCOMPENSATED | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV   | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>acc<br>other<br>35.<br>87.<br>11.<br>0.         | Expense<br>count and<br>allowances<br>0 .<br>0 .<br>0 .        |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268<br>NASHVILLE, TN 37222  | rere not compensated.) (Se<br>(B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV<br>40.00<br>DIRECTORS | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>n plans other<br>35.<br>87.<br>11.<br>0.<br>93. | Expense   count and   allowances   0.   0.   0.   0.   0.   0. |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>SEE ATTACHED LIST OF NONCOMPENSATED | (B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV<br>40.00  | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0   | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>acc<br>other<br>35.<br>87.<br>11.<br>0.         | Expense<br>count and<br>allowances<br>0 .<br>0 .<br>0 .        |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>SEE ATTACHED LIST OF NONCOMPENSATED | rere not compensated.) (Se<br>(B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV<br>40.00<br>DIRECTORS | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>n plans other<br>35.<br>87.<br>11.<br>0.<br>93. | Expense   count and   allowances   0.   0.   0.   0.   0.   0. |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>SEE ATTACHED LIST OF NONCOMPENSATED | rere not compensated.) (Se<br>(B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV<br>40.00<br>DIRECTORS | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>n plans other<br>35.<br>87.<br>11.<br>0.<br>93. | Expense   count and   allowances   0.   0.   0.   0.   0.   0. |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>SEE ATTACHED LIST OF NONCOMPENSATED | rere not compensated.) (Se<br>(B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV<br>40.00<br>DIRECTORS | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>n plans other<br>35.<br>87.<br>11.<br>0.<br>93. | Expense   count and   allowances   0.   0.   0.   0.   0.   0. |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>SEE ATTACHED LIST OF NONCOMPENSATED | rere not compensated.) (Se<br>(B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV<br>40.00<br>DIRECTORS | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>n plans other<br>35.<br>87.<br>11.<br>0.<br>93. | Expense   count and   allowances   0.   0.   0.   0.   0.   0. |
| (A) Name and address<br>BOBBY LEE SMITH<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROYCE FENTRESS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>AMY MADEN<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>ROBERT JACOBS<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>JIM WILLIAMSON<br>P.O. BOX 110268<br>NASHVILLE, TN 37222<br>SEE ATTACHED LIST OF NONCOMPENSATED | rere not compensated.) (Se<br>(B) Title and average hours<br>per week devoted to<br>position<br>PRESIDENT/CEC<br>40.00<br>VP OF OPERAT<br>40.00<br>VP FINANCE/AI<br>32.00<br>VP RESOURCE I<br>40.00<br>VP CLUB SERV<br>40.00<br>DIRECTORS | ee the instructions.)<br>(C) Compensation<br>(If not paid, enter<br>-0)<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>130,000.<br>10NS<br>69,293.<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | (D)Contribut<br>employee b<br>plans & def<br>compensatio<br>15,0<br>9,4<br>ION<br>7,0<br>T<br>ACT | ions to (E)<br>enefit acc<br>n plans other<br>35.<br>87.<br>11.<br>0.<br>93. | Expense   count and   allowances   0.   0.   0.   0.   0.   0. |

723041 12-27-07

Form **990** (2007)

17290130 781331 11134-11134 2007.07050 BOYS & GIRLS CLUBS OF MIDDL 11134-11

| Form 990 (2007) BOYS & GIRLS CLUBS OF  |                             |                       | 62-0540                             |     |                             | age <b>6</b> |
|--|-----------------------------|-----------------------|-------------------------------------|-----|-----------------------------|--------------|
| Part V-A Current Officers, Directors, Trustees, and Ke   | ey Employees (continu       | ued)                  |                                     |     | Yes                         | No           |
| 75 a Enter the total number of officers, directors, and trustees permitted t   | o vote on organization bu   | isiness at board      |                                     |     |                             |              |
| meetings   |                             | ►                     | 42                                  |     |                             |              |
| <b>b</b> Are any officers, directors, trustees, or key employees listed in Form  | 990, Part V-A, or highest   | compensated emp       | loyees                              |     |                             |              |
| listed in Schedule A, Part I, or highest compensated professional and  | •                           |                       | ,                                   |     |                             |              |
| Part II-A or II-B, related to each other through family or business relation   | tionships? If "Yes," attach | a statement that i    | dentifies                           |     |                             | 37           |
| the individuals and explains the relationship(s)   |                             |                       |                                     | 75b |                             | X            |
| c Do any officers, directors, trustees, or key employees listed in Form  |                             |                       | -                                   |     |                             |              |
| listed in Schedule A, Part I, or highest compensated professional and<br>Part II-A or II-B, receive compensation from any other organizations, |                             |                       |                                     |     |                             |              |
| organization? See the instructions for the definition of "related organ  | ization "                   | ADIE, ITAL ALE TEIAL  |                                     | 75c |                             | X            |
| If "Yes," attach a statement that includes the information described   |                             |                       |                                     |     |                             |              |
| <b>d</b> Does the organization have a written conflict of interest policy?   |                             |                       |                                     | 75d | X                           |              |
| Part V-B Former Officers, Directors, Trustees, and Ke  | y Employees That F          | <b>Received Com</b>   | pensation                           |     | her                         |              |
| Benefits (If any former officer, director, trustee, or key en  |                             |                       |                                     |     |                             |              |
| the year, list that person below and enter the amount of con   | mpensation or other bene    | fits in the appropria |                                     |     |                             |              |
| (A) Name and address   | (B) Loans and Advances      | (if not paid,         | employee benefi<br>plans & deferred | t à | <b>E)</b> Exper<br>ccount a |              |
|  |                             | enter -0-)            | compensation pla                    |     | er allowa                   | ances        |
| SHIRLEY DRESCHER   |                             |                       |                                     |     |                             |              |
| P.O. BOX 110268  | 0.                          | 21 700                | 2 0 2 5                             |     |                             | 0.           |
| NASHVILLE, TN 37222  | 0.                          | 34,780.               | 3,835                               | •   |                             | 0.           |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     | 1   |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     | —   |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     | +   |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     | _   |                             |              |
|  |                             |                       |                                     |     |                             |              |
|  |                             |                       |                                     |     |                             |              |
| Part VI Other Information (See the instructions.)  | l                           | 1                     |                                     |     | Yes                         | No           |
| 76 Did the organization make a change in its activities or methods of co   | nducting activities? If "Ye | s," attach a detaile  | d                                   |     |                             |              |
| statement of each change   |                             |                       |                                     | 76  |                             | Х            |
| 77 Were any changes made in the organizing or governing documents b  | out not reported to the IR  | S?                    |                                     | 77  |                             | X            |
| If "Yes," attach a conformed copy of the changes.  |                             |                       |                                     |     |                             | 77           |
| 78 a Did the organization have unrelated business gross income of \$1,00   |                             |                       | NT / 7                              | 78a | └──┤                        | <u>X</u>     |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?   |                             |                       | N/A                                 | 78b | $\vdash$                    |              |

| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 |
|----|---|----|
|    |   |    |

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 N/A **b** If "Yes." enter the name of the organization

|      | and check whether it is exempt or nonexempt                                   |     |   |
|------|---|-----|---|
| 81 a | Enter direct and indirect political expenditures. (See line 81 instructions.) | •   |   |
| b    | Did the organization file Form 1120-POL for this year?                        | 81b | X |

Х

Х

723161/12-27-07

17290130 781331 11134-11134 2007.07050 BOYS & GIRLS CLUBS OF MIDDL 11134-11

| Form |  |  |  |
|------|--|--|--|
|      |  |  |  |

#### BOYS & GIRLS CLUBS OF MIDDLE TN INC

|              |   |     | 165      | NO. |
|--------------|---|-----|----------|-----|
| 82 a         | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially  | 0.0 | v        |     |
|              | less than fair rental value?  | 82a | X        |     |
| D            | If "Yes," you may indicate the value of these items here. Do not include this   |     |          | l   |
|              | amount as revenue in Part I or as an expense in Part II.<br>(See instructions in Part III.) 82b 25,200.   |     |          |     |
| <b>0</b> 2 o | (See instructions in Part III.) 82b 25,200.<br>Did the organization comply with the public inspection requirements for returns and exemption applications?  | 83a | x        |     |
|              |   | 83b | X        |     |
|              | Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?   | 84a | л        | X   |
|              | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not   | 044 |          |     |
| U            |   | 84b |          |     |
| 95 0         | tax deductible? N/A<br>501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A  | 85a |          |     |
|              | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   | 85b |          |     |
| U            | If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a   | 000 |          |     |
|              | 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  |     |          |     |
| u<br>o       | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  |     |          |     |
| f            | Taxable amount of lobbying and political expenditures (line 85d less 85e)     85f     N/A   |     |          |     |
| י<br>ת       | Does the organization elect to pay the section $6033(e)$ tax on the amount on line $85f$ ?  | 85g |          |     |
| 9<br>h       | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f  |     |          |     |
|              | to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the   |     |          |     |
|              | following tax year?   | 85h |          |     |
| 86           | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on   |     |          |     |
|              | line 12   |     |          |     |
| 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 a         | 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  | 88a |          | Х   |
| b            | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of  |     |          |     |
|              | section 512(b)(13)? If "Yes," complete Part XI  | 88b |          | Х   |
| 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   |     |          | 37  |
| e            | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?   | 89e |          | X   |
| f            | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?   | 89f |          | X   |
| g            | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,   |     |          | v   |
| 00.          | or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?   | 89g |          | X   |
|              | List the states with which a copy of this return is filed $\blacktriangleright$ TN  |     |          | 78  |
|              | Number of employees employed in the pay period that includes March 12, 2007       90b         The books are in care of ► SUSAN GRYBASH       Telephone no. ► 615-42                               | 5_7 | 017      | 10  |
| alg          | The books are in care of $\triangleright$ SUSAN GRYBASH Telephone no. $\triangleright$ 615-42<br>Located at $\triangleright$ 624 GRASSMERE PLACE, SUITE 8, NASHVILLE, TN ZIP+4 $\triangleright$ 3 |     |          |     |
| F            |   | 121 | ⊥<br>Yes | No  |
| U            | At any time during the calendar year, did the organization have an interest in or a signature or other authority over   | 016 | 103      | X   |
|              | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? $N/A$  | 91b |          | Δ   |
|              | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank   |     |          |     |
|              |   |     |          |     |
|              | and Financial Accounts.   |     |          |     |

Form **990** (2007)

