

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BOYS & GIRLS CLUBS OF MIDDLE TN INC		D Employer identification number 62-0540402
		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number
		P. O. BOX 110268		615-833-2368
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37222		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶ **WWW.BGCMT.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,129,143.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	1,268,644.	
	b Indirect public support	1b	213,776.	
	c Government contributions (grants)	1c	739,522.	
	d Total (add lines 1a through 1c) (cash \$ 2,221,942. noncash \$)	1d	2,221,942.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	148,475.	
	3 Membership dues and assessments	3	17,827.	
	4 Interest on savings and temporary cash investments	4	35,986.	
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7			
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		179,965.	8a	
	b Less: cost or other basis and sales expenses	178,095.	8b	
	c Gain or (loss) (attach schedule)	1,870.	8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2	8d	1,870.
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	499,865.	
	b Less: direct expenses other than fundraising expenses	9b	183,175.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 3	9c	316,690.
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11	25,083.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,767,873.		
Expenses	13 Program services (from line 44, column (B))	13	1,863,502.	
	14 Management and general (from line 44, column (C))	14	439,129.	
	15 Fundraising (from line 44, column (D))	15	206,141.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	2,508,772.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	259,101.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,010,411.	
	20 Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 4	20	<23,386.>
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,246,126.	

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

Form 990 (2004)

Part II Statement of Functional Expenses

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

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 8,500, noncash \$)	22 8,500.	8,500.	STATEMENT 8	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 329,680.	236,479.	62,573.	30,628.
26	Other salaries and wages	26 971,560.	696,857.	184,408.	90,295.
27	Pension plan contributions	27 66,270.	40,528.	17,865.	7,877.
28	Other employee benefits	28 66,515.	40,687.	17,919.	7,909.
29	Payroll taxes	29 117,841.	72,083.	31,746.	14,012.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 71,581.	56,463.	8,749.	6,369.
34	Telephone	34 40,943.	33,352.	3,404.	4,187.
35	Postage and shipping	35 4,972.	732.	1,185.	3,055.
36	Occupancy	36 109,966.	105,401.	2,290.	2,275.
37	Equipment rental and maintenance	37 12,193.	10,993.	424.	776.
38	Printing and publications	38 5,499.	1,789.	243.	3,467.
39	Travel	39 35,855.	28,398.	3,310.	4,147.
40	Conferences, conventions, and meetings	40 12,505.	3,884.	4,180.	4,441.
41	Interest	41 15,371.		15,371.	
42	Depreciation, depletion, etc. (attach schedule) ...	42 177,040.	164,624.	6,208.	6,208.
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 5	43e 462,481.	362,732.	79,254.	20,495.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 2,508,772.	1,863,502.	439,129.	206,141.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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

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

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

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

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

a	SEE STATEMENT 7		
		(Grants and allocations \$ 8,500.)	1,863,502.
b			
		(Grants and allocations \$)	
c			
		(Grants and allocations \$)	
d			
		(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,863,502.

