

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

OMB No. 1545-1876

For calendar year 2012, or fiscal year beginning 7/01, 2012, and ending 6/30, 20 13**2012**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

**ROCKETOWN OF MIDDLE TENNESSEE**

Employer identification number

**62-1571573**

Name and title of officer

**ROBERT YEAGER  
CHAIRMAN****Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>1,452,03</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **BLANKENSHIP CPA GROUP, PLLC** to enter my PIN **71573** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **11/15/13****Part III Certification and Authentication**

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

**62701966906**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

**Carol Chick, CPA**

Date ▶

**11/13/13****ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)



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

**2012****Open to Public Inspection****A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <div style="text-align: center; font-weight: bold;">ROCKETOWN OF MIDDLE TENNESSEE</div> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="display: flex; justify-content: space-between;"> <span><b>601 FOURTH AVENUE SOUTH</b></span> <span></span> </div> City, town or post office, state, and ZIP code <div style="display: flex; justify-content: space-between;"> <span><b>NASHVILLE</b></span> <span><b>TN 37210</b></span> </div>	<b>D</b> Employer identification number <div style="text-align: center; font-weight: bold;">62-1571573</div>
	<b>E</b> Telephone number <div style="text-align: center; font-weight: bold;">615-843-4001</div>	
	<b>F</b> Name and address of principal officer: <div style="text-align: center; font-weight: bold;">ROBERT YEAGER 601 FOURTH AVENUE SOUTH NASHVILLE TN 37210</div>	<b>G</b> Gross receipts \$ <b>1,814,171</b>  <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.ROCKETOWN.COM</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1994</b>
		<b>M</b> State of legal domicile: <b>TN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <div style="text-align: center; font-weight: bold;">SEE SCHEDULE O</div>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	59
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	29,87
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	28,87
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	577,148	945,07
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	222,903	195,11
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	594	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	440,562	311,84
			1,241,207	1,452,03
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	838,748	730,40
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	187,812	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	817,928	739,45
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,656,676	1,469,85
	19	Revenue less expenses. Subtract line 18 from line 12	-415,469	-17,81
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	6,886,374	6,859,83
	22	Net assets or fund balances. Subtract line 21 from line 20	128,335	114,61
			6,758,039	6,745,22

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <div style="text-align: center; font-weight: bold;">ROBERT YEAGER</div>	Date			
	Type or print name and title <div style="text-align: center; font-weight: bold;">CHAIRMAN</div>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CAROL S. CRICK, CPA	Preparer's signature <i>Carol Crick, CPA</i>	Date 11/13/13	Check <input type="checkbox"/> if self-employed	PTIN P01366906
	Firm's name BLANKENSHIP CPA GROUP, PLLC	Firm's EIN 45-049184			
	Firm's address 215 WARD CIRCLE BRENTWOOD, TN 37027-2304	Phone no. 615-373-37			

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **73,135** including grants of\$ ) (Revenue \$ **92,139** )  
**THE SIXTH AVENUE SKATEPARK**

ROCKETOWN'S MISSION IS TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE. THE SKATEPARK OFFERS EVER-CHANGING EVER-COOL EXPERIENCES THAT ATTRACT KIDS AND OUR GOAL IS TO OFFER CREATIVE, SOCIAL AND SPIRITUAL PROGRAMS THROUGH THE SKATEPARK. IN FISCAL 2013, 21,000 KIDS PARTICIPATED IN SKATE-ORIENTED PROGRAMS.

**4b** (Code: ) (Expenses \$ **264,142** including grants of\$ ) (Revenue \$ **95,819** )  
**MUSIC VENUE AND COFFEEBAR**

ROCKETOWN'S MISSION IS TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE. THE MUSIC VENUE OFFERS EVER-CHANGING EVER-COOL EXPERIENCES THAT ATTRACT KIDS AND OUR GOAL IS TO OFFER CREATIVE, SOCIAL AND SPIRITUAL PROGRAMS THROUGH THE MUSIC VENUE AND COFFEEBAR ENVIRONMENTS. IN FISCAL 2013, 48,000 KIDS PARTICIPATED IN THIS TYPE OF PROGRAM.

**4c** (Code: ) (Expenses \$ **391,820** including grants of\$ ) (Revenue \$ **7,158** )  
**OTHER PROGRAM SERVICES**

ROCKETOWN'S MISSION IS TO OFFER HOPE TO THE NEXT GENERATION THROUGH CHRIST'S LOVE. ROCKETOWN OFFERS JOB PREPAREDNESS AND LIFE-SKILL DEVELOPMENT THROUGH AFTERSCHOOL PROGRAMMING WITH OUR PARTNER, MCGAVOCK HIGH SCHOOL. WE ALSO OFFER CREATIVE, SOCIAL AND SPIRITUAL OPPORTUNITIES THAT ATTRACT KIDS LIKE DANCE CLASSES, SUMMER CAMPS, MUSIC LESSONS, ART LESSONS, AND BIBLE STUDIES. IN FISCAL 2013, 14,000 KIDS PARTICIPATED IN THIS TYPE OF PROGRAM.

