

**Filing Instructions**

**ROCKETOWN OF MIDDLE TENNESSEE**

**Exempt Organization Tax Return**

**Taxable Year Ended June 30, 2014**

**Date Due:** November 17, 2014

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/14 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

BLANKENSHIP CPA GROUP, PLLC  
215 WARD CIRCLE  
BRENTWOOD, TN 37027-2304

**OR FAX TO 615-658-9988**

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO IRS e-file Signature Authorization Form has been received by this office.

**Other:** Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

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

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2013, or fiscal year beginning 7/01, 2013, and ending 6/30, 20 14

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**2013**

Name of exempt organization

**ROCKETOWN OF MIDDLE TENNESSEE**

Employer identification number

**62-1571573**

Name and title of officer

**WILLIAM WRIGHT  
CHAIRMAN****Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>1,333,856</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **BLANKENSHIP CPA GROUP, PLLC** to enter my PIN  as my signature

ERO firm name

Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date ▶ **11/15/14****Part III Certification and Authentication**

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

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date ▶ **11/15/14****ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2013)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2013**  
Open to Public  
Inspection

**A** For the 2013 calendar year, or tax year beginning **07/01/13**, and ending **06/30/14**

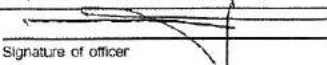
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROCKETOWN OF MIDDLE TENNESSEE</b>		<b>D</b> Employer identification number <b>62-1571573</b>
	Doing Business As:		<b>E</b> Telephone number <b>615-843-4001</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>601 FOURTH AVENUE SOUTH</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>NASHVILLE TN 37210</b>		<b>G</b> Gross receipts \$ <b>1,796,774</b>
	<b>F</b> Name and address of principal officer: <b>WILLIAM WRIGHT</b> <b>601 FOURTH AVENUE SOUTH</b> <b>NASHVILLE TN 37210</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: <b>WWW.ROCKETOWN.COM</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1994</b>	<b>M</b> State of legal domicile: <b>TN</b>

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		
Revenue	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	7b	Net unrelated business taxable income from Form 990-T, line 34		
		Prior Year	Current Year	
	8	945,077	898,657	
	9	195,116	222,844	
	10		0	
	11	311,841	212,355	
	12	1,452,034	1,333,856	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) <b>212,507</b>		
17		739,450	748,220	
18		1,469,851	1,536,855	
19		-17,817	-202,999	
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	
		21	Total liabilities (Part X, line 26)	
	22	Net assets or fund balances. Subtract line 21 from line 20		
		Beginning of Current Year	End of Year	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 		Date <b>11-15-14</b>	
	Type or print name and title <b>WILLIAM WRIGHT</b> <b>CHAIRMAN</b>			
Paid Preparer Use Only	Print/Type preparer's name <b>CAROL S. CRICK, CPA</b>		Preparer's signature	Date
	Firm's name <b>BLANKENSHIP CPA GROUP, PLLC</b>		Firm's EIN <b>45-0491842</b>	
	Firm's address <b>215 WARD CIRCLE</b> <b>BRENTWOOD, TN 37027-2304</b>		Phone no. <b>615-373-3771</b>	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

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

☒

1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **121,142** including grants of \$ ) (Revenue \$ **98,198** )**THE SIXTH AVENUE SKATEPARK**

ROCKETTOWN'S MISSION IS TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE. THE SKATEPARK OFFERS EVER-CHANGING EVER-COOL EXPERIENCES THAT ATTRACT KIDS AND OUR GOAL IS TO OFFER CREATIVE, SOCIAL AND SPIRITUAL PROGRAMS THROUGH THE SKATEPARK. IN FISCAL 2014, 15,470 KIDS PARTICIPATED IN SKATE-ORIENTED PROGRAMS.

4b (Code: ) (Expenses \$ **290,440** including grants of \$ ) (Revenue \$ **109,951** )**MUSIC VENUE AND COFFEEBAR**

ROCKETTOWN'S MISSION IS TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE. THE MUSIC VENUE OFFERS EVER-CHANGING EVER-COOL EXPERIENCES THAT ATTRACT KIDS AND OUR GOAL IS TO OFFER CREATIVE, SOCIAL AND SPIRITUAL PROGRAMS THROUGH THE MUSIC VENUE AND COFFEEBAR ENVIRONMENTS. IN FISCAL 2014, 21,733 KIDS PARTICIPATED IN THIS TYPE OF PROGRAM.

4c (Code: ) (Expenses \$ **616,209** including grants of \$ ) (Revenue \$ **14,695** )**OTHER PROGRAM SERVICES**

ROCKETTOWN'S MISSION IS TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE. ROCKETTOWN OFFERS JOB PREPAREDNESS AND LIFE-SKILL DEVELOPMENT THROUGH AFTERSCHOOL PROGRAMMING WITH OUR PARTNER, MCGAVOCK HIGH SCHOOL. WE ALSO OFFER CREATIVE, SOCIAL AND SPIRITUAL OPPORTUNITIES THAT ATTRACT KIDS LIKE DANCE CLASSES, SUMMER CAMPS, MUSIC LESSONS, ART LESSONS, AND BIBLE STUDIES. IN FISCAL 2014, 14,424 KIDS PARTICIPATED IN THIS TYPE OF PROGRAM.