Part IV Balance Sheets

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	27,389.	46 168,030.
	47 a Accounts receivable 47a 55,112.		
	b Less: allowance for doubtful accounts 47b	79,480.	47c 55,112.
	48 a Pledges receivable 48a 421,726.		
	b Less: allowance for doubtful accounts 48b	423,420.	48c 421,726.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable 51a		
	b Less: allowance for doubtful accounts 51b		51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	10,019.	53 8,073.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis 55a 3,552,587.		
	b Less: accumulated depreciation 55b 1,496,353.	2,157,403.	55c 2,056,234.
56 Investments - other		56	
57 a Land, buildings, and equipment: basis 57a			
b Less: accumulated depreciation 57b		57c	
58 Other assets (describe ► SEE STATEMENT 9)	918,843.	58 908,928.	
59 Total assets (add lines 45 through 58) (must equal line 74)	3,616,554.	59 3,618,103.	
Liabilities	60 Accounts payable and accrued expenses	297,046.	60 109,822.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ► SEE STATEMENT 10)	309,097.	65 262,155.
66 Total liabilities (add lines 60 through 65)	606,143.	66 371,977.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,215,362.	67 2,433,898.
	68 Temporarily restricted	436,846.	68 454,025.
	69 Permanently restricted	358,203.	69 358,203.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	3,010,411.	73 3,246,126.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,616,554.	74 3,618,103.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	2,954,362.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ <23,386.>		
(2)	Donated services and use of facilities \$ 26,700.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	3,314.
c	Line a minus line b	c	2,951,048.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): STMT 11 \$ <183,175.>		
	Add amounts on lines (1) and (2)	d	<183,175.>
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,767,873.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	2,718,647.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 26,700.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	26,700.
c	Line a minus line b	c	2,691,947.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): STMT 12 \$ <183,175.>		
	Add amounts on lines (1) and (2)	d	<183,175.>
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,508,772.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TONY HIGGINBOTHAM P.O. BOX 110268 NASHVILLE, TN 37222	PRESIDENT/CEO 40 HRS/WEEK	138,000.	1,886.	0.
SUSAN HOSBACH P.O. BOX 110268 NASHVILLE, TN 37222	VP OF RESOURCE DEVELOPMENT 40 HRS/WEEK	75,480.	14,334.	0.
ROYCE FENTRESS P.O. BOX 110268 NASHVILLE, TN 37222	VP OF OPERATIONS 40 HRS/WEEK	61,200.	10,491.	0.
ANGIE LITHGOW P.O. BOX 110268 NASHVILLE, TN 37222	VP FINANCE/ADMINISTRATION 40 HRS/WEEK	55,000.	619.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS	5 HRS/MONTH	0.	0.	0.

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

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 26,700.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a List the states with which a copy of this return is filed <input checked="" type="checkbox"/> TENNESSEE		
b Number of employees employed in the pay period that includes March 12, 2004 90b 68		
91 The books are in care of <input checked="" type="checkbox"/> ANGIE LITHGOW Telephone no. <input checked="" type="checkbox"/> (615) 833-2368		

Located at ☒ P. O. BOX 110268, NASHVILLE, TNZIP + 4 ☒ 37222

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE FEES					148,475.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					17,827.
95 Interest on savings and temporary cash investments			14	35,986.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory			18	1,870.	
101 Net income or (loss) from special events			12	316,690.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SALES TO MEMBERS/PUBLIC			03	2,400.	
b OTHER INCOME					22,683.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		356,946.	188,985.
105 Total (add line 104, columns (B), (D), and (E))					545,931.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A-	PROGRAM SERVICE REVENUE, MEMBERSHIP DUES, AND MISCELLANEOUS INCOME
94 &	WERE USED TO SUPPORT THE ORGANIZATION'S VARIOUS PROGRAMS, SUCH AS,
103B	CHARACTER LEADERSHIP AND DEVELOPMENT, EDUCATION AND CAREER DEVELOPMENT, HEALTH AND LIFE SKILLS, AND RECREATION PROGRAMS.

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☒ Yes ☐ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☒ Yes ☐ No

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

Please Sign Here

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

Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date 01/13/06 Check if self-employed ☒ Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4 KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310

EIN _____ Phone no. (615) 242-7351

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2004

Name of the organization

BOYS & GIRLS CLUBS OF MIDDLE TN INC

Employer identification number

62 0540402

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

0

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

0

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

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

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

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

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

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

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,062,715.	1,874,142.	1,495,991.	2,690,796.	8,123,644.
16 Membership fees received	15,762.	31,434.	31,192.	30,901.	109,289.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	449,666.	494,698.	166,350.	131,307.	1,242,021.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	40,153.	57,683.	<23,060.>	<21,130.>	53,646.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	32,700.	32,700.	72,291.	72,290.	209,981.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,600,996.	2,490,657.	1,742,764.	2,904,164.	9,738,581.
24 Line 23 minus line 17	2,151,330.	1,995,959.	1,576,414.	2,772,857.	8,496,560.
25 Enter 1% of line 23	26,010.	24,907.	17,428.	29,042.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
c Add: Amounts from column (e) for lines: 15 8,123,644. 16 109,289. 17 1,242,021. 20 209,981.					27c 9,684,935.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 9,684,935.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 9,738,581.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.4491%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .5509%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☒ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

