

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

2003Open to Public
Inspection**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004****B** Check if
applicable

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

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions**C** Name of organization**ROCKETOWN OF MIDDLE TENNESSEE**

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

P.O. BOX 331147

Room/suite

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

NASHVILLE, TN 37203**D** Employer identification number**62-1571573****E** Telephone number**615-843-4001****F** Accounting method: ☐ Cash ☒ Accrual
☐ 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 or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ **WWW.ROCKETOWN.COM****J** Organization type (check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS, but if the organization received a Form 990 Package
in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,072,311.****Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received	1a	1,419,739.	1d	1,419,739.
	a	Direct public support	1b		2	256,695.
	b	Indirect public support	1c		3	
	c	Government contributions (grants)			4	111.
	d	Total (add lines 1a through 1c) (cash \$ 1,419,739. noncash \$)			5	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				
	3	Membership dues and assessments				
	4	Interest on savings and temporary cash investments				
	5	Dividends and interest from securities				
	6a	Gross rents SEE STATEMENT 2	6a	127,249.		
	b	Less rental expenses SEE STATEMENT 3	6b	23,717.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	103,532.
7	Other investment income (describe ▶)			7		
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			8d	
	a	Gross revenue (not including \$ 10,725. of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 4	9c	
	10a	Gross sales of inventory, less returns and allowances	10a	267,274.		
	b	Less cost of goods sold	10b	187,171.		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		STMT 5	10c	80,103.
	11	Other revenue (from Part VII, line 103)			11	1,243.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	1,861,423.	
Net Assets	13	Program services (from line 44, column (B))			13	1,088,170.
	14	Management and general (from line 44, column (C))			14	125,877.
	15	Fundraising (from line 44, column (D))			15	94,078.
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses (add lines 13 and 14, column (A))			17	1,308,125.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	553,298.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	2,899,362.
	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,452,660.

323001
12-17-03**LHA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

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 \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	159,589.	136,279.	11,777.	11,533.
26	Other salaries and wages	253,750.	215,688.	20,300.	17,762.
27	Pension plan contributions				
28	Other employee benefits	33,447.	23,042.	5,438.	4,967.
29	Payroll taxes	31,219.	22,342.	5,016.	3,861.
30	Professional fundraising fees				
31	Accounting fees	7,650.		7,650.	
32	Legal fees	10,585.		10,285.	300.
33	Supplies	29,910.	24,291.	2,614.	3,005.
34	Telephone	20,812.	13,875.	4,625.	2,312.
35	Postage and shipping	10,118.	1,264.	4,987.	3,867.
36	Occupancy	25,296.	23,526.	885.	885.
37	Equipment rental and maintenance				
38	Printing and publications	27,384.	7,082.	11,986.	8,316.
39	Travel	6,461.	1,285.	5,176.	
40	Conferences, conventions, and meetings				
41	Interest	35,819.	33,311.	1,254.	1,254.
42	Depreciation, depletion, etc (attach schedule)	152,047.	141,403.	5,322.	5,322.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 6	504,038.	444,782.	28,562.	30,694.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,308,125.	1,088,170.	125,877.	94,078.

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 7**

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	THE EMPYREAN COFFEE BAR	
	(Grants and allocations \$ _____)	222,640.
b	THE SIXTH AVENUE SKATEPARK	
	(Grants and allocations \$ _____)	551,811.
c	THE DRIVEN FASHION BOUTIQUE	
	(Grants and allocations \$ _____)	16,649.
d	THE ROCKETOWN MUSIC VENUE	
	(Grants and allocations \$ _____)	297,070.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,088,170.

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	215,503.	45 282,556.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 9,116.	
	b Less allowance for doubtful accounts	47b	47c 9,116.
	48 a Pledges receivable	48a 59,600.	
	b Less allowance for doubtful accounts	48b	48c 59,600.
	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	23,942.	52 21,796.
	53 Prepaid expenses and deferred charges	27,537.	53 20,687.
	54 Investments - securities	Cost FMV	54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 4,252,385.		
b Less accumulated depreciation	57b 248,030.	2,811,342.	57c 4,004,355.
58 Other assets (describe DEPOSITS)	9,800.	58 0.	
59 Total assets (add lines 45 through 58) (must equal line 74)	3,088,124.	59 4,398,110.	
Liabilities	60 Accounts payable and accrued expenses	186,590.	60 71,075.
	61 Grants payable		61
	62 Deferred revenue	2,172.	62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 8		64b 874,375.
	65 Other liabilities (describe)		65
66 Total liabilities (add lines 60 through 65)	188,762.	66 945,450.	
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	2,845,855.	67 3,379,055.
	68 Temporarily restricted	53,507.	68 73,605.
	69 Permanently restricted		69
	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)	2,899,362.	73 3,452,660.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,088,124.	74 4,398,110.