723162 / 12-27-07

| Form 990 (2007) BOYS & GIRLS   | CLUBS        | OF MIDDLE I                          | N IN                  | C 62-0                      | 0540402            | Page <b>8</b>    |
|--|--------------|--------------------------------------|-----------------------|-----------------------------|--------------------|------------------|
| Part VI Other Information (continued)  |              |                                      |                       |                             |                    | 'es No           |
| c At any time during the calendar year, did the organ<br>If "Yes," enter the name of the foreign country ▶ |              | ntain an office outside of ${f N/A}$ | f the Unit            | ed States?                  | 91c                | X                |
| 92 Section 4947(a)(1) nonexempt charitable trusts filir  |              | in lieu of Form 1041- C              | heck her              | e                           |                    |                  |
| and enter the amount of tax-exempt interest receiv   | ved or accru | ed during the tax year $_{}$         |                       | 92                          | N/A                |                  |
| Part VII Analysis of Income-Producing A  |              |                                      |                       |                             |                    |                  |
| Note: Enter gross amounts unless otherwise   | (A)          | ted business income                  | 101                   | by section 512, 513, or 514 | (E)                |                  |
| indicated.   | Business     | <b>(B)</b><br>Amount                 | (C)<br>Exclu-<br>sion | <b>(D)</b><br>Amount        | Related or e       | •                |
| 93 Program service revenue:  | code         | / iniount                            | code                  | Amount                      | function inc       |                  |
| a PROGRAM SERVICE FEES   |              |                                      |                       |                             | 264                | ,604.            |
| b  |              |                                      |                       |                             |                    |                  |
| C  |              |                                      |                       |                             |                    |                  |
| d  |              |                                      |                       |                             |                    |                  |
| e  |              |                                      | $\left  \right $      |                             |                    |                  |
| f Medicare/Medicaid payments   |              |                                      |                       |                             |                    |                  |
| g Fees and contracts from government agencies  |              |                                      |                       |                             | 26                 | ,488.            |
| 94 Membership dues and assessments   |              |                                      | 14                    | 32,270.                     | 20                 | ,400.            |
| 95 Interest on savings and temporary cash investments  |              |                                      | <u> </u>              | 52,270.                     |                    |                  |
| 96 Dividends and interest from securities  |              |                                      |                       |                             |                    |                  |
| 97 Net rental income or (loss) from real estate:   |              |                                      |                       |                             |                    |                  |
| a debt-financed property<br>b not debt-financed property   |              |                                      |                       |                             |                    |                  |
| 98 Net rental income or (loss) from personal property  |              |                                      |                       |                             |                    |                  |
| <b>60</b> OUL 1 1 1  |              |                                      |                       |                             |                    |                  |
| <ul><li>99 Other investment income</li><li>100 Gain or (loss) from sales of assets</li></ul>               |              |                                      |                       |                             |                    |                  |
| other than inventory   |              |                                      | 18                    | 20.484.                     |                    |                  |
| 101 Net income or (loss) from special events   |              |                                      | $\frac{1}{12}$        | 20,484.<br>305,033.         |                    |                  |
| <b>102</b> Gross profit or (loss) from sales of inventory  |              |                                      |                       |                             |                    |                  |
| 103 Other revenue:   |              |                                      |                       |                             |                    |                  |
| a SALES TO MEMBERS/PUBLIC  |              |                                      | 03                    | 1,461.                      |                    |                  |
| <b>b</b> OTHER INCOME  |              |                                      |                       | ,                           | 17                 | ,889.            |
| C  |              |                                      |                       |                             |                    |                  |
| d  |              |                                      |                       |                             |                    |                  |
| e  |              |                                      |                       |                             |                    |                  |
| 104 Subtotal (add columns (B), (D), and (E))   |              | 0.                                   |                       | 359,248.                    |                    | ,981.            |
| 105 Total (add line 104, columns (B), (D), and (E))  |              |                                      |                       |                             | 668                | ,229.            |
| Note: Line 105 plus line 1e, Part I, should equal the amo  |              |                                      |                       |                             |                    |                  |
| Part VIII Relationship of Activities to the  | Accomp       | ishment of Exemp                     | ot Purp               | oses (See the instruction   | ons.)              |                  |
| Line No. Explain how each activity for which income is repo  |              |                                      | d importan            | tly to the accomplishment o | f the organization | 'S               |
| exempt purposes (other than by providing funds f   |              |                                      |                       |                             |                    |                  |
| 93A PROGRAM SERVICE REVENUE  | -            | -                                    |                       |                             |                    |                  |
| -94& WERE USED TO SUPPORT TH   |              |                                      |                       |                             |                    | 1                |
| 103B CHARACTER LEADERSHIP AN   |              |                                      |                       |                             |                    |                  |
| DEVELOPMENT, HEALTH AND  |              | -                                    |                       |                             |                    |                  |
| Part IX Information Regarding Taxable  |              |                                      |                       | (D)                         | 15.)<br>(E)        |                  |
| Name, address, and EIN of corporation, Percentage of   | at           | Nature of activities                 |                       | Total income                | End-of-y           |                  |
| paŕtnership, or disregardeď entity ownership íntere  | %            |                                      |                       |                             | assets             |                  |
| N/A  | %            |                                      |                       |                             |                    |                  |
|  | %            |                                      |                       |                             |                    |                  |
|  | %            |                                      |                       |                             |                    |                  |
| Part X   Information Regarding Transfer  |              | ted with Personal                    | Benef                 | it Contracts (See the       | instructions.)     |                  |
| (a) Did the organization, during the year, receive any funds,  |              |                                      |                       |                             | Yes                | X No             |
| (b) Did the organization, during the year, receive any findes (  | -            |                                      |                       |                             |                    | X No             |
| Note: If "Yes" to (b), file Form 8870 and Form 4720 (se  | -            |                                      |                       |                             |                    |                  |
|  |              |                                      |                       |                             | Form <b>9</b>      | <b>90</b> (2007) |

723163 12-27-07

|                | XI Information Regarding Transfers To and From   |   | $\frac{10}{1000} \frac{62-05}{1000}$ | 40402 Pac<br>nization is a           |
|----------------|--|---|--------------------------------------|--------------------------------------|
|                | controlling organization as defined in section 512(b)(13).   | N/A   |                                      | Yes                                  |
| 106 D          | id the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity<br>omplete the schedule below for each controlled entity.  | as defined in section 5                     | 12(b)(13) of the Code? If "Ye        |                                      |
|                | (A)<br>Name, address, of each<br>controlled entity   | (B)<br>Employer<br>Identification<br>Number | (C)<br>Description of<br>transfer    | (D)<br>Amount of<br>transfer         |
| a              |  |   |                                      |                                      |
| b              |  |   |                                      |                                      |
| c              |  |   |                                      |                                      |
|                | Totals   |   |                                      |                                      |
| 107 Di         | Id the reporting organization <b>receive</b> any transfers <b>from</b> a controlled e<br>complete the schedule below for each controlled entity.   | entity as defined in secti                  | ion 512(b)(13) of the Code? If       | "Yes,"                               |
|                | (A)<br>Name, address, of each<br>controlled entity   | (B)<br>Employer<br>Identification<br>Number | (C)<br>Description of<br>transfer    | (D)<br>Amount of<br>transfer         |
| a              |  |   |                                      |                                      |
| b              |  |   |                                      |                                      |
| c              |  |   |                                      |                                      |
|                | Totals   |   |                                      |                                      |
|                | d the organization have a binding written contract in effect on August<br>nuities described in question 107 above?<br>Under penalties of perjury, I declare that I have examined this return, including accompan<br>and complete. Declaration of preparer (other than officer) is based on all information of wh |   |                                      | Yes N<br>belief, It is true, correct |
| Please<br>Sign | Signature of officer   |   | Date                                 |                                      |
| lere           | Type or print name and title   |   |                                      |                                      |
|                | Preparer's   | Date C                                      | heck if Preparer's SS                | N or PTIN (See Gen, Ins              |

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723164/12-27-07

10 2007.07050 BOYS & GIRLS CLUBS OF MIDDL 11134-11 17290130 781331 11134-11134

| SCH | IE | DU | LE | A |  |
|-----|----|----|----|---|--|
|     |    |    |    |   |  |

#### (Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

1

6

| ·                | BOYS & GIRLS CLUBS OF MID   | DLE TN INC   |                       | 62 0540  | 402  |
|------------------|---|--|-----------------------|--|--|
| Part I           | Compensation of the Five Highest Paid Emp<br>(See page 1 of the instructions. List each one. If there are none, er  | nter "None.")  | Officers, Dire        | -  |  |
|                  | (a) Name and address of each employee paid<br>more than \$50,000  | (b) litle and average hours<br>per week devoted to<br>position | (c) Compensation      | (d) Contributions to<br>employee benefit<br>plans & deferred<br>compensation | <ul> <li>(e) Expense<br/>account and other<br/>allowances</li> </ul> |
| NONE             |   | -  |                       |  |  |
|                  |   |  |                       |  |  |
|                  |   | -  |                       |  |  |
|                  |   |  |                       |  |  |
| Total number o   |   |  |                       |  |  |
| over \$50,000    |   | 0  |                       |  |  |
| Part II-A        | Compensation of the Five Highest Paid Inde<br>(See page 2 of the instructions. List each one (whether individuals   |  |                       | ional Servic   | es   |
|                  | (a) Name and address of each independent contractor paid more th  | an \$50,000  | ( <b>b)</b> Type of s | service  | (c) Compensation   |
| NONE             |   |  |                       |  |  |
|                  |   |  |                       |  |  |
|                  |   |  |                       |  |  |
|                  |   |  |                       |  |  |
|                  |   |  |                       |  |  |
| \$50,000 for pro | f others receiving over<br>fessional services   | 0  |                       |  |  |
| Part II-B        | Compensation of the Five Highest Paid Inde<br>(List each contractor who performed services other than profession<br>firms. If there are none, enter "None." See page 2 of the instruction | onal services, whether individu                                |                       | ervices  |  |
|                  | (a) Name and address of each independent contractor paid more th  | ,  | <b>(b)</b> Type of s  | service  | (c) Compensation   |
| NONE             |   |  |                       |  |  |
|                  |   |  |                       |  |  |
|                  |   |  |                       |  |  |
|                  |   |  |                       |  |  |
|                  |   |  |                       |  |  |
|                  | f other contractors receiving over<br>er services   | 0  |                       |  |  |