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

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

4e Total program service expenses **1,027,791**



**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 24	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 72	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country: <b>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	X
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations. Enter:</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations. Enter:</b>		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	



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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LAUREN BROOKS** **601 4TH AVE SOUTH**  
**NASHVILLE** **TN 37203** **615-843-4001**



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

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

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>BOB YEAGER</b>	2.00									
SECRETARY	0.00	X						0	0	0
(2) <b>WILLIAM WRIGHT</b>	3.50									
CHAIRMAN	0.00	X		X				0	0	0
(3) <b>WALLY CONYERS</b>	2.50									
TREASURER	0.00	X		X				0	0	0
(4) <b>BETTY DICKENS</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(5) <b>MARK BLAZE</b>	2.50									
VICE CHAIRMAN	0.00	X						0	0	0
(6) <b>JUDITH BRACKEN</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(7) <b>CHAZ CORZINE</b>	2.50									
BOARD MEMBER	0.00	X						0	0	0
(8) <b>MICHELLE BURGESS</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(9) <b>KITTY MOON EMERY</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(10) <b>CHAD FERRARI</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(11) <b>AARON DORN</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) <b>MARK G' FRANCISCO</b>	0.50								
BOARD MEMBER	0.00	X					0	0	0
(13) <b>SEAN HENRY</b>	0.50								
BOARD MEMBER	0.00	X					0	0	0
(14) <b>BART LIDDLE</b>	0.50								
BOARD MEMBER	0.00	X					0	0	0
(15) <b>DAVID CLAY</b>	0.50								
BOARD MEMBER	0.00	X					0	0	0
(16) <b>CHARLOTTE GOLDSTON</b>	0.50								
BOARD MEMBER	0.00	X					0	0	0
(17) <b>COOPER SAMUELS</b>	0.50								
BOARD MEMBER	0.00	X					0	0	0
(18) <b>EMMETT TURNER</b>	0.50								
BOARD MEMBER	0.00	X					0	0	0
(19) <b>BOB WOOD</b>	0.50								
BOARD MEMBER	0.00	X					0	0	0
<b>1b Sub-total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>59,786</b>		
<b>d Total (add lines 1b and 1c)</b>							<b>59,786</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KENT WOOD</b>	0.50									
BOARD MEMBER	0.00	X						0	0	0
(13) <b>MICHAEL W. SMITH</b>	0.13									
FOUNDER	0.00	X						0	0	0
(14) <b>MARK EZELL</b>	0.13									
CO-FOUNDER	0.00	X						0	0	0
(15) <b>JAMES MALLORY</b>	40.00									
EXECUTIVE DIRECTOR	0.00			X				59,786	0	0
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>								<b>59,786</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	318,562				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	59,480				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	520,615				
	<b>g</b> Noncash contributions included in lines 1a-1f	\$					
	<b>h</b> Total. Add lines 1a-1f		898,657				
	<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE REVENUE	Busn. Code	222,844	222,844		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g</b> Total. Add lines 2a-2f			222,844				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
		<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real 330,713 (ii) Personal					
	<b>b</b> Less: rental exps	248,767					
	<b>c</b> Rental inc. or (loss)	81,946					
	<b>d</b> Net rental income or (loss)		81,946		3,663	78,283	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ 318,562 of contributions reported on line 1c). See Part IV, line 18	a 9,912					
	<b>b</b> Less: direct expenses	b 22,920					
	<b>c</b> Net income or (loss) from fundraising events		-13,008				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	a					
	<b>b</b> Less: direct expenses	b					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	a 334,648						
<b>b</b> Less: cost of goods sold	b 191,231						
<b>c</b> Net income or (loss) from sales of inventory		143,417	143,417				
<b>Miscellaneous Revenue</b>	<b>11a</b>	Busn. Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e</b> Total. Add lines 11a-11d						
	<b>12</b> Total revenue. See instructions.		1,333,856	366,261	3,663	78,283	