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

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

BOYS & GIRLS CLUBS OF MIDDLE TN INC

Employer identification number

62-0540402

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,276.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 67,564.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 127,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 26,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 667,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 290,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 16,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 80,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 5,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 7,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 14,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 9,448.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF MIDDLE TN INC

62-0540402

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FOOTNOTES

STATEMENT 1

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

PROPERTY AND EQUIPMENT CONSISTED OF THE FOLLOWING AT JUNE 30, 2005:

LAND	26,530.
BUILDINGS AND IMPROVEMENTS	2,634,910.
VEHICLES	202,000.
POOL	102,176.
FURNITURE AND EQUIPMENT	586,971.
	<hr/>
LESS ACCUMULATED DEPRECIATION	<1,496,353.>
	<hr/>
TOTAL	2,056,234.
	<hr/>

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF INVESTMENTS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	179,965.	178,095.	0.	1,870.
TOTAL TO FM 990, PART I, LN 8	179,965.	178,095.	0.	1,870.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPRING FOR KIDS DINNER & AUCTION	171,170.		171,170.	43,080.	128,090.
INGRAM CUP CORPORATE CHALLENGE	50,525.		50,525.	15,125.	35,400.
PATHON DINNER	150,000.		150,000.	32,689.	117,311.
DUCK RACE	24,701.		24,701.	40,415.	<15,714.>
OTHER EVENTS	103,469.		103,469.	51,866.	51,603.
TO FM 990, PART I, LINE 9	499,865.		499,865.	183,175.	316,690.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS	<23,386.>
TOTAL TO FORM 990, PART I, LINE 20	<23,386.>

FORM 990

OTHER EXPENSES

STATEMENT

5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AWARDS & GRANTS	52,618.	50,889.	1,518.	211.
MISCELLANEOUS				
EQUIPMENT EXPENSE	3,818.	2,704.	347.	767.
FOOD PROGRAM EXPENSE	154,721.	154,721.		
INSURANCE	60,295.	50,867.	6,493.	2,935.
LICENSES AND PERMITS	1,426.	1,046.	80.	300.
MAINTENANCE SUPPLIES	15,127.	14,926.	134.	67.
COLLABORATIVE FEES				
PAID TO YMCA	33,975.	33,975.		
MEMBERSHIP DUES	3,808.	940.	1,365.	1,503.
MISCELLANEOUS	12,240.	6,788.	5,068.	384.
NATIONAL DUES	10,305.		10,305.	
PROFESSIONAL FEES	39,800.	1,146.	38,654.	
REPAIRS AND				
MAINTENANCE	27,877.	26,079.	900.	898.
VEHICLE REPAIRS AND				
MAINTENANCE	18,691.	18,651.		40.
BAD DEBT EXPENSE	14,390.		14,390.	
MARKETING	13,390.			13,390.
TOTAL TO FM 990, LN 43	462,481.	362,732.	79,254.	20,495.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT

6

EXPLANATION

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

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

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

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	8,500.	1,863,502.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	8
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	DECARLOS ROBINSON	AVAILABLE UPON REQUEST	NONE	6,000.
SCHOLARSHIP	JAVONDRIA ROBINSON	AVAILABLE UPON REQUEST	NONE	2,500.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				8,500.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
INVESTMENTS	893,152.
DEPOSITS	2,600.
AGENCY ENDOWMENT	13,176.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	908,928.