723101/12-27-07 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

| Ρ   | 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, in  | ncluding any attemp   | ot to influence          |                       |      |     |
|     | public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or inc  |                       | n with the               |                       |      |     |
|     | lobbying activities 🕨 💲 💲   | (Must equal amo       | unts on line 38, Part VI | -A, or                |      |     |
|     | line i of Part VI-B.)   |                       |                          |                       | 1    | X   |
|     | Organizations that made an election under section 501(h) by filing Form 5768 must complete Par  | rt VI-A. Other organ  | nizations                |                       |      |     |
|     | checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of t  | , ,                   |                          |                       |      |     |
| 2   | During the year, has the organization, either directly or indirectly, engaged in any of the following trustees, directors, officers, creators, key employees, or members of their families, or with any ta person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the attach a detailed statement explaining the transactions.) | xable organization    | with which any such      |                       |      |     |
|     | a Sale, exchange, or leasing of property?   |                       |                          |                       | 2a   | X   |
| t   | <b>b</b> Lending of money or other extension of credit?   | SEE                   | STATEMENT                | 13 2                  | b X  |     |
| C   | c Furnishing of goods, services, or facilities?   |                       |                          |                       | 20   | X   |
| C   | d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?   | SEE                   | STATEMENT                | 14 2                  | 2d X |     |
| e   | e Transfer of any part of its income or assets?   |                       |                          |                       | e l  | X   |
| 3 a | a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," atta  | •                     |                          |                       |      |     |
|     | the organization determines that recipients qualify to receive payments.)   |                       |                          |                       | a X  |     |
|     | <b>b</b> Did the organization have a section 403(b) annuity plan for its employees?   |                       |                          |                       | lb X |     |
| C   | ${f c}$ Did the organization receive or hold an easement for conservation purposes, including easement  |                       |                          |                       |      |     |
|     | the environment, historic land areas or historic structures? If "Yes," attach a detailed statement  |                       |                          |                       | BC   | X   |
|     | d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation   |                       |                          |                       | ld   | X   |
| 4 8 | a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If   | f "No," complete line | es 4f                    |                       |      | 37  |
|     | and 4g  |                       |                          | · · · · · · · · · · · | la   | X X |
|     | <b>b</b> Did the organization make any taxable distributions under section 4966?  |                       |                          |                       | lb   |     |
|     | c Did the organization make a distribution to a donor, donor advisor, or related person?  |                       |                          |                       | lc   | 0   |
|     | d Enter the total number of donor advised funds owned at the end of the tax year  |                       |                          |                       |      | 0.  |
|     | e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax ye  |                       |                          | 🚩                     |      | 0.  |
| Т   | f Enter the total number of separate funds or accounts owned at the end of the year (excluding dou  |                       |                          |                       |      | 0.  |
| _   | line 4d) where donors have the right to provide advice on the distribution or investment of amount included an line 4f at the and of the t  |                       |                          |                       |      | 0.  |
| ç   | g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the ta   | ax year               |                          | 🗖 🗕                   |      | 0.  |

Schedule A (Form 990 or 990-EZ) 2007

723111 12-27-07

| Par      | t IV      | Reason for Non-Private Foundation S  | Status (See pages 4 th         | nrough 8 of the instructio            | ns.)            |                     |                    |
|----------|-----------|--|--------------------------------|---------------------------------------|-----------------|---------------------|--------------------|
| l certif | y that th | ne organization is not a private foundation because it is: (I  | Please check only <b>ONE</b> a | pplicable box.)                       |                 |                     |                    |
| 5        |           | A church, convention of churches, or association of ch   | urches. Section 170(b)(1       | )(A)(i).                              |                 |                     |                    |
| 6        |           | A school. Section 170(b)(1)(A)(ii). (Also complete Part  | t V.)                          |                                       |                 |                     |                    |
| 7        |           | A hospital or a cooperative hospital service organizatio   | n. Section 170(b)(1)(A)(i      | ii).                                  |                 |                     |                    |
| 8        |           | A federal, state, or local government or governmental u  | init. Section 170(b)(1)(A)     | (V).                                  |                 |                     |                    |
| 9        |           | A medical research organization operated in conjunction  | on with a hospital. Section    | 170(b)(1)(A)(iii). Enter 1            | the hospital'   | s name, city,       |                    |
|          |           | and state 🕨  |                                |                                       |                 |                     |                    |
| 10       |           | An organization operated for the benefit of a college or   | university owned or oper       | ated by a governmental ı              | unit. Section   | 170(b)(1)(A)(       | iv).               |
|          |           | (Also complete the <b>Support Schedule</b> in Part IV-A.)  |                                |                                       |                 |                     |                    |
| 11a      |           | An organization that normally receives a substantial pa  | art of its support from a g    | overnmental unit or from              | the general     | public.             |                    |
|          |           | Section 170(b)(1)(A)(vi). (Also complete the Support   | Schedule in Part IV-A.)        |                                       |                 |                     |                    |
| 11b      |           | A community trust. Section 170(b)(1)(A)(vi). (Also cor   |                                |                                       |                 |                     |                    |
| 12       | X         | An organization that normally receives: (1) more than  |                                |                                       |                 |                     |                    |
|          |           | receipts from activities related to its charitable, etc., fur<br>its support from gross investment income and unrelate |                                |                                       |                 |                     |                    |
|          |           | by the organization after June 30, 1975. See section 5   |                                |                                       |                 | soos acquircu       |                    |
|          |           |  |                                |                                       | ,               |                     |                    |
| 13       |           | An organization that is not controlled by any disqualifie  |                                | indation managers) and                | otherwise me    | eets the requir     | rements of section |
|          |           | 509(a)(3). Check the box that describes the type of sup  |                                | Maria - United and the state          |                 |                     | Other              |
|          |           | Type I Type II   | Type III-Fui                   | nctionally Integrated                 |                 | Type III            | -Other             |
|          |           | Provide the following information al   | bout the supported organ       | izations. (See page 8 of              | the instruction | ons.)               |                    |
|          |           | (a)  | (b)                            | (c)                                   | (d              |                     | (e)                |
|          |           | Name(s) of supported organization(s)   | Employer                       | Type of organization                  |                 | upported            | Amount of          |
|          |           |  | identification                 | (described in lines                   | organizati      | on listed in        | support            |
|          |           |  | number (EIN)                   | 5 through 12 above<br>or IRC section) |                 | porting<br>zation's |                    |
|          |           |  |                                |                                       |                 | documents?          |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       | Yes             | No                  |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
|          |           |  |                                |                                       |                 |                     |                    |
| <b>T</b> |           |  |                                |                                       |                 |                     |                    |
| Total    |           |  |                                |                                       |                 | 🕨                   |                    |
|          |           |  |                                |                                       |                 |                     |                    |

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

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17290130 781331 11134-11134 2007.07050 BOYS & GIRLS CLUBS OF MIDDL 11134-11

### Schedule A (Form 990 or 990-EZ) 2007 BOYS & GIRLS CLUBS OF MIDDLE TN INC 62-0540402 Page 4

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.

|           | ndar year (or fiscal year<br>ning in)   | (a) 2006   | <b>(b)</b> 2005  | (c) 2004  | ( <b>d</b> ) 2003  | (e) Total                |
|-----------|---|--|--|---|--|--------------------------|
| 15        | Gifts, grants, and contributions<br>received. (Do not include unusual<br>grants. See line 28.)  | 3.432.791.   | 1.882.045.   | 2.248.004.  | 2.062.715.   | 9.625.55                 |
| 16        | Membership fees received  | 17.507.  | 15.023.  | 2,248,004.  | 15.762.  | 9,625,55                 |
| 17        | Gross receipts from admissions,<br>merchandise sold or services<br>performed, or furnishing of<br>facilities in any activity that is<br>related to the organization's<br>charitable, etc., purpose  | 479,714.   | 753,052.   |   | 449,666.   | 2,330,77                 |
| 18        | Gross income from interest, divid-<br>ends, amounts received from pay-<br>ments on securities loans (section<br>512(a)(5)), rents, royalties, income<br>from similar sources, and unrelated<br>business taxable income (less<br>section 511 taxes) from businesses<br>acquired by the organization after<br>June 30, 1975 | 49,034.  | 7,341.   |   | 40,153.  | 134,38                   |
| 19        | Net income from unrelated business  |  |  |   |  |                          |
|           | activities not included in line 18  |  |  |   |  |                          |
| 20        | lax revenues levied for the organization's benefit and either paid to it or expended on its behalf  |  |  |   |  |                          |
| 21        | The value of services or facilities<br>furnished to the organization by a<br>governmental unit without charge.<br>Do not include the value of services<br>or facilities generally furnished to  |  |  |   |  |                          |
|           | the public without charge   | 25,200.  | 25,200.  |   | 32,700.  | 109,80                   |
| 22        | Other income. Attach a schedule.<br>Do not include gain or (loss) from  |  |  | SEE STATEME   | NT 15  |                          |
|           | sale of capital assets  |  | 17,599.  | 25,083.   |  | 42,68                    |
| 23        | Total of lines 15 through 22  | 4,004,246.   | 2,700,260.   | 3,003,810.  | 2,600,996.   | 12,309,31                |
| 24        | Line 23 minus line 17   |  |  | 2,355,470.  | 2,151,330.   | 9,978,54                 |
| 25        | Enter 1% of line 23   | 40,042.  | 27,003.  |   | 26,010.  |                          |
| 26        | Organizations described on lines 10   | O or 11: a Enter 2% of a   | amount in column (e), lir                                | ne 24   | ► 26a  | N/A                      |
| b         | Prepare a list for your records to sho<br>unit or publicly supported organization<br><b>Do not file this list with your return</b> .  | on) whose total gifts for 2  | 003 through 2006 excee                                   | · · ·   | line 26a.  | N/A                      |
| •         | Total support for section 509(a)(1) to  |  |  |   | ► 26b<br>► 26c   | N/A                      |
|           | Add: Amounts from column (e) for li   |  | (e)  |   | 200  | IN/A                     |
| u         |   |  | 19<br>26b  |   |  | N/A                      |
|           | Dublic compact (line 0.0 minut line 0.  | 22   |  |   | 26d  |                          |
| e         | Public support (line 26c minus line 2   | ,  |  | ·····   |  | <u>N/A</u>               |
| 1         | Public support percentage (line 260   |  |  |   |  | N/A                      |
| 27        | Organizations described on line 12,<br>records to show the name of, and to<br>such amounts for each year:   | tal amounts received in ea   | ach year from, each "disq                                | ualified person." <b>Do not fi</b>                        | le this list with your retur                               |                          |
|           | (2006) 0  |  |  |   |  |                          |
| b         | For any amount included in line 17 th<br>and amount received for each year, t<br>described in lines 5 through 11b, as   | hat was more than the <b>la</b><br>well as individuals.) <b>Do n</b> | rger of (1) the amount or<br>ot file this list with your | n line 25 for the year or (2<br>return. After computing t | ) \$5,000. (Include in the li<br>he difference between the | st organizations         |
|           | the larger amount described in (1) of   |  |  |   |  |                          |
| C         | (2006) 0<br>Add: Amounts from column (e) for li   |  | 0. (2<br>9,625,555.                                      | 16 <u>66</u> ,  | <u>U.</u> (2003)<br><u>119.</u>                            |                          |
| d         | 17 2,3<br>Add: Line 27a total   | $\frac{30,772}{0}$   | d line 27b total   | 21 109,   | 800.<br>0. ► 27c   |                          |
| e         | Public support (line 27c total minus  | line 27d total)  |  |   | ►   27e  | 12,132,24                |
| f         | Total support for section 509(a)(2) to  | est: Enter amount on line  | 23, column (e)   | ▶ 27f 12,   | 309,312.   |                          |
| g         | Public support percentage (line 27)   |  |  |   |  | 98.561                   |
| -         | · · · ·   |  |  |   |  | 1.091                    |
| h         |   | an a shad in line 10 11 au   | 12 that received any unu                                 | isual grants during 2003 t                                | hrough 2006, prepare a li                                  | st for your records to   |
| 28 L<br>s | Jnusual Grants: For an organization de<br>how, for each year, the name of the co<br>eturn. Do not include these grants in l   | ontributor, the date and ar  | nount of the grant, and a ONE                            | brief description of the n                                | ature of the grant. <b>Do not</b>                          | file this list with your |