**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	59,786		59,786	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	639,665	452,410	79,325	107,930
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	38,736	28,588	7,336	2,812
10 Payroll taxes	50,448	33,022	8,977	8,449
11 Fees for services (non-employees):				
a Management				
b Legal	1,855		1,855	
c Accounting	11,900		11,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	112,151	70,555	39,208	2,388
12 Advertising and promotion	20,731	18,022	789	1,920
13 Office expenses	37,938	14,265	21,677	1,996
14 Information technology				
15 Royalties				
16 Occupancy	110,649	93,718		16,931
17 Travel	10,363	9,111	136	1,116
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	164,456	131,565		32,891
23 Insurance	58,408	44,836		13,572
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	59,930	49,812	1,430	8,688
b FOOD AND ENTERTAINMENT	36,124	24,478	4,903	6,743
c TAXES AND LICENSES	36,015	18,551	17,142	322
d REPAIRS AND MAINTENANCE	33,612	22,998	8,797	1,817
e All other expenses	54,088	15,860	33,296	4,932
25 Total functional expenses. Add lines 1 through 24e	1,536,855	1,027,791	296,557	212,507
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	252,837	1	186,631
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	9,150	3	7,350
	4 Accounts receivable, net	28,006	4	55,802
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	36,653	8	40,104
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,184,271		
	b Less: accumulated depreciation	10b 1,049,037	6,522,588	10c 7,135,234
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	10,599	15	15,599
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	6,859,833	16	7,440,720	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	114,611	17	72,317
	18 Grants payable		18	
	19 Deferred revenue		19	70,636
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	755,544
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	114,611	26	898,497
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,706,499	27	6,529,859
	28 Temporarily restricted net assets	33,723	28	2,364
	29 Permanently restricted net assets	5,000	29	10,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	6,745,222	33	6,542,223
34 <b>Total liabilities and net assets/fund balances</b>	6,859,833	34	7,440,720	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,333,856
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,536,855
3	Revenue less expenses. Subtract line 2 from line 1	3	-202,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,745,222
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,542,223

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

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

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

**ROCKETOWN OF MIDDLE TENNESSEE**

Employer identification number

**62-1571573****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

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

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

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

Schedule A (Form 990 or 990-EZ) 2013



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> Total. Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> Total support. Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	609,561	1,215,899	577,148	945,077	908,569	4,256,254
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	532,460	556,483	664,567	537,522	567,404	2,858,436
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5	1,142,021	1,772,382	1,241,715	1,482,599	1,475,973	7,114,690
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	150,000	669,000	229,040	379,439	374,235	1,801,714
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b	150,000	669,000	229,040	379,439	374,235	1,801,714
<b>8</b> Public support (Subtract line 7c from line 6.)						5,312,976

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	1,142,021	1,772,382	1,241,715	1,482,599	1,475,973	7,114,690
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,058	201,428	250,103	287,920	325,563	1,136,072
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	71,058	201,428	250,103	287,920	325,563	1,136,072
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			2,494	22,907	2,663	28,064
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				8,168		8,168
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	1,213,079	1,973,810	1,494,312	1,801,594	1,804,199	8,286,994
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	64.11 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	66.73 %

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	14 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	13 %

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

**OTHER INCOME** \$ **8,168**

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

**ROCKETOWN OF MIDDLE TENNESSEE**

Employer identification number

**62-1571573**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization

ROCKETOWN OF MIDDLE TENNESSEE

Employer identification number

62-1571573

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WAYNE HUGHES 22917 PACIFIC COAST HWY SUITE 300 MALIBU CA 90265	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE MEMORIAL FOUNDATION 100 BLUEGRASS COMMONS BLVD, STE 320 HENDERSONVILLE TN 37075	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TN DEPT OF EDUCATION 5TH FLOOR ANDREW JACKSON TOWER 710 JAMES ROBERTSON PARKWAY NASHVILLE TN 37243	\$ 59,480	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GENESCO INC 1415 MURFREESBORO ROAD, SUITE 264 NASHVILLE TN 37217	\$ 50,293	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BAPTIST HEALING TRUST 1919 CHARLOTTE AVE STE 320 NASHVILLE TN 37203	\$ 37,957	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CAL TURNER FAMILY FOUNDATION 138 SECOND AVENUE N SUITE 200 NASHVILLE TN 37201	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ROCKETOWN OF MIDDLE TENNESSEE

Employer identification number

62-1571573

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CMA FOUNDATION ONE MUSIC CIRCLE SOUTH NASHVILLE TN 37203	\$ 39,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HCA FOUNDATION ONE PARK PLAZA, BLDG I-4 EAST NASHVILLE TN 37203	\$ 29,029	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ADVOCARE INTERNATIONAL 2801 SUMMIT AVENUE PLANO TX 75074	\$ 28,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MICHAEL AND CARRIE FISHER 1920 ADELICIA STREET, SUITE 300 NASHVILLE TN 37212	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ROCKETOWN TOURS, INC 109 WESTPARK DRIVE, SUITE 400 BRENTWOOD TN 37027	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	KINDRED HEALTHCARE 680 SOUTH FOURTH STREET LOUISVILLE KY 40202	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ROCKETOWN OF MIDDLE TENNESSEE</b>	Employer identification number <b>62-1571573</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DAVID AND JANET BLACKWELL 34 S. SALEM DRIVE SCHAUMBURG IL 60193	\$ 21,159	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

ROCKETOWN OF MIDDLE TENNESSEE

Employer identification number

62-1571573

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

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

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$



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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.**

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,367,032		2,367,032
b Buildings		5,143,236	463,113	4,680,123
c Leasehold improvements				
d Equipment		674,003	585,924	88,079
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,135,234

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,796,774
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	462,918
e	Add lines 2a through 2d	2e	462,918
3	Subtract line 2e from line 1	3	1,333,856
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,333,856