FORM 990	OTHER LIABILITIES	STATEMENT	10
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DESCRIPTION	AMOUNT
ACCRUED EXPENSES	23,355.
NOTE PAYABLE	238,800.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	262,155.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	11
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	<183,175.>
TOTAL TO FORM 990, PART IV-A	<183,175.>

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	12
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE	<183,175.>
TOTAL TO FORM 990, PART IV-B	<183,175.>

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

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



BOYS & GIRLS CLUBS
of Middle Tennessee

ALUMNI SCHOLARSHIP CRITERIA

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

August 21, 2000

BOARD OFFICERS**MAILING ADDRESSES/* PREFERRED**
(All addresses Nashville, TN unless listed)**TELEPHONE**
(615-...)

D. Scott Turner <i>Chairman</i> President & CEO	Ajax Turner Company (w) 1045 Visco Drive 37210 sturner@ajaxturner.com	244-2424 (w) 726-2162 (fax) 642-8031 © (Lindsey, Renee, Jo)
Kenneth Webb <i>Chairman-Elect</i> Credit Marketing Manager	First Tennessee Bank (w) P.O. Box 28100, 37202-8100 kewebb@ftb.com	734-6118 (Asst Kelly Matthews) 734-6095 (fax) 347-6025 (cell)
Brian Shipp <i>Secretary</i> President & CEO	UnitedHealthcare, AR-TN Division (w) 10 Cadillac Drive, Suite 200 Brentwood, TN 37027 brian_shipp@uhc.com Please copy Becky Jenkins on all	372-3601 (w) 372-3551 (Asst. Becky Jenkins) 372-3640 (fax) becky_m_jenkins@uhc.com
Phil Woodlief <i>Treasurer</i> VP & CFO	Doane Pet Care Co. (w) P.O. Box 2487 Brentwood, TN 37024-2487 pwoodlief@doanepetcare.com	373-7774 (w) 309-1033 (w) 309-1118 (fax) 309-1104 (Asst. Carol Gray)
Holly Sharp <i>Area Council Liaison</i> Community Volunteer	(w) 714 Summerwind Circle, 37215 hollandconner@comcast.net	665-8916 (h)
Amanda Farnsworth <i>Immediate Past</i> Senior Vice President	Hilliard Lyons (w) 3401 West End Avenue, Ste. 160, 37203 afarnsworth@hilliard.com	297-2211 (Asst. Donna Brooks) 297-7164 (fax)

DIRECTORS

Currie Andrews Principal	Andrews Cadillac (w) P.O. Box 427 Brentwood, TN 37024 currieandrews@andrewscadillac.com	373-3800 (w) 661-5823 (fax)
Shelley Elifson Bowman <i>Associate Board Liaison</i>	309 Boxmere Place Nashville, TN 37215 (home) Shelley.elifson@owen.vanderbilt.edu	665-0865 (h) 294-9080 ©
Roger T. Briggs, Jr. Vice Chairman	Morgan Joseph & Co. Inc. (w) 150 4th Avenue North, Ste. 1050, 37219 rbriggs@morganjoseph.com Please copy Mamie Hutton on all matters	238-2302 (w - Asst. Mamie) 238-2301 (fax) 385-7025 (h) 400-9044 (cell) mhutton@morganjoseph.com