| ar | t V Private School Questionnaire (See page 9 of the instructions.)<br>(To be completed ONLY by schools that checked the box on line 6 in Part IV) | N/         | A   |   |
|----|---|------------|-----|---|
|    | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing               |            | Yes | r |
|    | instrument, or in a resolution of its governing body?   | 29         |     | ┢ |
|    | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,              |            |     | F |
|    | and other written communications with the public dealing with student admissions, programs, and scholarships?                                     | 30         |     |   |
|    | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of                   |            |     | F |
|    | 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?  | 31         |     | E |
|    | If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)  |            |     |   |
|    |   | -          |     |   |
|    | Does the organization maintain the following:   |            |     |   |
|    | Records indicating the racial composition of the student body, faculty, and administrative staff?   |            |     |   |
|    | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?                           | <b>32b</b> |     |   |
| C  | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student                           |            |     |   |
|    | admissions, programs, and scholarships?   | 32c        |     |   |
| d  | Copies of all material used by the organization or on its behalf to solicit contributions?  | 32d        |     |   |
|    | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)                                  | _          |     |   |
|    | Does the organization discriminate by race in any way with respect to:  | -          |     |   |
|    | Students' rights or privileges?   |            |     | _ |
| b  | Admissions policies?  | <b>33b</b> |     | ╞ |
| C  | Employment of faculty or administrative staff?  | 33c        |     | ╞ |
| d  | Scholarships or other financial assistance?   | <b>33d</b> |     | ╞ |
| e  | Educational policies?   | 33e        |     | ╞ |
| f  | Use of facilities?  | 33f        |     | L |
| g  | Athletic programs?  | <b>33g</b> |     | ╞ |
| h  | Other extracurricular activities?   | <b>33h</b> |     | L |
|    | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)                                 | _          |     |   |
| а  | Does the organization receive any financial aid or assistance from a governmental agency?   |            |     |   |
|    | 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.   |            |     | t |
|    | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,            |            |     | ſ |
|    | 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation  | 35         |     | 1 |

Schedule A (Form 990 or 990-EZ) 2007

723141 12-27-07

14

17290130 781331 11134-11134 2007.07050 BOYS & GIRLS CLUBS OF MIDDL 11134-11

### Schedule A (Form 990 or 990-EZ) 2007 BOYS & GIRLS CLUBS OF MIDDLE TN INC

| Part VI-A | Lobbying Expenditures by Electing Public Charities                             | (See page 11 of the instructions.) |
|-----------|--|------------------------------------|
|           | (To be completed <b>ONLY</b> by an eligible organization that filed Form 5768) |                                    |

62-0540402 Page 6 N/A

| J | 7 | Δ |  |
|---|---|---|--|
|   |   |   |  |

| Che      | ck 🕨 a  | if the organization belong  | s to an affiliated group. Check 🕨 b   | if you che  | cked "a" and "limited contr              | ol" provisions apply.   |
|----------|---|---|---|---|--|---|
|          |   |   | Lobbying Expenditures<br>ures" means amounts paid or incurred.)   |   | <b>(a)</b><br>Affiliated group<br>totals | (b)<br>To be completed for <b>all</b><br>electing organizations |
| 42<br>43 | Total lobb<br>Total lobb<br>Other exer<br>Total exer<br>Lobbying<br>If the am<br>Not over \$5<br>Over \$500,<br>Over \$1,00<br>Over \$1,00<br>Over \$17,0<br>Grassroo<br>Subtract | bying expenditures to influence<br>bying expenditures to influence<br>bying expenditures (add lines 36<br>empt purpose expenditures<br>mpt purpose expenditures (add<br>p nontaxable amount. Enter the a<br><b>nount on line 40 is -</b><br>500,000<br>000 but not over \$1,000,000<br>0,000 but not over \$1,000,000<br>0,000 but not over \$1,000,000<br>0,000 but not over \$1,000,000<br>0,000 but not over \$17,000,000<br>0,000 but not over \$17,000,000<br>0,000 but not over \$17,000,000<br>0,000 but not over \$17,000,000<br>but not over \$17,000,000<br>0,000 but not over \$17,000,000<br>but not over \$1,000,000<br>but not over \$1,000,000 but not | bublic opinion (grassroots lobbying)         a legislative body (direct lobbying)         i and 37)         lines 38 and 39)         mount from the following table -         The lobbying nontaxable amount is -         20% of the amount on line 40         \$100,000 plus 15% of the excess over \$500,000         \$175,000 plus 15% of the excess over \$1,000,000         \$225,000 plus 5% of the excess over \$1,000,000         \$1,000,000         % of line 41)         line 42 is more than line 36         line 41 is more than line 38 | 37           38           39           40           41           41           42           43 | N/A                                      |   |
| 44       | JUDITALI  |   |   |   |  |   |

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 13 of the instructions.)

|  | Lobbying Expenditures During 4-Year Averaging Period                                  |                                     |                            |         |                    |    | N/A          |
|--|---|-------------------------------------|----------------------------|---------|--------------------|----|--------------|
| Calendar year (or fiscal year beginning in)  | <b>(a)</b><br>2007  | <b>(b)</b><br>2006                  | (c)<br>2005                |         | <b>(d)</b><br>2004 |    | (e)<br>Total |
| 45 Lobbying nontaxable amount  |   |                                     |                            |         |                    |    | 0.           |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |   |                                     |                            |         |                    |    | 0.           |
| 47 Total lobbying<br>expenditures  |   |                                     |                            |         |                    |    | 0.           |
| 48 Grassroots nontaxable amount  |   |                                     |                            |         |                    |    | 0.           |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e))   |   |                                     |                            |         |                    |    | 0.           |
| 50 Grassroots lobbying expenditures  |   |                                     |                            |         |                    |    | 0.           |
| Part VI-B Lobbying A<br>(For reporting c   | Activity by Noneled<br>only by organizations that di                                  |                                     |                            | tions.) |                    |    | N/A          |
| During the year, did the organizati influence public opinion on a legis  |   | , e                                 | n, including any attempt t | 0       | Yes                | No | Amount       |
| <ul><li>a Volunteers</li><li>b Paid staff or management (In</li><li>c Media advertisements</li></ul>                                   | clude compensation in expe  | enses reported on lines <b>c</b> th | rough <b>h.</b> )          |         |                    |    |              |
| <ul><li>d Mailings to members, legislat</li><li>e Publications, or published or</li></ul>  | tors, or the public<br>broadcast statements   |                                     |                            |         |                    |    |              |
| <ul> <li>f Grants to other organizations</li> <li>g Direct contact with legislators</li> <li>h Rallies, demonstrations, sem</li> </ul> | s, their staffs, government o   | fficials, or a legislative body     |                            |         |                    |    |              |
| i Total lobbying expenditures (  | Illies, demonstrations, seminars, conventions, speeches, lectures, or any other means |                                     |                            |         |                    |    | 0.           |

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

723151 12-27-07

Schedule A (Form 990 or 990-EZ) 2007

|                   | Exempt Organiz   | zations (See page 14 of the instr        | uctions.)                          |   |           |        |          |
|-------------------|--|--|------------------------------------|---|-----------|--------|----------|
| 51                | Did the reporting organization di                                    | irectly or indirectly engage in any of   | the following with any other       | organization described in section                     |           |        |          |
| 1                 | 501(c) of the Code (other than s                                     | section 501(c)(3) organizations) or ir   | n section 527, relating to po      | litical organizations?                                |           |        |          |
| a                 | Transfers from the reporting org                                     | panization to a noncharitable exempt     | organization of:                   |   |           | Yes    | No       |
|                   | (i) Cash   |  |                                    |   | 51a(i)    |        | Х        |
|                   |  |  |                                    |   |           |        | X        |
|                   | Other transactions:  |  |                                    |   |           |        |          |
|                   | (i) Sales or exchanges of asset                                      | ts with a noncharitable exempt orgar     | nization                           |   | b(i)      |        | X        |
|                   |  |  |                                    |   |           |        | X        |
|                   |  |  |                                    |   |           |        | X        |
|                   | (iv) Reimbursement arrangeme   | nts                                      |                                    |   |           |        | X        |
|                   |  |  |                                    |   |           |        | x        |
|                   |  |  |                                    |   |           |        | X        |
|                   |  | mailing lists, other assets, or paid er  |                                    |   |           |        | X        |
|                   |  |  |                                    | lways show the fair market value of the               |           |        | - 23     |
|                   | -  | given by the reporting organization.     | . ,                                | -   |           |        |          |
|                   |  | nent, show in column (d) the value of    | -                                  | -   |           | N/A    |          |
| -                 | 1  |  | i ille goous, olilei assels, ol    |   |           |        | <u> </u> |
| (a)<br>Line no    | (b)<br>Amount involved   | (C)<br>Name of noncharitable exe         | empt organization                  | (d)<br>Description of transfers, transactions, and sl | haring ar | rangen | nents    |
|                   |  |  |                                    |   | uning u   | langen |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   | Code (other than section 501(c)<br>f "Yes," complete the following s | (3)) or in section 527?<br>schedule: N/A |                                    | · · · · · · · · · · · · · · · · · · ·                 | Yes       | X      | No       |
|                   | (a)<br>Name of org   | )<br>ganization                          | <b>(b)</b><br>Type of organization | (c)<br>Description of relationshi                     | р         |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
|                   |  |  |                                    |   |           |        |          |
| 723152<br>12-27-0 | 7  |  |                                    | Schedule A (Form                                      | 990 or    | 990-EZ | ) 2007   |