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	2,072,311.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) STMT 9 \$ 210,888.		
	Add amounts on lines (1) through (4)	b	210,888.
c	Line a minus line b	c	1,861,423.
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) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,861,423.

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

a	Total expenses and losses per audited financial statements	a	1,519,013.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$ 210,888.		
	Add amounts on lines (1) through (4)	b	210,888.
c	Line a minus line b	c	1,308,125.
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) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,308,125.

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
ROGER W. THOMPSON 401 6TH AVENUE SOUTH NASHVILLE, TN 37203	EXECUTIVE DIRECTOR 40 HRS/WEEK	75,385.	7,200.	0.
MARY SETTLE 401 6TH AVENUE SOUTH NASHVILLE, TN 37203	OPERATIONS DIRECTOR 40 HRS/WEEK	36,300.	2,400.	0.
MATTHEW GRACE 401 6TH AVENUE SOUTH NASHVILLE, TN 37203	ADMINISTRATIVE DIRECTOR 40 HRS/WEEK	39,300.	4,948.	0.
ANDRA DAVIS 401 6TH AVENUE SOUTH NASHVILLE, TN 37203	DEVELOPMENT DIRECTOR 40 HRS/WEEK	8,604.	0.	0.
SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS	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

Yes	No
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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 MEMBERSHIP DUES, COVER					256,695.
b CHARGES, SESSION FEES					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	111.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	103,532.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					80,103.
103 Other revenue					
a OTHER REVENUE					1,243.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		103,643.	338,041.
105 Total (add line 104, columns (B), (D), and (E))					441,684.

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)

SEE STATEMENT 10

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

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

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

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

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

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

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

Date 12/29/04 Signature Matthew R. Grace, Administrative Director

Type or print name and title

Date

12/28/04

Check if

self-

Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2003

Name of the organization

ROCKETTOWN OF MIDDLE TENNESSEE

Employer identification number

62 1571573

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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

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.) **SEE STATEMENT 11**

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**

2d X

e Transfer of any part of its income or assets?

2e 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.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4 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 ☐ 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	309,688.	83,296.	4,654,501.	494,159.	5,541,644.
16 Membership fees received					
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	226,823.			11,305.	238,128.
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	59,112.	89,261.	30,358.	2,667.	181,398.
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	2,052.	139.	SEE STATEMENT 12	79.	2,270.
23 Total of lines 15 through 22	597,675.	172,696.	4,684,859.	508,210.	5,963,440.
24 Line 23 minus line 17	370,852.	172,696.	4,684,859.	496,905.	5,725,312.
25 Enter 1% of line 23	5,977.	1,727.	46,849.	5,082.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 114,506.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,174,856.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 5,725,312.
d Add: Amounts from column (e) for lines 18 <u>181,398.</u> 19 <u> </u> 22 <u>2,270.</u> 26b <u>3,174,856.</u>					26d 3,358,524.
e Public support (line 26c minus line 26d total)					26e 2,366,788.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 41.3390%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) <u>N/A</u> (2001) <u> </u> (2000) <u> </u> (1999) <u> </u>					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) <u>N/A</u> (2001) <u> </u> (2000) <u> </u> (1999) <u> </u>					
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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

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

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
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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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>		
<hr/>		
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>		
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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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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) 2003

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

N/A

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

Check ☒ **a** ☐ if the organization belongs to an affiliated groupCheck ☐ **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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

FOOTNOTES

STATEMENT 1

DEPRECIATION ON FURNITURE AND EQUIPMENT IS CALCULATED BY THE STRAIGHT-LINE METHOD OVER AN ESTIMATED USEFUL LIFE OF FIVE TO TEN YEARS.

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

LAND	1,050,000.
BUILDING AND IMPROVEMENTS	2,573,190.
MACHINERY AND EQUIPMENT	591,617.
FURNITURE AND FIXTURES	37,578.
	<hr/>
	4,252,385.
LESS ACCUMULATED DEPRECIATION	<248,030.>
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	4,004,355.
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FORM 990	RENTAL INCOME	STATEMENT	2
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
ROCKETOWN MUCIC VENUE, SKATEPARK, AND OTHER FACILITY AREAS	1	127,249.
TOTAL TO FORM 990, PART I, LINE 6A		127,249.