Charles Cardwell Metropolitan Trustee	Metropolitan Trustee's Office *(w) 800 2nd Avenue North, Ste. 2, 37201 (h) 105 Lea Avenue, Unit 1, 37210 charlie.cardwell@nashville.gov	862-6336 (w) 862-6339 (Asst. Wanda Binkley) 880-3658 (fax) 242-1133 (h) 478-5578 ©
Nim Chinniah <i>Assoc. Vice Chancellor for Administration</i>	Vanderbilt University (w) 421 Kirkland Hall, 37240 nim.chinniah@vanderbilt.edu Please copy Laraine Caldwell on all laraine.caldwell@vanderbilt.edu	343-0462 (w) 343-7420 (fax) 343-2838 (Ast Laraine Caldwell)
Mary Clement Director	State of Tennessee Division of Consumer Affairs 500 James Robertson Parkway, 37243-0600 mary.clement@state.tn.us	741-1276 (w)
James "Hal" Conditt Vice President, Sales & Business Development	Beecher Carlson (w) 6 Cadillac Drive, Suite 320 Brentwood 37027 hconditt@beechercarlson.com	277-9848 (w) 277-9879 (f) 289-9380 (cell)
Peggy M. Cook Facilities Manager	Shop at Home Network (w) 5388 Hickory Hollow Parkway Antioch, TN 37013 *(h) 108 Maxwell Crossing, Brentwood pcook@sath.com	263-8096 (w) 263-8497 (Asst. Carrie Adams) 263-8084 (fax) 376-5650 (h) 618-2143 (cell)
Waverly D. Crenshaw, Jr. Attorney-At-Law	Waller Lansden Dortch & Davis (w) 511 Union St., Suite 2100, 37219 (m) P.O. Box 198966, 37219-8966 waverly.crenshaw@wallerlaw.com	850-8909 (w) 244-6804 (fax) 579-7978 (cell) 244-6380 (office) Melissa 850-8171
Amanda Farnsworth <i>Immediate Past Senior Vice President</i>	Hilliard Lyons (w) 3401 West End Avenue, Ste. 160, 37203 afarnsworth@hilliard.com	297-2211 (Asst. Donna Brooks) 297-7164 (fax) 352-2063 (h)
Farzin Ferdowsi President & CEO	Management Resources Company (w) 1728 Gen. Geo Patton Brentwood, 37027 fferdowsi@mrco.net Please copy Renee Wells on all matters	377-5723 (Asst. Renee Wells) 373-4299 (fax) 972-9222 (Renee Wells' cell) 481-9070 (cell) rwwells@mrco.net
Brad Gioia Headmaster	Montgomery Bell Academy *(w) 4001 Harding Road 37205 (h) 126 Ensworth Ave. 37205 gioiab@montgomerybell.com	298-5514 (w-Asst. Jennifer) 297-0271 (fax) 463-2255 (h)

Ed Goodrich Vice President	Caterpillar Financial Services 2120 West End Avenue Nashville, TN 37203 ed.goodrich@cat.com	341-1005 341-1004 (w-Asst. Amber 969-5876 (cell)
Nelson Griffin Vice President, & Distribution	Cracker Barrel P.O. Box 787 Lebanon, TN 37088-0787 ngriffin@crackerbarrel.com Please Copy Robyn Avella on all matters	615-443-9256 (Asst. Robyn 615-443-9525 (fax) 615-838-5967 (cell) ravella@crackerbarrel.com
Joe M. Hall President	Hall Strategies 222 4th Ave North, 37219 joe@hallstrategies.com	242-8856 ext. 11 242-8857 (fax) 330-3289 ©
Jim Hennessey Marketing Director	United Healthcare 10 Cadillac Dr., Ste. 200 Brentwood, TN 37027 jim_hennessey@uhc.com	372-3490 (Asst. Becky Walter) 403-8945 (cell) 386-5054 (h)
Allen L. Hovious Principal	Lattimore, Black, Cain & Morgan (h) 230 Hillwood Drive 37205 5250 Virginia Way - PO Box 1869 - Brentwood, TN 37024-1869 ahovious@LBMC.com	377-4600 (w)
Jeff Howard Chief Financial Officer	W.L. Hailey & Company (w) 2971 Kraft Drive 37204 jhoward@wlhailey.com	255-3161 x 124 (w) 255-3161 x149 (Asst. Terry 256-1316 (fax)
Orrin Ingram President & CEO	Ingram Industries (w) 4400 Harding Road 37205 orrin.ingram@ingram.com Please copy Diane Key on all matters	298-8266 (w) 298-8374 (Asst. Diane Key) 298-7579 (fax) 377-6318 (h) diane.key@ingram.com
Bob Jacobs <i>Phoenix Club</i> VP of Sales	Equity Solutions USA P.O. Box 58505, 37205 bobjacobs@esusa.net	356-1617 (w) 403-5999 (cell)
Jamie Jones Managing Partner	KPMG LLP *(w) 511 Union Street, Ste. 1900, 37219 (h) 2425 Golf Club Lane 37215 jrjones@kpmg.com	248-5605 (w) 248-5664 (Asst. Cathi Hart) 248-5615 (fax) 292-3304 (h)