17290130 781331 11134-11134 2007.07050 BOYS & GIRLS CLUBS OF MIDDL 11134-11

| FOOTNOTES  | STATEMENT 3  |
|--|--|
| PROPERTY AND EQUIPMENT ARE STATED AT COST, OR AT ESTIMATED<br>FAIR MARKET VALUE AT DATE OF GIFT IF DONATED, LESS<br>ACCUMULATED DEPRECIATION. DEPRECIATION IS COMPUTED ON THE<br>STRAIGHT-LINE METHOD OVER ESTIMATED USEFUL LIVES OF FIVE TO<br>TEN YEARS FOR FURNITURE, EQUIPMENT, VEHICLES, AND BUILDING<br>IMPROVEMENTS, AND FORTY YEARS FOR BUILDINGS. |  |
| PROPERTY AND EQUIPMENT CONSISTED OF THE FOLLOWING AT JUNE 30, 2008:  |  |
| LAND<br>BUILDINGS AND IMPROVEMENTS<br>VEHICLES<br>POOL<br>FURNITURE AND EQUIPMENT<br>SOFTWARE  | 26,530<br>2,634,910<br>288,970<br>107,504<br>456,994<br>10,748 |
| LESS ACCUMULATED DEPRECIATION  | 3,525,656<br><1,723,235  |
| TOTAL  | 1,802,421  |

| FORM 990 GAIN (LOSS) FR  | OM N | ION-PUBI                     | LICLY I         | RADED  | SECURII                  | IES  | ST.                       | ATEMENT              | 2            |
|--|------|------------------------------|-----------------|--------|--------------------------|------|---------------------------|----------------------|--------------|
| DESCRIPTION  |      |                              | ATE<br>JIRED    |        | DATE<br>SOLD             |      | METH<br>ACQUI             |                      |              |
| SALE OF INVESTMENTS  |      | VAR                          | IOUS            | v      | ARIOUS                   |      | PURCH                     | ASED                 |              |
| NAME OF BUYER  |      |                              | OSS<br>PRICE    |        | ST OR<br>R BASIS         |      | ENSE<br>SALE              | NET GAI<br>OR (LOS   |              |
|  |      | 442                          | 2,768.          | 4      | 16,293.                  | 5    | ,991.                     | 20,4                 | 84.          |
| TOTAL TO FM 990, PART I, L   | N 8  | 442                          | 2,768.          | 4      | 16,293.                  | 5    | ,991.                     | 20,4                 | 84.          |
| FORM 990 S   | PECI | AL EVE                       | NTS AND         | ) ACTI | VITIES                   |      | ST.                       | ATEMENT              | 3            |
| DESCRIPTION OF EVENT   |      | ROSS<br>CEIPTS               | CONTRI<br>INCLU |        | GROSS<br>REVENUE         |      | DIRECT<br>XPENSES         | NET INC<br>OR (LO    |              |
| YOUTH OF THE YEAR SPRING<br>DINNER<br>FUNDRAISING BREAKFAST                      |      | 2,500.                       | 55,             | 935.   | 212,50                   | 0.   | 54,963.<br>8,935.         | 157,5<br><8,9        |              |
| INGRAM CHALLENGE GOLF<br>TOURNAMENT<br>DUCK RACE<br>WINE DOWN MAIN STREET        | 1    | 85,417.<br>5,020.<br>89,971. |                 |        | 35,41<br>15,02<br>189,97 | 0.   | 510.<br>8,354.<br>75,113. | 34,9<br>6,6<br>114,8 | 66.          |
| TO FM 990, PART I, LINE 9  | 50   | 8,843.                       | 55,             | 935.   | 452,90                   | 8.1  | 47,875.                   | 305,0                | 33.          |
| FORM 990 OTHER CHAN  | GES  | IN NET                       | ASSETS          | OR F   | UND BALA                 | NCES | ST.                       | ATEMENT              | <u> </u>     |
| DESCRIPTION  |      |                              |                 |        |                          |      |                           | AMOUNT               |              |
| UNREALIZED GAIN/LOSS<br>CHANGE IN VALUE OF BENEFIC<br>LOSS ON DOUBTFUL TEMPORARI |      |                              | -               | TRIBU  | TIONS                    |      |                           | <58,5<br><6          | 41.:<br>69.: |
| RECEIVABLE   |      |                              |                 | -      |                          |      |                           | <44,0                | 95.2         |
| TOTAL TO FORM 990, PART I,   | LIN  | JE 20                        |                 |        |                          |      |                           | <103,3               | 05.          |

32 STATEMENT(S) 2, 3, 4 17290130 781331 11134-11134 2007.07050 BOYS & GIRLS CLUBS OF MIDDL 11134-11

| FORM 990               | OTHE         | OTHER EXPENSES             |                                  |                    |
|------------------------|--------------|----------------------------|----------------------------------|--------------------|
| DESCRIPTION            | (A)<br>TOTAL | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>AND GENERAL | (D)<br>FUNDRAISING |
|                        | 186,877.     | 186,877.                   | 0.                               | 0.                 |
| MISCELLANEOUS          | 100,077.     | 100,077.                   | 0.                               | • •                |
| EQUIPMENT EXPENSE      | 5,989.       | 4,563.                     | 1,359.                           | 67.                |
| FOOD PROGRAM EXPENSE   | 182,341.     | 182,341.                   | 0.                               | 0.                 |
| INSURANCE              | 67,734.      | 61,645.                    | 3,799.                           | 2,290.             |
| LICENSES AND PERMITS   | 1,928.       | 1,053.                     | 505.                             | 370.               |
| MAINTENANCE SUPPLIES   | 18,941.      | 18,752.                    | 113.                             | 76.                |
| COLLABORATIVE FEES     |              |                            |                                  |                    |
| PAID TO YMCA           | 50,004.      | 50,004.                    | 0.                               | 0.                 |
| MEMBERSHIP DUES        | 41,459.      | 37,958.                    | 25.                              | 3,476.             |
| MISCELLANEOUS          | 14,007.      | 9,711.                     | 4,100.                           | 196.               |
| PROFESSIONAL FEES      | 288,006.     | 27,421.                    | 11,081.                          | 249,504.           |
| REPAIRS AND            | ~~ ~~~       |                            | 4 4 6 5                          |                    |
| MAINTENANCE            | 80,980.      | 78,977.                    | 1,165.                           | 838.               |
| MARKETING              | 9,737.       | 0.                         | 0.                               | 9,737.             |
| TOTAL TO FM 990, LN 43 | 948,003.     | 659,302.                   | 22,147.                          | 266,554.           |

#### BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

| FORM 990 CASH GRANTS AND ALLOG<br>TO INDIVIDUALS            | CATIONS                 | STATEMENT 6    |
|---|-------------------------|----------------|
| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS                  | DONEE'S<br>RELATIONSHIP | AMOUNT         |
| SCHOLARSHIP<br>KANITHIA BAREFIELD<br>AVAILABLE UPON REQUEST | FORMER MEMBER           | 500.           |
| SCHOLARSHIP<br>RIKKITA ANDERSON<br>AVAILABLE UPON REQUEST   | FORMER MEMBER           | 2,500.         |
| SCHOLARSHIP<br>CARMEN OVERBY<br>AVAILABLE UPON REQUEST      | FORMER MEMBER           | 3,961.         |
| SCHOLARSHIP<br>RASHA HARVEY<br>AVAILABLE UPON REQUEST       | FORMER MEMBER           | 448.           |
| SCHOLARSHIP<br>RAY HARVEY<br>AVAILABLE UPON REQUEST         | FORMER MEMBER           | 1,800.         |
| SCHOLARSHIP<br>JON HARRIS<br>AVAILABLE UPON REQUEST         | FORMER MEMBER           | 500.           |
| SCHOLARSHIP<br>JAMES DICKERSON<br>AVAILABLE UPON REQUEST    | FORMER MEMBER           | 500.           |
| SCHOLARSHIP<br>FUKAYNA HART<br>AVAILABLE UPON REQUEST       | FORMER MEMBER           | 500.           |
| SCHOLARSHIP<br>DECARLOS ROBINSON<br>AVAILABLE UPON REQUEST  | FORMER MEMBER           | 1,426.         |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 221               | В                       | 12,135.        |
| 34<br>17290130 781331 11134-11134 2007.07050 BOYS           |                         | STATEMENT(S) 6 |

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#### FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7 PART III