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

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

1	Total expenses and losses per audited financial statements	1	1,999,773
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	462,918
e	Add lines 2a through 2d	2e	462,918
3	Subtract line 2e from line 1	3	1,536,855
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,536,855

**Part XIII Supplemental Information**

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

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

COST OF GOODS SOLD	\$	191,231
SPECIAL EVENT EXPENSES	\$	22,920
PARKING REVENUE EXPENSES	\$	1,487
BUILDING RENT EXPENSES	\$	247,280

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

COST OF GOODS SOLD	\$	191,231
SPECIAL EVENT EXPENSES	\$	22,920
PARKING REVENUE EXPENSES	\$	1,487
BUILDING RENT EXPENSES	\$	247,280

**Part XIII Supplemental Information (continued)**

Supplemental information area with horizontal lines for text entry.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

**ROCKETOWN OF MIDDLE TENNESSEE**

Employer identification number

**62-1571573****Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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

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

		(a) Event #1 <b>FUNDRAISING EVE</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	328,474			328,474
	2 Less: Contributions	318,562			318,562
	3 Gross income (line 1 minus line 2)	9,912			9,912
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	22,920			22,920
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,920
11 Net income summary. Subtract line 10 from line 3, column (d)				-13,008	

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |

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

Name ▶ .....

Address ▶ .....

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

Name ▶ .....

Address ▶ .....

- 16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

**ROCKETOWN OF MIDDLE TENNESSEE****62-1571573****FORM 990 - ORGANIZATION'S MISSION**

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

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

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

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

AFTER SCHOOL PROGRAMS AND SUMMER CAMPS

**FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS**

POLICIES AND PROCEDURES FOR GOVERNING CHAPTERS ARE BEING DEVELOPED

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

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

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

THE BOARD GOVERNANCE COMMITTEE ANNUALLY ISSUES THE CONFLICT OF INTEREST



Name of the organization

ROCKETOWN OF MIDDLE TENNESSEE

Employer identification number

62-1571573

POLICY AND REVIEWS THESE ANNUALLY AT BOARD MEMBER RENEWAL IN JULY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE. THE 990 IS ALSO AVAILABLE THROUGH THE WEBSITE

GUIDESTAR.COM. ALL OTHER ORGANIZING DOCUMENTS ARE AVAILABLE UPON REQUEST.