Sydney F. Keeble, Jr. Community Volunteer	(h) 505 Park Center Drive, 37205	292-4435 (h) 292-4435 (Carolyn Roberts) 292-1135 (fax)
Preston Lentz Vice President	Cadinha & Company (w/h) 3635 Valley Vista Road 37205 nplentz@aol.com	383-2223 (w) 385-4702 (Mary Ann) 383-2313 (fax) 385-4702 (h)
C. Phillip Many <i>Young Leaders</i> VP, Finance &	Family & Children's Services 201 23rd Avenue North, 37203 phillip.many@fcsnashville.org	320-0591 ext. 133 (w) 327-0846 (fax)
Darrell K. Massengale CFO	American Hometown Publishing 701 Murfreesboro Rd, 37210 (h) 9543 Equestrian Lane Brentwood, TN 37027 dmassengale@americanhometownpublishing.com	377-9846 (h) 948-4081 (cell) 843-7248 ext 181 (w) 742-1544 (fax)
J. Chris Meadows	Willis Corporation (w) 26 Century Boulevard 37214 chris.meadows@willis.com	872-3763 (w) 872-3896 (fax)
Albert L. Menefee, III	Menefee Equipment Company (w) 203 3rd Avenue North Franklin, TN 37064 overland59t@aol.com	791-4755 (w) 791-7072 (fax) 943-5748 (mobile)
David Ogilvie <i>Franklin Board Chair</i>	Ogilvie & Williams 908 W. Main Street Franklin, TN 37064 ogilvie@comcast.net	293-3168 (w) 293-3168 ©
David Paine CEO	David Paine + Partners 56 Lindsley Avenue, 37210 david@paineandpartners.com	242-5546 (w)
Juanita Patton V.P	Suntrust Bank 1725 Mallory Lane Brentwood, TN 37027	(615) 661-7294 (w)
Teresa Phillips Athletics Director	Tennessee State University 3500 John A. Merritt Blvd Nashville, TN 37209 tphillips@tnstate.edu	963-5861 (w) 963-5911 (fax)

Scott Portis President	Cannon Restaurant Management Moe's Southwest Grill One Burton Hills Blvd, Suite 300, 37215 scott.portis@cannonrm.com	665-0444 (w) 309-6990 (h) 300-3696 (cell) 665-1227 (fax)
Ronald L. Samuels Regional President	Regions Bank *(w) 401 Union Street 37219 (h) 405 Georgetown Drive 37205 ron.samuels@regions.com	726-4215 (Asst. Kit) 726-4330 (fax)
Lee W. Schaefer Vice President - Condominuim Dev.	Bristol Development Group 325 Seaboard Ln, Suite 190 Franklin, TN 37067 lee@bristoldevelopment.com	369-9009 ext. 423 771-0043 (fax) 480-7771 (cell)
Walter Schultz Field Implementation Marketing Director	Sprint PCS 2525 West End Ave, 8th Floor 37203 Walter.D.Schultz@mail.sprint.com	300-4735 (c) 341-7828 (asst. Kim Clayton) 341-7684 (fax) 341-7844 (w)
Holly Sharp <i>Vice Chairman</i> Community Volunteer	(w) 714 Summerwind Circle, 37215 hollandconner@comcast.net	665-8916 (h)
Brian Shipp <i>Secretary</i> President & CEO	UnitedHealthcare, AR-TN Division (w) 10 Cadillac Drive, Suite 200 Brentwood, TN 37027 brian_shipp@uhc.com Please copy Becky Jenkins on all	372-3601 (w) 372-3551 (Asst. Becky Jenkins) 372-3640 (fax) becky_m_jenkins@uhc.com
James E. Shmerling Executive Director & CEO	Monroe Carell, Jr. Children's Hospital (w) 2200 Children's Way, Ste 2410, 37232- jim.shmerling@vanderbilt.edu Please copy Jan Cotton on all matters jan.cotton@vanderbilt.edu	322-6926 (w) 936-6200 (fax) 343-1156 (asst. Jan Cotton)
Jack W. Smithwick	(h) 1133 Stonewall Jackson Ct. 37220 HRConsult@bellsouth.net	373-1719 (h) 351-0140 (cell)
Janis Sontany State Representative	TN House of Representatives, Dist. 53 32 Legislative Plaza, 37243 rep.janis.sontany@legislature.state.tn.us Please copy Delano Brent on all matters delano.brent@legislature.state.tn.us	741-6861 (w) 253-0325 (fax) 331-7616 (h)
Brent Turner Vice President, Treasurer & Investor	Psychiatric Solutions, Inc. 840 Crescent Centre Drive, Suite 460 Franklin, TN 37067 bturner@psysolutions.com	312-5700 (w) 312-5711 (fax)