FORM 990	RENTAL EXPENSES	STATEMENT	3
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTALS AND PARTIES EXPENSE		23,717.	
- SUBTOTAL -	1		23,717.
TOTAL TO FORM 990, PART I, LINE 6B			23,717.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	4
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
MICHAEL W. SMITH CONCERT	10,725.	10,725.			0.
TO FM 990, PART I, LINE 9	10,725.	10,725.			0.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 5

INCOME

1. GROSS RECEIPTS	267,274	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		267,274
4. COST OF GOODS SOLD (LINE 13)	187,171	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		80,103

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	23,942	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES	185,025	
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		208,967
12. INVENTORY AT END OF YEAR	21,796	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		187,171

FORM 990	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING AND MARKETING	53,853.	53,853.		
BANK FEES	5,137.		5,137.	
DUES AND SUBSCRIPTIONS	1,004.		1,004.	
GIFTS	4,955.		4,955.	
INSURANCE	108,805.	101,189.	3,808.	3,808.
FOOD AND ENTERTAINMENT	5,483.	583.	4,900.	
REPAIRS AND MAINTENANCE	35,218.	32,752.	1,233.	1,233.
TAXES AND LICENSES	48,937.	45,274.	2,572.	1,091.
TRAINING AND TUITION	1,786.		1,786.	
UTILITIES	56,184.	52,252.	1,966.	1,966.
AUTOMOBILE	1,699.	498.	1,201.	
INTERNET DEVELOPMENT	3,871.	2,903.		968.
MUSIC VENUE				
ENTERTAINMENT	125,636.	125,636.		
SECURITY FEES	29,695.	29,695.		
FUNDRAISING EVENT	21,628.			21,628.
MISCELLANEOUS	147.	147.		
TOTAL TO FM 990, LN 43	504,038.	444,782.	28,562.	30,694.

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

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. IN 2004, ROCKETOWN HAD OVER 175,000 VISITS REPRESENTING EVERY SOCIAL DEMOGRAPHIC OF THE GREATER NASHVILLE AREA AND SURROUNDING COUNTIES.

FORM 990	MORTGAGES PAYABLE	STATEMENT	8
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DESCRIPTION	BALANCE DUE
PURCHASE OF PREMIER COURT OFFICE	874,375.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	874,375.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	9
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DESCRIPTION	AMOUNT
COST OF GOODS SOLD AND DIRECT RENTAL EXPENSES	210,888.
TOTAL TO FORM 990, PART IV-A	210,888.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	10
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE ROCKETOWN MUSIC VENUE: ROCKETOWN'S NIGHT CLUB OFFERS TEENAGERS A TOP-OF-THE-LINE QUALITY EXPERIENCE WITH A HYBRID DANCE MUSIC AND LIVE PERFORMANCE SYSTEM, INTELLIGENT LIGHTING DISPLAYS, AND LOCAL, REGIONAL AND WORLD-CLASS MUSICAL TALENT. THIS ENVIRONMENT FULFILLS ROCKETOWN'S GOAL OF PROVIDING ADOLESCENTS WITH SAFE, POSITIVE, EXCITING WEEKEND ENTERTAINMENT AS AN ALTERNATIVE TO CRUISING, DRINKING ALCOHOL, USING ILLEGAL DRUGS, AND ATTENDING UNSUPERVISED PARTIES.
103A	INCOME FROM THE SALE OF GOODS AT THE SIXTH AVENUE SKATEPARK, THE EMPYREAN COFFEE BAR, AND THE DRIVEN FASHION BOUTIQUE.
102	ENRICHMENT PROGRAM AND DANCE CLASS FEES.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC, .	STATEMENT	11
	PART III, LINE 2		

DURING THE YEAR ENDED JUNE 30, 2004, ROCKETOWN PURCHASED APPROXIMATELY \$12,500 IN INVENTORY FROM A BOARD MEMBER'S COMPANY. THE AMOUNT PAID WAS LESS THAN FAIR MARKET VALUE FOR THE GOODS RECEIVED. ALSO, WHILE ROCKETOWN WAS LEASING THE FACILITY IN WHICH IT OPERATES, ONE OF ROCKETOWN'S BOARD MEMBERS SERVED AS AN AGENT FOR THE LESSOR OF THE FACILITY. WHEN ROCKETOWN PURCHASED THE BUILDING DURING 2004, THIS BOARD MEMBER'S COMPANY RECEIVED A COMMISSION FROM THE SALE.

SCHEDULE A	OTHER INCOME			STATEMENT 12
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
OTHER INCOME	2,052.	139.	0.	79.
TOTAL TO SCHEDULE A, LINE 22	2,052.	139.	0.	79.

ROCKETOWN OF MIDDLE TENNESSEE

2004 BOARD OF DIRECTORS

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414 Union Street, Suite 1830
Nashville, TN 37219
615.515.1080
lgw@cwf-law.com

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	ROCKETOWN OF MIDDLE TENNESSEE	62-1571573
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 331147	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

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

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

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

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

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

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

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

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

Signature and Verification

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

Signature ► Maya D. Huel Title ► CPA
LHA For Paperwork Reduction Act Notice, see instruction

Date ► 11/1/04
Form **8868** (12-2000)