## ROCKTOW ROCKETOWN OF MIDDLE TENNESSEE

62-1571573

## Federal Asset Report

FYE: 6/30/2014

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
34	2 STAINLESS STEEL TABLES	1/10/03	400			400	10 MO S/L	400	0
36	5 COMPARTMENT FILE CABINET	2/05/03	607			607	10 MO S/L	607	0
38	GREEN ROOM FURNITURE	1/10/03	1,411			1,411	10 MO S/L	1,411	0
64	SKATE PARK RAMPS	1/06/03	200,662			200,662	10 MO S/L	200,662	0
65	RANCILIO ESPRESSO MACHINE	1/10/03	6,400			6,400	10 MO S/L	6,400	0
67	3 COMPARTMENT SINK	1/10/03	796			796	10 MO S/L	796	0
71	SOUND & LIGHTS SYSTEM	1/10/03	222,658			222,658	10 MO S/L	222,658	0
83	SKATE PARK RAMP IMPROVEMENTS	5/20/04	4,147			4,147	10 MO S/L	3,767	380
95	MAC COMPUTER	11/09/05	1,222			1,222	5 MO S/L	1,222	0
103	Delta Stage Lighting	4/01/08	1,668			1,668	5 MO S/L	1,668	0
104	Server HV3P	5/28/08	3,650			3,650	5 MO S/L	3,650	0
105	Imac Computer 20/2.4/	6/30/08	1,199			1,199	5 MO S/L	1,199	0
106	Indoor Security	8/08/07	2,100			2,100	7 MO S/L	1,775	300
108	Delta Stage Lighting SN F07516	4/15/09	4,790			4,790	7 MO S/L	2,908	685
109	Refurb Mac 20" (4)	4/19/10	4,388			4,388	5 MO S/L	2,779	878
110	Amazon Coin Counter	6/03/10	214			214	5 MO S/L	132	43
111	General Bank Supply	6/03/10	279			279	5 MO S/L	172	56
112	Mercury Supply Zambonie	6/15/10	5,565			5,565	10 MO S/L	1,716	556
113	Ice-o-matic Ice Machine	6/14/10	4,192			4,192	5 MO S/L	2,585	838
114	Glass Countertop Showcase	6/15/10	2,630			2,630	7 MO S/L	1,158	376
115	GHA Tech - Wireless Access Point	5/19/10	214			214	5 MO S/L	132	43
116	GHA Tech - Wireless Access Point - 2 Addi	5/26/10	1,193			1,193	3 MO S/L	1,193	0
117	Palos Sports - Basketball Goals (2)	6/03/10	1,404			1,404	10 MO S/L	433	140
118	Land - 601 4th Avenue South	3/01/10	2,367,032			2,367,032	0 -- Land	0	0
134	RC Mathews - Constructn pmt #13	6/07/11	459			459	39 MO S/L	24	12
135	RC Mathews - Constructn pmt #12	5/02/11	30,648			30,648	39 MO S/L	1,681	776
136	SC&A parking lot engineer (25%)	4/01/11	2,118			2,118	39 MO S/L	121	53
137	Drapery & Track system	4/20/11	13,077			13,077	39 MO S/L	717	331
138	RC Mathews - Constructn pmt #11	4/07/11	35,764			35,764	39 MO S/L	2,037	906
139	SC&A parking lot engineer (75%)	3/01/11	6,381			6,381	39 MO S/L	377	161
140	RC Mathews - Constructn pmt #10	3/10/11	22,056			22,056	39 MO S/L	1,303	558
141	RC Mathews - Constructn pmt #9	2/07/11	13,434			13,434	39 MO S/L	822	340
142	Metro Water Permit - prking lot	2/14/11	400			400	39 MO S/L	24	11
143	RC Mathews - Constructn pmt #8	1/05/11	13,391			13,391	39 MO S/L	848	339
144	RC Mathews - Constructn pmt #7	12/06/10	211,677			211,677	39 MO S/L	13,844	5,359
145	RC Mathews - Constructn pmt #6	11/16/10	402,517			402,517	39 MO S/L	26,325	10,190
146	Legal Fees for Grooms Bldg Acqu	11/22/10	9,683			9,683	39 MO S/L	633	245
147	Addtl light @ women's stall sk8	11/17/10	430			430	39 MO S/L	28	11
148	Addtl light at men's urinal sk8	11/17/10	430			430	39 MO S/L	28	11
149	Addtl light at drinking fn	11/17/10	580			580	39 MO S/L	38	15
150	Addtl 4' track fixtures under r	11/17/10	1,290			1,290	39 MO S/L	84	33
151	Addtl fixture in women's stall	11/17/10	430			430	39 MO S/L	28	11
152	Addtl men's urinal upper level	11/17/10	430			430	39 MO S/L	28	11
153	RC Mathews - Constructn pmt #5	10/07/10	199,439			199,439	39 MO S/L	13,885	5,049
154	RC Mathews - Constructn pmt #3	9/08/10	226,900			226,900	39 MO S/L	16,276	5,744
155	RC Mathews - Constructn pmt #4	9/10/10	103,256			103,256	39 MO S/L	7,407	2,614
156	RC Mathews - Constructn pmt #2	8/04/10	600,134			600,134	39 MO S/L	44,314	15,193
157	Re-terminate voice drops	8/16/10	1,005			1,005	39 MO S/L	72	25
158	Prod Svcs for 2010 RCKTWN	7/26/10	3,000			3,000	39 MO S/L	222	75
159	307' data drop for wireless bri	7/30/10	358			358	39 MO S/L	26	9
160	Core drills for security room	7/30/10	679			679	39 MO S/L	50	17
161	Low voltage cabling #2	7/30/10	2,073			2,073	39 MO S/L	153	53
162	Stands for duct work on roof	7/23/10	918			918	39 MO S/L	68	23
163	Flash curbs on Grooms Building	7/30/10	36,873			36,873	39 MO S/L	2,723	933
164	Grooms - architect #4	7/01/10	2,180			2,180	39 MO S/L	166	55
165	Grooms Bldg - cabinet signs (3)	8/02/10	12,629			12,629	39 MO S/L	933	319
166	Schlage door locks (3 addtl)	8/09/10	561			561	39 MO S/L	41	15
167	Vanity Lighting Upgrade	5/25/11	1,760			1,760	15 MO S/L	244	118
168	Elec Power from wall to stage	9/07/10	3,437			3,437	15 MO S/L	649	229
169	Electric mtls/install for stage	8/25/10	846			846	15 MO S/L	160	56
170	Flash curbs on White Bldg roof	7/30/10	6,300			6,300	15 MO S/L	1,225	420
171	Small interior signs	8/05/10	3,870			3,870	5 MO S/L	2,258	774
172	Phone System & Installation #2	8/10/10	1,250			1,250	5 MO S/L	729	250
173	DCR POS System - 50% deposit	7/22/10	7,088			7,088	5 MO S/L	4,135	1,418
174	Phone System & Installation	7/20/10	7,653			7,653	5 MO S/L	4,464	1,531
175	SpecoTech DVR & Surge Protector	7/30/10	1,688			1,688	5 MO S/L	985	337
176	Mackie Active Speaker(2)	5/27/11	990			990	5 MO S/L	413	198
177	Electrical repair for dimmer	12/22/10	562			562	5 MO S/L	281	112