D. Scott Turner <i>Chairman</i> President & CEO	Ajax Turner Company (w) 1045 Visco Drive 37210 sturner@ajaxturner.com	244-2424 (w) 726-2162 (fax)
David T. Vandewater President & CEO	Ardent Health Services, LLC *(w) One Burton Hills Blvd., Suite 250 37215 (h) 425 Jackson Blvd. 37205 david.vandewater@ardenthealth.com Please copy Karen West on all matters	296-3351 (w - Asst. Karen West) 296-6001 (fax) 292-2566 (h) karen.west@ardenthealth.com
Jack Wallace Senior Vice President	Willis of Tennessee, Inc. (w) P.O. Box 305025, 37230 jack.wallace@willis.com	872-3850 (w) 351-7278 mobile 872-3896 (fax)
Kenneth Webb <i>Vice Chairman</i> Credit Marketing Manager	First Tennessee Bank (w) P.O. Box 28100, 37202-8100 kewebb@ftb.com	734-6118 (Asst. Kelly Matthews) 734-6095 (fax) 347-6025 (cell)
Betty Wentworth Agent	Shirley Zeitlin & Co. Realtor (h) 117 Clarendon Avenue 37205 wentworb@realtracs.com	383-7117 (w/h) 385-3222 (fax)
David Williams, II Vice Chancellor, Student Life and	Vanderbilt University (w) 305 Kirkland Hall, 37240 david.williams@vanderbilt.edu Please copy Joann Patterson on all	322-8331 (Asst. JoAnn Patterson) 343-3930 (fax) joann.patterson@vanderbilt.edu
Don Williamson Retired	(h) 1137 Traveler's Ridge Drive 37220 don.williamson@rogersgroupinc.com	473-0935 371-1084 (h)
Phil Woodlief <i>Treasurer</i> VP & CFO	Doane Pet Care Co. (w) P.O. Box 2487 Brentwood, TN 37024-2487 pwoodlief@doanepetcare.com	373-7774 (w) 309-1033 (w) 309-1118 (fax) 309-1104 (Asst. Carol Gray)
Uzi Yemin President & CEO	MAPCO Express, Inc. (w) 830-Crescent Centre Dr., Suite 300 Franklin, TN 37067 uzi.yemin@mapcoexpress.com Please copy Connie Day on all matters	224-1121 (w) 224-1185 (fax) 224-1179 (asst. Michele Niec) 516-2771 (Michelle cell) connie.day@mapcoexpress.co

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

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

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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

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

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

- The books are in the care of ▶ ANGIE LITHGOW
Telephone No. ▶ (615) 833-2368 FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until FEBRUARY 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning JUL 1, 2004, and ending JUN 30, 2005.

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

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

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 12-2004)