#### EXPLANATION

THE PURPOSE OF THE BOYS & GIRLS CLUBS IS TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, AND RESPONSIBLE 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 OTHER ASSETS  | 5   | STATEMENT 8                         |
|--|---|-------------------------------------|
| DESCRIPTION  | BEGINNING<br>OF YEAR                      | END OF YEAR                         |
| INVESTMENTS<br>DEPOSITS<br>AGENCY ENDOWMENT<br>MEMBERSHIP RIGHTS | 566,096.<br>6,099.<br>17,430.<br>292,500. | 0.<br>6,099.<br>16,761.<br>262,500. |
| TOTAL TO FORM 990, PART IV, LINE 58                              | 882,125.                                  | 285,360.                            |

| FORM 990     |                 | OTHER NOTE              | S AND  | LOANS PAY       | ABLE                    | STATEMENT   | 9  |
|--------------|-----------------|-------------------------|--------|-----------------|-------------------------|-------------|----|
| LENDER'S NAM | <b>1</b> E      | TERMS                   | OF REP | AYMENT          |                         |             |    |
| FIRST TN     |                 | MONTHL                  | Y      |                 |                         |             |    |
|              | ATURITY<br>DATE | ORIGINAL<br>LOAN AMOUNT |        | NTEREST<br>RATE |                         |             |    |
| 11/03/04 02  | 2/01/08         | 250,00                  | 0.     | 5.00%           |                         |             |    |
| SECURITY PRO | OVIDED BY       | BORROWER                | PURPOS | E OF LOAN       |                         |             |    |
| BUILDING     |                 |                         |        |                 |                         |             |    |
| RELATIONSHIP | OF LENDE        | R                       |        |                 |                         |             |    |
| NONE         |                 |                         |        |                 |                         |             |    |
| DESCRIPTION  | OF CONSID       | ERATION                 |        |                 | FMV OF<br>CONSIDERATION | BALANCE DUI | Ε  |
| CASH         |                 |                         |        |                 | 0.                      | 250,55      | 59 |
| TOTAL INCLUE | DED ON FOR      | M 990, PART             | IV, LI | NE 64, CO       | LUMN B                  | 250,55      | 59 |
| FORM 990     |                 | OTHE                    | R LIAB | ILITIES         |                         | STATEMENT   | 1( |
|              |                 |                         |        |                 | BEGINNING               |             |    |

| DESCRIPTION                             | OF YEAR             | END OF YEAR         |
|---|---------------------|---------------------|
| LINE OF CREDIT<br>CAPITAL LEASE PAYABLE | 274,601.<br>14,897. | 414,564.<br>12,046. |
| TOTAL TO FORM 990, PART IV, LINE 65     | 289,498.            | 426,610.            |

| FORM 990                              | OTHER SECURITIES           |             | STATEMENT           |      |
|---------------------------------------|----------------------------|-------------|---------------------|------|
| SECURITY DESCRIPT                     | ION                        | COST/FMV    | OTHER<br>SECURITIE; | S    |
| INVESTMENTS                           |                            | FMV         | 1,123,8             | 09.  |
| TO FORM 990, LINE                     | 54B, COL B                 |             | 1,123,8             | 09.  |
| FORM 990                              | OTHER REVENUE NOT INCLUDED | ON FORM 990 | STATEMENT           | 12   |
| DESCRIPTION                           |                            |             | AMOUNT              |      |
| CHANGE IN VALUE O<br>LOSS ON DOUBTFUL | <669.                      |             |                     |      |
| TOTAL TO FORM 990                     | , PART IV-A                |             | <44,7               | 64.> |

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2B STATEMENT 13

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

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2D STATEMENT 14

DURING THE YEAR, BOYS AND GIRLS CLUB WAS ENGAGED WITH THE YMCA REGARDING THE REIMBURSEMENT OF OPERATING COSTS FOR A FACILITY THEY SHARED.

#### BOYS & GIRLS CLUBS OF MIDDLE TN INC

| SCHEDULE A                                | OTHER INC      | OME               | ST                | ATEMENT        | 15       |
|---|----------------|-------------------|-------------------|----------------|----------|
| DESCRIPTION                               | 2006<br>AMOUNT | 2005<br>Amount    | 2004<br>Amount    | 2003<br>AMOUNT |          |
| SALES TO MEMBERS & PUBLIC<br>OTHER INCOME | 0.0.           | 3,057.<br>14,542. | 2,400.<br>22,683. |                | 0.<br>0. |
| TOTAL TO SCHEDULE A, LINE 22              | 0.             | 17,599.           | 25,083.           |                | 0.       |



# Alumni Scholarship Criteria

# I. Youth of the Year Scholarship

- A. The <u>Youth of the Year</u> of Boys & Girls Clubs of Middle Tennessee will be awarded a \$2,500 college scholarship.
- B. For those Youths of the Year not ready for college, the organization will hold the \$2,500 and make the funds available for the individual when he/she reaches college age.
- C. The organization will not add interest to the scholarship funds.

# II. Other Scholarships

- A. The organization will award \$500-per-semester college scholarships, as funds are available, to students meeting stated criteria.
- B. 'College' includes post-high school vocational and trade schools.
- C. Criteria:
  - 1. Student must have been a Boys & Girls Club member for at least two years.
  - 2. Student must be in good academic standing with a 2.0 or better GPA.
  - 3. Student must send in proof of grades and school progress.

Revised January 6, 2009

|                        |                                      |                  | COMMITTEE              |
|------------------------|--------------------------------------|------------------|------------------------|
| <b>BOARD OFFICERS</b>  | MAILING ADDRESSES                    | TELEPHONE        | ASSIGNMENT             |
| Kenneth Webb           | First Tennessee Bank                 | 734-6118 (Asst   |                        |
| Chairman               |                                      | Kelly            | <u>Executive</u>       |
| Credit Marketing       | (w) P.O. Box 28100, 37202-8100       | 734-6095 (fax)   | <b>Building/Vision</b> |
| Manager                |                                      |                  |                        |
|                        | kewebb@ftb.com                       |                  | Steering Comm.         |
| Manager                |                                      | 347-6025 (cell)  | (ex-officio)           |
| Member: 2001           |                                      |                  |                        |
| Brian Shipp            | HealthAdvisors, LLC                  | 948-0815         | <b>Executive</b>       |
| Chairman-Elect         | 4525 Harding Road, Ste. 200          | 356-8493 (h)     | <u>Futures (Chair)</u> |
|                        | Nashville, TN 37205                  |                  | Board                  |
|                        | ,                                    |                  | Development (co-       |
| President              |                                      | 620-4488 (f)     | Chair)                 |
| Member: 2002           | (h) 148 Windsor Drive                | 0_0 1100 (1)     | Steering               |
|                        |                                      |                  | Committee              |
|                        | Nashville, TN 37205                  | healthadvisors@c |                        |
|                        | 1(d)11(1)(1)(1)(2)/203               | omcast.net       |                        |
|                        | cbshipp@comcast.net                  |                  |                        |
| Nim Chinniah           | Vanderbilt University                | 343-0462 (w)     |                        |
| Secretary              |                                      |                  |                        |
| Deputy Vice Chancellor | (w) 421 Kirkland Hall, 37240         | 343-7420 (fax)   | <b>Executive</b>       |
| for Administration and | nim.chinniah@vanderbilt.edu          | 343-2838 - Ast   | Finance (co-           |
| Academic Affairs       |                                      | Laraine          | <u>Chair)</u>          |
| Member: 2005           | Copy Laraine Caldwell on all matters |                  |                        |
|                        | laraine.caldwell@vanderbilt.edu      |                  |                        |
| Phil Woodlief          | Mars Pet Care Co.                    | 298-9770 (h)     | <b>Executive</b>       |
| Treasurer              | (w) P.O. Box 2487                    | 373-7774 (w)     | Finance (Chair)        |
|                        |                                      | messages         |                        |
| VP & CFO               | Brentwood, TN 37024-2487             | 309-1118 (fax)   | Investment             |
| Member: 2001           | pwoodlief@doanepetcare.com           | · · ·            |                        |
| Holly Sharp            | (w) 714 Summerwind Circle,           | 665-8916 (h)     | <b>Futures</b>         |
| v I                    | 37215                                | - 、 /            |                        |
| Area Council Liaison   | hollandconner@comcast.net            | 589-7669 ©       |                        |
| Community Volunteer    |                                      |                  |                        |
| Member: 2001           |                                      |                  |                        |
| D. Scott Turner        | Ajax Turner Company                  | 244-2424 (w)     | Executive              |
| Immediate Past         | (w) 1045 Visco Drive 37210           | 726-2162 (fax)   | Building/Vision        |
|                        | sturner@ajaxturner.com               | 642-8031 ©       | <u>Board</u>           |
| Chairman               |                                      |                  | <u>Development</u>     |

| President & CEO                          | <u>cheata@ajaxturner.com</u>   |   | <u>Steering</u><br>Committee   |  |
|--|--|---|--|--|
| Member: 1993                             |  | Jean Cheatum -<br>Asst. 727-7648                  | <u>Commutee</u>  |  |
|  | DIRECTORS  |   |  |  |
| Currie Andrews                           | Andrews Cadillac   | 373-3800 (w)                                      | <u>Resource</u><br>Development                                       |  |
| Principal                                | (w) P.O. Box 427<br>Brentwood, TN 37024  | 661-5823 (fax)                                    |  |  |
| Member: 1982                             | <u>currieandrews@andrewscadillac.co</u><br><u>m</u>                                  |   |  |  |
| Roger T. Briggs, Jr.                     | Morgan Joseph & Co. Inc.   | 238-2302 (w -<br>Asst. Stephanie<br>Traven)       | <u>Executive</u>   |  |
| Vice Chairman                            | (w) 150 4th Avenue North, Ste. 1050, 37219   | 238-2301 (fax)<br>385-7025 (h)                    | Investment (Chair)   |  |
| Member: 2001                             | rbriggs@morganjoseph.com<br>Copy Stephanie Traven on all<br>straven@morganjoseph.com | 400-9044 (cell)                                   |  |  |
| Lisa H. Campbell                         |  |   |  |  |
| Scott D. Carey                           | Baker Donelson<br>211 Commerce Street, Ste. 1000                                     | 726-7379 (w)<br>744-7379 (f)                      | <u>Mission/Program</u><br><u>Corporate Giving</u><br><u>Champion</u> |  |
| Member: 2006                             | Nashville, TN 37201<br>scarey@bakerdonelson.com                                      | 385-2487 (h)<br>Admin. Asst.<br>Susan Ayers       |  |  |
|  | 3422 Woodmont Blvd.<br>Nashville, TN 37215   | 726-7333  |  |  |
| Charles Cardwell<br>Metropolitan Trustee | Metropolitan Trustee's Office<br>*(w) 800 2nd Avenue North, Ste.<br>2, 37201         | 862-6336 (w)<br>862-6339 (Asst.<br>Wanda Binkley) | <u>Finance</u><br><u>Steering Committee</u>                          |  |
|  | (h) 105 Lea Avenue, Unit 1, 37210  | 880-3658 (fax)                                    |  |  |
| Member: 1992                             | charlie.cardwell@nashville.gov   | 242-1133 (h)                                      |  |  |
| Mary Clement                             | State of Tennessee   | 741-1276 (w)                                      | <u>Resource</u><br><u>Development</u>                                |  |