## ROCKTOW ROCKETOWN OF MIDDLE TENNESSEE

62-1571573

## Federal Asset Report

FYE: 6/30/2014

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
184	TC Elec Rhythm Dly	7/01/10	450				450	5 MO S/L	270	90
185	Soundcraft RW5676 32ch Mixer	7/29/10	1,820				1,820	5 MO S/L	1,062	364
186	Whirlwind 50ft/12ch snake (3)	7/29/10	711				711	5 MO S/L	415	142
187	Drawmer MX40 Punch Gates (3)	7/29/10	2,164				2,164	5 MO S/L	1,262	433
188	CBI MT32BLB/C15NPX Snake	8/11/10	463				463	5 MO S/L	270	93
189	CBI SPR484008X150 48ch inputs	8/11/10	1,345				1,345	5 MO S/L	785	269
190	MX300 Stereo Reverb Processor	7/15/10	224				224	5 MO S/L	134	45
191	Sennheiser Drum mic (2)	7/12/10	563				563	5 MO S/L	338	113
192	Lexicon mx200 reverb	7/12/10	200				200	5 MO S/L	120	40
193	1231 Dual 31-Band Graphic EQ(2)	7/16/10	659				659	5 MO S/L	384	132
194	160A Compressor/Limiter (4)	7/16/10	1,383				1,383	5 MO S/L	807	277
195	Lights/truss/etc - Main Venue	7/21/10	13,560				13,560	5 MO S/L	7,910	2,712
196	Custom Acoustic Baffles (16)	7/07/10	10,000				10,000	5 MO S/L	6,000	2,000
197	Art Railing System in Flex Rm	9/30/10	996				996	5 MO S/L	548	199
198	4.5 Frigerators (2)	9/01/10	280				280	5 MO S/L	159	56
199	ECB 4' snack counter	7/02/10	348				348	5 MO S/L	209	70
200	ECB "Open" sing	8/02/10	217				217	5 MO S/L	127	43
201	Black Bar Stool (10)	7/26/10	2,160				2,160	5 MO S/L	1,260	432
202	Black Loveseat (3)	7/26/10	1,287				1,287	5 MO S/L	751	257
203	Black Lounge Chairs (4)	7/26/10	1,156				1,156	5 MO S/L	674	232
204	Sink & faucet for ECB	7/12/10	416				416	5 MO S/L	250	83
205	Baker's Pride Oven - deposit	7/28/10	200				200	5 MO S/L	117	40
206	Skateshop mirrors (2)	8/06/10	8				8	5 MO S/L	5	1
207	6" Showcase Black (2)	7/02/10	518				518	5 MO S/L	311	103
208	4' Showcase Black	7/02/10	219				219	5 MO S/L	131	44
209	SK8 White Birch display	7/23/10	159				159	5 MO S/L	93	32
210	SK8 6' full vision case	7/02/10	197				197	5 MO S/L	118	40
211	Handrails for skatepark	8/02/10	669				669	5 MO S/L	390	134
212	Ryder Weedeater	5/20/11	199				199	5 MO S/L	83	40
213	Propellerhead Record	5/23/11	300				300	5 MO S/L	125	60
214	Flip Cameras (4)	4/15/11	656				656	5 MO S/L	295	131
215	Addtl Camlocks @ stage lightg p	12/01/10	1,014				1,014	5 MO S/L	524	203
216	Step&Repeat Banner	11/12/10	440				440	5 MO S/L	235	88
217	Schlage door locks (5 addtl)	9/10/10	520				520	5 MO S/L	295	104
218	Data drop for main venue POS	10/29/10	310				310	5 MO S/L	165	62
219	Century .3x Fisheye Adaptor	10/26/10	700				700	5 MO S/L	373	140
220	Panasonic AG-DVX100A Camcorder	10/26/10	1,275				1,275	5 MO S/L	680	255
221	Phone System & Installation #3	10/15/10	1,250				1,250	5 MO S/L	688	250
222	Solerant POS/Netwrk install/trg	9/21/10	1,785				1,785	5 MO S/L	982	357
223	7.5 Cart from Home Depot	9/08/10	154				154	5 MO S/L	87	31
224	78x48x18 cabinets (3)	8/05/10	889				889	5 MO S/L	519	178
225	Mandy's Computer	8/25/10	699				699	5 MO S/L	396	140
226	4'x12' PSV Print (new logo)	9/08/10	388				388	5 MO S/L	220	77
227	Roll'g bskt for leg storage(2)	9/01/10	1,000				1,000	5 MO S/L	567	200
228	Wheels for deck storage (12)	9/01/10	600				600	5 MO S/L	340	120
229	3' skirt panels for stage (2)	9/01/10	400				400	5 MO S/L	227	80
230	3' step units for stage (2)	9/01/10	2,500				2,500	5 MO S/L	1,417	500
231	3' legs for stage (120)	9/01/10	3,000				3,000	5 MO S/L	1,700	600
232	4" extrusion decks (28)	9/01/10	21,000				21,000	5 MO S/L	11,900	4,200
233	Aluminum truss bases (2)	9/03/10	480				480	5 MO S/L	272	96
234	Strobe & BBS Backbox (2)	8/16/10	773				773	5 MO S/L	438	155
235	Dance studio equip	8/09/10	1,181				1,181	5 MO S/L	689	236
236	Black Cat5E cable	7/30/10	868				868	5 MO S/L	506	174
237	Fire Alm Equip/Instl - Grooms	7/30/10	22,535				22,535	5 MO S/L	13,145	4,507
238	Security & CCTV Eq - Grooms	7/30/10	31,960				31,960	5 MO S/L	18,643	6,392
239	iPad serial#DLXF9LFXDKPH	5/26/11	499				499	5 MO S/L	208	100
240	iPad serial#DLXF9HCWDKPH	5/26/11	499				499	5 MO S/L	208	100
241	2 Year Warranty on Server	5/31/11	1,122				1,122	5 MO S/L	468	224
242	Avid VSSD Pro Tools software	5/23/11	249				249	5 MO S/L	104	50
243	HP Laserjet P2035 - Finance	4/11/11	214				214	5 MO S/L	96	43
244	(2) Office Mac Home 3 lic pack	2/04/11	285				285	5 MO S/L	138	57
245	(4) Apple Final Cut Exp 4 sftwr	2/04/11	756				756	5 MO S/L	366	151
246	Ext harddrive & RAM - recording	2/04/11	475				475	5 MO S/L	230	95
247	(2) 21.5" iMacs-Computer lab	2/04/11	2,278				2,278	5 MO S/L	1,101	456
248	(2) 21.5" iMacs-Coffeabar	2/04/11	2,278				2,278	5 MO S/L	1,101	456
249	Finance Computer & Monitor	12/23/10	735				735	5 MO S/L	368	147
250	59" Metal Bookcase (replacement)	1/07/11	231				231	5 MO S/L	115	47
251	DCR POS System - 50% balance	8/25/10	6,899				6,899	5 MO S/L	3,910	1,379
252	Battery Backup	7/21/10	719				719	5 MO S/L	419	144
253	Dell PC 3548P	7/23/10	976				976	5 MO S/L	569	195
254	Wireless Routers	7/21/10	679				679	5 MO S/L	396	136

## ROCKTOW ROCKETOWN OF MIDDLE TENNESSEE

62-1571573

## Federal Asset Report

FYE: 6/30/2014

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
255	POS Machines	7/26/10	4,057			4,057	5 MO S/L	2,367	811
256	Landscaping at Grooms Bldg	8/04/10	5,505			5,505	15 MO S/L	1,071	367
257	RC Mathews - Construction payment #1	8/06/10	1,134,833			1,134,833	39 MO S/L	83,796	28,730
258	Building Additions (CIP Transfer)	7/01/10	1,082,681			1,082,681	39 MO S/L	82,229	27,410
259	Equipment	8/13/10	160			160	5 MO S/L	93	32
260	Equipment	7/16/10	2,039			2,039	5 MO S/L	1,190	407
261	Skatepark Improvements	7/01/10	1,944			1,944	5 MO S/L	1,167	388
262	Cooler Door	12/07/11	902			902	5 MO S/L	285	181
263	Dell Latitude computer	3/21/12	975			975	5 MO S/L	244	195
266	Curtain and rigging points (3)	1/18/12	1,032			1,032	5 MO S/L	292	207
268	RC Mathews Construction payment #14	10/03/11	22,914			22,914	39 MO S/L	1,015	580
269	RC Mathews Construction Payment #15	10/31/11	54,585			54,585	39 MO S/L	2,303	1,382
270	RC Mathews Constructon Payment #16	11/30/11	48,365			48,365	39 MO S/L	1,939	1,224
271	RC Mathews Construction Payment #17	1/01/12	1,282			1,282	39 MO S/L	49	32
272	Concrete Art	10/18/11	2,150			2,150	39 MO S/L	91	54
274	Mac Authority- Ipad?	7/29/11	698			698	5 MO S/L	268	139
275	Donated mic & equipment	12/16/11	959			959	5 MO S/L	288	192
276	Amp Rack & Amps	12/28/12	2,500			2,500	5 MO S/L	250	500
277	Wireless Controller	11/15/12	2,971			2,971	5 MO S/L	396	594
278	Structured Cabling	10/17/12	1,600			1,600	5 MO S/L	213	320
279	Rebuilt Server	9/24/12	1,422			1,422	5 MO S/L	213	285
280	Network Setup	9/28/12	3,000			3,000	5 MO S/L	450	600
281	Antivirus Liscenses	9/14/12	840			840	5 MO S/L	140	168
284	Snake	9/05/12	2,800			2,800	5 MO S/L	467	560
285	MacBook Pro	4/24/13	1,773			1,773	5 MO S/L	59	355
286	Land Improvements	1/17/13	17,230			17,230	15 MO S/L	479	1,148
287	Console	12/28/12	3,500			3,500	5 MO S/L	350	700
288	Acrionis backup and Recovery	9/14/12	1,700			1,700	5 MO S/L	283	340
289	Windows Server 2012 Liscence 2	9/14/12	1,944			1,944	5 MO S/L	324	389
290	Digital ITB Harddrive	9/14/12	560			560	5 MO S/L	93	112
291	Dell power edge r420 server	9/19/12	6,425			6,425	5 MO S/L	964	1,285
292	Canon EOS Rebel T4i	2/20/13	1,458			1,458	5 MO S/L	97	292
293	Canon Rebel Ti3	7/09/12	865			865	5 MO S/L	173	173
294	HD Hero 3-Camera	2/20/13	570			570	5 MO S/L	38	114
295	Cannon EF 75 Lens-Camera	2/20/13	225			225	5 MO S/L	15	45
296	Server Set up	9/01/12	800			800	5 MO S/L	133	160
297	Server set up	5/20/13	799			799	5 MO S/L	13	160
298	Cisco with Smart Net	9/01/12	1,500			1,500	5 MO S/L	250	300
299	Building 522&526 5th Ave S	5/27/14	755,544			755,544	39 MO S/L	0	1,594
300	Espresso Machine	8/30/13	1,100			1,100	5 MO S/L	0	183
301	Pro Tools Rig	10/15/13	2,000			2,000	5 MO S/L	0	300
302	Shop Keek iPads	3/31/14	7,178			7,178	5 MO S/L	0	359
303	Shop Keep receipt printer, cash drawers etc	4/30/14	2,083			2,083	5 MO S/L	0	69
304	KidTrax software	5/21/14	9,198			9,198	5 MO S/L	0	153
Total Other Depreciation			8,184,273			8,184,273		884,587	164,456
Total ACRS and Other Depreciation			8,184,273			8,184,273		884,587	164,456
Grand Totals			8,184,273			8,184,273		884,587	164,456
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			8,184,273			8,184,273		884,587	164,456