| Director                 | Division of Consumer Affairs                 |                 | Steering Committee |
|--------------------------|--|-----------------|--------------------|
|                          | 500 James Robertson Parkway, 37243-0600      |                 |                    |
| Member: 1999             | mary_clement@comcast.net                     |                 |                    |
| Waverly D. Crenshaw, Jr. |  | 244-6380        | <u>Executive</u>   |
|                          | Waller Lansden Dortch & Davis                | (office)        |                    |
| Attorney-At-Law          |  | 244-6804 (fax)  | Human Resources    |
|                          | (w) 511 Union St., Suite 2100, 37219         |                 | <u>(Chair)</u>     |
|                          |  | 579-7978 (cell) |                    |
|                          | (m) P.O. Box 198966, 37219-8966              |                 |                    |
| Member: 2005             |  | Melissa 850-    |                    |
|                          | waverly.crenshaw@wallerlaw.com               | 8171            |                    |
| Jana Joustra Davis       |  | 344-1593 (w)    | <u>Board</u>       |
|                          | (w) HCA                                      |                 | <u>Development</u> |
| Vice President           |  | 344-2291 (f)    | Steering Committee |
|                          |  |                 | <u>(Chair)</u>     |
|                          | 1 Park Plaza, Building One                   |                 |                    |
| Corp. Comm.              | Nashville, TN 37203                          |                 |                    |
|                          |  | Paula Broadway  |                    |
|                          | j2.davis@hcahealthcare.com                   | Asst.           |                    |
| Member: 2006             | (h) 412 Jackson Blvd.<br>Nashville, TN 37205 | 344-1594        |                    |
| Amanda Farnsworth        | Hilliard Lyons                               | 297-2211 (Asst. | <u>Board</u>       |
|                          |  | Donna Brooks)   | <u>Development</u> |
| Senior Vice President    | (w) 3401 West End Avenue, Ste.               | 297-7164 (fax)  |                    |
|                          | 160, 37203                                   | × ,             |                    |
|                          | afarnsworth@hilliard.com                     |                 |                    |
| Member: 1997             |  |                 |                    |
| Farzin Ferdowsi          | Management Resources Company                 | 377-5723 (Asst. | Building/Vision    |
|                          |  | Renee Wells)    | <u>(Chair)</u>     |
| President & CEO          | (w) 1728 Gen. Geo Patton                     | 373-4299 (fax)  | Steering Committee |
|                          |  |                 |                    |
|                          |  | 972-9222 (Renee |                    |
|                          | December 1, 27027                            | Wells' cell)    |                    |
| Mamban 2002              | Brentwood, 37027                             | 491 0070 (2211) |                    |
| Member: 2003             | fferdowsi@mrco.net                           | 481-9070 (cell) |                    |

|                               | Please copy Renee Wells on all matters                      | rwells@mrco.net   |   |
|-------------------------------|---|---|---|
| Brad Gioia                    | Montgomery Bell Academy                                     | 298-5514 (w-<br>Asst. Jennifer<br>Howell)                   | <u>Board</u><br><u>Development</u>                          |
| Headmaster                    | *(w) 4001 Harding Road 37205<br>(h) 126 Ensworth Ave. 37205 | 297-0271 (fax)<br>463-2255 (h)                              |   |
| Member: 1997                  | gioiab@montgomerybell.com                                   |   |   |
| Ed Goodrich<br>Vice President | Caterpillar Financial Services                              | 341-1005  | <u>Resource</u><br><u>Development</u><br>Steering Committee |
| vice President                | 2120 West End Avenue<br>Nashville, TN 37203                 | 341-1004 (w-<br>Asst. Amber<br>Wallace)<br>969-5876 (cell ) | <u>Steering Committee</u>                                   |
| Member: 2004                  | ed.goodrich@cat.com   | 507 5070 (een )   |   |
| Nelson Griffin                | Cracker Barrel  |   | <u>Mission/Program</u><br>(Chair)                           |
| Vice President, Purchasing    | P.O. Box 787  | 615-443-9256<br>(Asst. Robyn<br>Avella)                     | <u>Magness Potter</u><br><u>Champion</u>                    |
| & Distribution                | Lebanon, TN 37088-0787                                      | 615-443-9525<br>(fax)                                       |   |
| Member: 2004                  | ngriffin@crackerbarrel.com                                  | 615-838-5967<br>(cell)                                      |   |
|                               | Please Copy Robyn Avella on all matters                     | ravella@cracker<br>barrel.com                               |   |
| Joe M. Hall                   | Hall Strategies   | 242-8856 ext. 11  | <u>Executive</u>  |
| President                     | 222 4th Ave North, 37219                                    | 242-8857 (fax)  | <u>Marketing &amp; P/R</u><br>(Chair)                       |
| Member: 2000                  | joe@hallstrategies.com                                      | 330-3289 ©  |   |
| Matt Hamilton                 | Centerfield Advisors<br>1083 Lynn Wood Blvd.                | 545-3356 (w)<br>665-1457 (h)                                | <u>Finance</u><br>Mission/Program                           |
| Member: 2006                  | Nashville, TN 37215<br>centerfield@comcast.net              |   | <u>Andrew Jackson</u><br><u>Champion</u>                    |
| Jim Hennessey                 | United Healthcare   | 372-3490 (Asst.<br>Becky Walter)                            | <u>Marketing &amp; P/R</u>                                  |
| Marketing Director            | 10 Cadillac Dr., Ste. 200<br>Brentwood, TN 37027            | 403-8945 (cell)<br>386-5054 (h)                             |   |

| Allen L. Hovious<br>Principal<br>Member: 1984<br>Jeff Howard | Lattimore, Black, Cain & Morgan<br>(h) 230 Hillwood Drive 37205<br>5250 Virginia Way - PO Box 1869<br>Brentwood, TN 37024-1869 -<br>(615) 377-4600<br>Brentwood, TN 37024-1869 | 377-4600 (w)                           | <u>Futures</u>     |
|--|--|--|--------------------|
| Member: 1984   | 5250 Virginia Way - PO Box 1869<br>Brentwood, TN 37024-1869 -<br>(615) 377-4600<br>Brentwood, TN 37024-1869  |  |                    |
|  | Brentwood, TN 37024-1869 -<br>(615) 377-4600<br>Brentwood, TN 37024-1869   |  |                    |
|  | (615) 377-4600<br>Brentwood, TN 37024-1869   |  |                    |
|  | Brentwood, TN 37024-1869   |  | 1                  |
|  |  |  |                    |
| Jeff Howard  |  |  |                    |
| Jeff Howard  | ahovious@LBMC.com  |  |                    |
|  | W.L. Hailey & Company  | 255-3161 x 124                         | <u>Finance</u>     |
|  |  | (w)                                    |                    |
| Chief Financial Officer                                      | (w) 2971 Kraft Drive 37204   | 255-3161 x149                          |                    |
|  |  | (Asst. Terry                           |                    |
|  |  | Beeler)                                |                    |
| Member: 2003   | jhoward@wlhailey.com   | 256-1316 (fax)                         |                    |
| Orrin Ingram   | Ingram Industries  | 298-8266 (w)                           | <i>Executive</i>   |
| President & CEO  | (w) 4400 Harding Road 37205  | 298-8374 (Asst.                        | Board              |
|  | (,   | Diane Key)                             | <i>Development</i> |
|  |  | //                                     | (Chair)            |
|  | orrin.ingram@ingram.com  | 298-7579 (fax)                         | Steering Committee |
|  |  | <b>2</b> 50 7075 (1011)                | Steering committee |
| Member: 1987   |  | 377-6318 (h)                           |                    |
|  | Please copy Diane Key on all   | diane.key@ingra                        |                    |
|  | matters  | m.com                                  |                    |
| Bob Jacobs   | P.O. Box 58505, 37205  |  | Futures            |
|  | 1 101 Don 000 00, 07 200   |  | Resource           |
|  |  | 403-5999 (cell)                        | <u>Development</u> |
| Member: 2005   | bobesusa@comcast.net   |  | Individual Giving  |
| 1010111001. 2000   |  |  | <u>Champion</u>    |
| Steve Jackson  | Gale Smith & Company   | 377-5150 (w)                           | Futures            |
| Director of  | (w) 110 Winner Circle  | 263-5850 (f)                           | 2                  |
| Admin. Svcs.   | Brentwood, TN 37027  | 200 0000 (1)                           |                    |
|  | sjackson@gs1868.com  | 790-3077 (h)                           |                    |
| Member: 2006   | Sjackson e 251000.com  | ////////////////////////////////////// |                    |
| Jamie Jones  | Retired  |  | Finance            |
|  | (h) 2425 Golf Club Lane 37215  |  | Steering Committee |
|  | (ii) 2123 Gon Club Lune 37213  |  | Sieering Communee  |
| Member: 1989   | jamiejones1@comcast.net  | 292-3304 (h)                           |                    |
| Sydney F. Keeble, Jr.  | (h) 505 Park Center Drive, 37205   | 292-4435 (h)                           | Finance            |

| Community Volunteer    | 1                                | 292-4435        |                    |
|------------------------|----------------------------------|-----------------|--------------------|
| ·                      |                                  | (Carolyn        |                    |
|                        |                                  | Roberts)        |                    |
| Member: 1961           |                                  | 292-1135 (fax)  |                    |
| Preston Lentz          | Cadinha & Company                | 383-2223 (w)    | <u>Executive</u>   |
| Vice President         | (w/h) 3635 Valley Vista Road     | 385-4702 (Mary  | <u>Resource</u>    |
|                        | 37205                            | Ann)            | Development        |
|                        |                                  |                 | (Chair)            |
|                        | nplentz@aol.com                  | 383-2313 (fax)  | Planned Giving     |
|                        | -                                | . ,             | <u>Champion</u>    |
| Member: 1990           |                                  | 385-4702 (h)    |                    |
| C. Phillip Many        | (w) Foundations Associates, Inc. | 419-3704        | Resource Dev. (co- |
|                        |                                  |                 | <u>Chair)</u>      |
| Executive Director     | (h)109 Evander Street            |                 | <u>Finance</u>     |
|                        | Nashville, 37206                 |                 |                    |
| Member: 2005           | cpmsport@comcast.net             |                 |                    |
| Darrell K. Massengale  | Infrastructure Corp. of America  | 377-9846 (h)    |                    |
| CFO                    | 5110 maryland Way, Brentwood     |                 |                    |
|                        | 37027                            | 948-4081 (cell) |                    |
|                        | (h) 9543 Equestrian Lane         | 377-4730 (w)    |                    |
| Member: 1996           | Brentwood, TN 37027              |                 |                    |
|                        | dmassengale@ica-onramp.com       |                 |                    |
| J. Chris Meadows       | Willis Corporation               | 872-3763 (w)    | <u>Resource</u>    |
|                        | _                                |                 | <u>Development</u> |
|                        | (w) 26 Century Boulevard 37214   | 872-3896 (fax)  |                    |
| Member: 1990           | chris.meadows@willis.com         | . ,             |                    |
| Albert L. Menefee, III | Menefee Equipment Company        | 791-4755 (w)    |                    |
|                        | (w) 203 3rd Avenue North         | 791-7072 (fax)  |                    |
| Member: 1986           | Franklin, TN 37064               | 943-5748        |                    |
|                        |                                  | (mobile)        |                    |
|                        | overland59t@aol.com              |                 |                    |
| David Ogilvie          | Ogilvie & Williams               | 293-3168 (w)    | <u>Executive</u>   |
| Franklin Board Chair   | 908 W. Main Street               | 293-3168 ©      |                    |
|                        | Franklin, TN 37064               |                 |                    |
| Member: 2006           | ogilvie@comcast.net              |                 |                    |
|                        |                                  |                 | Marketing & P/R    |
| David Paine            | David Paine + Partners           | 242-5546 (w)    | (co-Chair)         |
| CEO                    | 56 Lindsley Avenue, 37210        |                 |                    |
| Member: 2005           | david@paineandpartners.com       |                 |                    |
| Teresa Phillips        | Tennessee State University       | 963-5861 (w)    |                    |
| Athletics Director     | 3500 John A. Merritt Blvd        | 963-5911 (fax)  |                    |