ROCKTOW ROCKETOWN OF MIDDLE TENNESSEE

62-1571573

FYE: 6/30/2014

# Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PERSONNEL	\$ 20,668	\$ 20,172	\$ 196	\$ 300
OTHER	91,483	50,383	39,012	2,088
TOTAL	\$ 112,151	\$ 70,555	\$ 39,208	\$ 2,388

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 20,309	\$ 6,455	\$ 13,492	\$ 362
BANK FEES	10,698	22	10,193	483
TUITION AND TRAINING	6,976	2,607	3,894	475
DUES & SUBSCRIPTIONS	5,878	953	2,170	2,755
GIFTS	4,804	619	3,328	857
MINOR EQUIPMENT	4,361	4,142	219	
SPECIAL EVENTS	787	787		
OUTREACH	275	275		
TOTAL	\$ 54,088	\$ 15,860	\$ 33,296	\$ 4,932

ROCKTOW ROCKETOWN OF MIDDLE TENNESSEE

62-1571573

FYE: 6/30/2014

**Federal Statements**

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

Description	Amount
PROGRAM SERVICE REVENUE	\$ 222,844
OTHER REVENUE	
GAIN/LOSS ON SALE OF ASSETS	
COFFEE SUPPLIES AND SKATE P	334,648
FUNDRAISING EVENT	9,912
TOTAL	\$ 567,404

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

Donor Name	2009	2010	2011	2012	2013
GENESCO	\$	\$ 27,000	\$ 60,000	\$ 50,000	\$ 50,293
WAYNE HUGHES				115,000	50,000
BAPTIST HEALING TRUST	12,500		43,040	44,610	37,957
MICHAEL W SMITH	50,000	20,000	41,000	49,439	35,000
CAL TURNER FAMILY FOUNDATION PF	55,000	500,000		30,000	30,000
HCA FOUNDATION PF	12,500	50,000	25,000	8,535	29,029
ADVOCARE INTERNATIONAL					28,000
KINDRED HEALTHCARE					25,000
MIKE AND CARRIE FISHER			25,000	25,000	25,000
DAVID & JANET BLACKWELL					21,159
JUDITH BRACKEN				14,500	9,503
MICHELLE BURGESS					5,450
BOB AND JANIE YEAGER	10,000	27,000	10,000	5,000	5,000
KENT WOOD				3,640	4,500
CHARLOTTE GOLDSTON					3,308
CHAD FERRARI				3,000	3,227
MARK & MARTHA EZELL	10,000			5,000	3,000
BETTY DICKENS				5,022	2,641
BART LIDDLE					1,110
EMMETT TURNER				1,000	1,000
WILLIAM WRIGHT				380	825
KITTY MOON				2,800	820
SEAN HENRY				500	675
ROBERT WOOD				2,550	500
CHAZ CORZINE				3,033	420

ROCKTOW ROCKETOWN OF MIDDLE TENNESSEE

62-1571573

FYE: 6/30/2014

**Federal Statements**

**Schedule A, Part III, Line 7a - Support from Disqualified Persons (continued)**

Donor Name	2009	2010	2011	2012	2013
WALTER CONYERS	\$	\$	\$	\$ 3,500	\$ 308
MARK BLAZE				6,250	300
MARKG - FRANCISCO				180	110
DAVID CLAY					100
JANET MCDONALD				500	
LOUIS AND BETTY PHILLIPS FDN		45,000	25,000		
TOTAL	\$ 150,000	\$ 669,000	\$ 229,040	\$ 379,439	\$ 374,235

**Schedule A, Part III, Line 11**

Description	Amount
PARKING	\$ 3,663
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 2,663