| Member: 2004           | Nashville, TN 37209<br>tphillips@tnstate.edu |                 |                           |
|------------------------|--|-----------------|---------------------------|
|                        |  |                 | <u>Technology (co-</u>    |
| Kevin Pigman           | Dell, Inc.                                   | 715-5751 (w)    | <u>Chair)</u>             |
| Director               | One Dell Parkway, Bldg AM1                   | 776-7966 (h)    |                           |
| M 1 2006               | Nashville, TN 37217                          |                 |                           |
| Member: 2006           | kevin_pigman@dell.com                        |                 |                           |
| Scott Portis           | Cannon Restaurant Management                 | 665-0444 (w)    | <u>Executive</u>          |
|                        |  | 309-6990 (h)    | <u>Technology (Chair)</u> |
| President              | Moe's Southwest Grill                        |                 |                           |
|                        | One Burton Hills Blvd, Suite 300, 37215      | 300-3696 (cell) | <u>Steering Committee</u> |
| Member: 2002           | scott.portis@moesmiddletn.com                | 665-1227 (fax)  |                           |
| Rosemary Ramsey        | Work: American Retirement Corp               | 479-8336 (c)    | <u>Executive</u>          |
| Assoc. Board Liason    | Home: 125 37th Avenue North                  |                 | Mission/Program           |
| _                      | Nashville, TN 37209                          |                 | <u>Futures</u>            |
| Member: 2006           | rosemaryramsey@yahoo.com                     |                 |                           |
|                        | rramsey@arclp.com                            |                 |                           |
| Craig Reavis           | Centex Homes                                 | 714-2622 ©      | Marketing & P/R           |
| Area Sales Mgr.        | 370 Mallory Station Rd., Ste. 500            | 794-1901 (w)    |                           |
| Phoenix Club President | Franklin, TN 37067                           | 794-8278 (f)    |                           |
| Member: 2006           | creavis@centexhomes.com                      |                 |                           |
| Ronald L. Samuels      | Regions Bank                                 | 726-4215 (Asst. | <u>Board</u>              |
|                        |  | Kit             | <u>Development</u>        |
|                        |  | Hendrickson)    |                           |
| Regional President     | *(w) 401 Union Street 37219                  | 726-4330 (fax)  | <u>Steering Committee</u> |
|                        | (h) 405 Georgetown Drive 37205               |                 |                           |
| Member: 1983           | ron.samuels@regions.com                      |                 |                           |
| Lee W. Schaefer        | Bristol Development Group                    | 369-9009 ext.   | <u>Resource</u>           |
|                        |  | 423             | <u>Development</u>        |
| Vice President -       | 325 Seaboard Ln, Suite 190                   | 771-0043 (fax)  | <b>Building/Vision</b>    |
| Condominium Dev.       | Franklin, TN 37067                           | 480-7771 (cell) | Steering Committee        |
| Member: 2002           | lee@bristoldevelopment.com                   |                 |                           |
| Walter Schultz         | Sprint PCS                                   | 300-4735 (c)    | Marketing & P/R           |
|                        | 2525 West End Ave, 8th Floor                 | 341-7684 (fax)  |                           |
| Field Implementation   | 37203  |                 |                           |
| Marketing Director     | walter.d.schultz@sprint.com                  | 341-7844 (w)    |                           |
| Member: 2003           |  |                 | 1                         |

| Janis Sontany                         | TN House of Representatives, Dist.                      | 741-6861 (w)                          | Mission/Program                              |
|---------------------------------------|---|---------------------------------------|--|
|                                       | 53  |                                       |  |
| State Representative                  | 32 Legislative Plaza, 37243                             | 253-0325 (fax)                        | <u>Thompson Lane</u>                         |
|                                       | rep.janis.sontany@legislature.state.                    | 331-7616 (h)                          | <u>Champion</u>                              |
|                                       | tn.us   | 551 7010 (II)                         |  |
| Member: 2005                          | Please copy Delano Brent on all                         |                                       |  |
|                                       | matters   |                                       |  |
|                                       | delano.brent@legislature.state.tn.u                     | janis.sontany@c                       |  |
|                                       | S   | omcast.net                            |  |
| Mark Traylor                          | Boyle Investment Company                                | 370-5123 (w)                          | Mission/Program                              |
| Young Leader Rep.                     | 5110 Maryland Way, Ste. 330                             | 370-5130 (f)                          | <u>Vine Hill</u>                             |
| Member: 2006                          | Brentwood, TN 37027                                     |                                       | <u>Champion</u><br>Building/Vision           |
| Member. 2000                          | mtraylor@boyle.com                                      |                                       | <u>Building/Vision</u><br><u>Resource</u>    |
|                                       | <u>intrayior@boyic.com</u>                              |                                       | <u>Development</u>                           |
| Brent Turner                          | Psychiatric Solutions, Inc.                             | 312-5700 (w)                          | Finance                                      |
|                                       | 840 Crescent Centre Drive, Suite                        | 312-5711 (fax)                        | Investment                                   |
| Vice President,                       | 460   | ( ,                                   |  |
| Treasurer & Investor                  | Franklin, TN 37067                                      |                                       | Foundation Giving                            |
| Relations                             |   |                                       | <u>Champion</u>                              |
|                                       |   |                                       |  |
| David T. Vandewater                   |   | 296-3351 (w -                         | <u>Board</u>                                 |
|                                       |   | Asst. Karen                           | <u>Development</u>                           |
|                                       | Ardent Health Services, LLC                             | West)                                 |  |
| President & CEO                       | *(w) One Burton Hills Blvd., #250<br>37215              | 296-6001 (fax)                        | <u>Steering Committee</u>                    |
|                                       | (h) 425 Jackson Blvd. 37205                             | 292-2566 (h)                          |  |
| Member: 1996                          | david.vandewater@ardenthealth.co                        |                                       |  |
|                                       | m   |                                       |  |
|                                       | Please copy Karen West on all                           | karen.west@ard<br>enthealth.com       |  |
| Leals Wallage                         | Willia of Torresson, Inc.                               |                                       | D:1.1:                                       |
| Jack Wallace<br>Senior Vice President | Willis of Tennessee, Inc.<br>(w) P.O. Box 305025, 37230 | 872-3850 (w)<br>351 7278 mobile       | <u>Building/Vision</u><br>Steering Committee |
|                                       | (w) r.O. DOX 303023, 37230                              | 551-7278 moone                        | Sieering Commillee                           |
| Member: 1985                          | jack.wallace@willis.com                                 | 872-3896 (fax)                        |  |
| David Williams, II                    | Vanderbilt University                                   | 322-8331 (Asst.                       | <u>Board</u>                                 |
| David Williams, II                    | 5   |                                       |  |
| David Williams, II                    |   | JoAnn                                 | <u>Development</u>                           |
| Vice Chancellor,                      | (w) 305 Kirkland Hall, 37240                            | JoAnn<br>Patterson)<br>343-3930 (fax) | <u>Development</u>                           |

| Student Life and<br>University Affairs | david.williams@vanderbilt.edu              |                                    |   |
|--|--|------------------------------------|---|
| Member: 2001                           | Please copy Joann Patterson on all matters | joann.patterson<br>@vanderbilt.edu |   |
| Don Williamson                         |  | 354-5757                           | Board   |
|  | Compass Executives                         |                                    | <b>Development</b>                            |
| Managing Partner                       | (w) 95 White Bridge Rd., #400              | 473-0935 ©                         | Steering Committee                            |
|  | Nashville, TN 37205                        | 371-1084 (h)                       |   |
| Member: 1987                           | (h) 1137 Traveler's Ridge Drive 37220      |                                    |   |
|  | donwilliamson@compassexecutive<br>s.com    |                                    |   |
| Ward Wilson                            | US Bank                                    | 251-9253 (w)                       | <i>Finance</i>                                |
| Regional President                     | 150 4th Ave. N, 3rd Floor                  | 251-0729 (f)                       | <u>1 ////////////////////////////////////</u> |
|  | Nashville, TN 37219                        | 661-9180 (h)                       |   |
| Member: 2006                           | ward.wilson@usbank.com                     |                                    |   |
|  | Diane Bishop Admin. Asst.                  | 251-9224                           |   |
|  |  | (Diane)                            |   |
| Uzi Yemin                              | Delek US Holdings                          | 224-1121 (w)                       | <b>Building/Vision</b>                        |
|  | (w) 830-Crescent Centre Dr., Suite         |                                    |   |
| President & CEO                        | 300  | 224-1185 (fax)                     |   |
|  | Franklin, TN 37067                         | 224-1179                           |   |
| Member: 2005                           | uzi.yemin@mapcoexpress.com                 |                                    |   |
|  | Please copy Julie on all matters           |                                    |   |
|  | Julie?@mapcoexpress.com                    |                                    |   |
| Jack W. Smithwick                      | (h) 1133 Stonewall Jackson Ct. 37220       | 373-1719 (h)                       |   |
| Member: 1982                           | HRConsult@bellsouth.net                    | 351-0140 (cell)                    |   |
| James Hal Conditt                      | Beecher Carlson                            | 277-9848 (w)                       |   |
| Vice President Sales &                 | 6 Cadillac Drive, Ste. 320                 | 277-9879 (f)                       |   |
| Bus. Dev.                              | Brentwood 37027                            | . ,                                |   |
| Member: ?                              |  |                                    |   |