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

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

**4e** Total program service expenses ► **729,097**

**Part IV Checklist of Required Schedules**

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

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

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



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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> <b>41</b>		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> <b>0</b>		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> <b>59</b>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	<b>X</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country: <b>►</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		<b>X</b>
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	<b>24</b>		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	<b>24</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?			<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?			<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

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

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

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

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

**615-843-4001**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

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



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

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

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

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

**Section B. Independent Contractors**

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

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

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

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

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

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	345,646			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	46,980			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	552,451			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		945,077			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE REVENUE	Busn. Code	195,116	195,116		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		195,116			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)				
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross rents		(i) Real 323,405 (ii) Personal				
<b>b</b> Less: rental exps.		140,858				
<b>c</b> Rental inc. or (loss)		182,547				
<b>d</b> Net rental income or (loss)			182,547		29,873	152,674
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis & sales exps.						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ 345,646 of contributions reported on line 1c). See Part IV, line 18		<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>	31,166			
<b>c</b> Net income or (loss) from fundraising events			-31,166			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19		<b>a</b>				
<b>b</b> Less: direct expenses		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>a</b>	342,406			
<b>b</b> Less: cost of goods sold	<b>b</b>	190,114				
<b>c</b> Net income or (loss) from sales of inventory		152,292	152,292			
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER REVENUE	Busn. Code	8,118	8,118		
	<b>b</b> GAIN/LOSS ON SALE OF ASSETS		50	50		
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		8,168			
	<b>12 Total revenue.</b> See instructions.		1,452,034	355,576	29,873	152,674

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	640,121	431,412	104,797	103,912
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,700	3,713	329	658
9 Other employee benefits	38,452	29,197	3,119	6,136
10 Payroll taxes	47,128	30,800	6,485	9,843
11 Fees for services (non-employees):				
a Management				
b Legal	14,631		14,631	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	156,219	64,317	41,526	50,376
12 Advertising and promotion	28,170	25,970	578	1,622
13 Office expenses	33,933	10,080	20,053	3,800
14 Information technology				
15 Royalties				
16 Occupancy	124,529	5,695	118,834	
17 Travel	5,731	4,319	24	1,388
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	181,807	86,813	94,994	
23 Insurance	62,970	1,800	61,170	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	61,816	26,173	35,643	
b OTHER SUPPLIES	48,037	24,751	21,494	1,792
c TAXES AND LICENSES	30,390	25,061	4,879	450
d FOOD AND ENTERTAINMENT	16,593	12,108	2,012	2,473
e All other expenses	-25,376	-53,112	22,374	5,362
25 Total functional expenses. Add lines 1 through 24e	1,469,851	729,097	552,942	187,812
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>189,345</b>	<b>1</b>	<b>252,837</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	<b>9,150</b>
	<b>4</b> Accounts receivable, net	<b>10,422</b>	<b>4</b>	<b>28,006</b>
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>31,021</b>	<b>8</b>	<b>36,653</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>7,407,169</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>884,581</b>	<b>10c</b>	<b>6,522,588</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>5,673</b>	<b>15</b>	<b>10,599</b>
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>6,886,374</b>	<b>16</b>	<b>6,859,833</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>128,335</b>	<b>17</b>	<b>114,611</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	<b>128,335</b>	<b>26</b>	<b>114,611</b>
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		<b>6,654,653</b>	<b>27</b>	<b>6,706,499</b>
<b>28</b> Temporarily restricted net assets		<b>103,386</b>	<b>28</b>	<b>33,723</b>
<b>29</b> Permanently restricted net assets			<b>29</b>	<b>5,000</b>
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>		<b>6,758,039</b>	<b>33</b>	<b>6,745,222</b>
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	<b>6,886,374</b>	<b>34</b>	<b>6,859,833</b>	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,452,034</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,469,851</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-17,817</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>6,758,039</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	<b>5,000</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>6,745,222</b>

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

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

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

OMB No. 1545-0047

**2012****Open to Public  
Inspection**

Name of the organization

**ROCKETOWN OF MIDDLE TENNESSEE**

Employer identification number

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

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

**h Provide the following information about the supported organization(s).**

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.****Schedule A (Form 990 or 990-EZ) 2012**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) **12****13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	%

**16a 33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	284,221	609,561	1,215,899	577,148	945,077	3,631,906
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	673,914	532,460	556,483	664,567	537,522	2,964,946
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	958,135	1,142,021	1,772,382	1,241,715	1,482,599	6,596,852
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	107,564	150,000	669,000	229,040	379,439	1,535,043
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b	107,564	150,000	669,000	229,040	379,439	1,535,043
<b>8 Public support.</b> (Subtract line 7c from line 6.)						5,061,809

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	958,135	1,142,021	1,772,382	1,241,715	1,482,599	6,596,852
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	144,293	71,058	201,428	250,103	287,920	954,802
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	144,293	71,058	201,428	250,103	287,920	954,802
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				2,494	22,907	25,401
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					8,168	8,168
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,102,428	1,213,079	1,973,810	1,494,312	1,801,594	7,585,223
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	66.73 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	71.46 %

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	13 %
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	<b>18</b>	11 %

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

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

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

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
 ► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

**2012****Open to Public  
Inspection**

Name of the organization

Employer identification number

**ROCKETOWN OF MIDDLE TENNESSEE****62-1571573****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenues included in Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other .....

**c** ☐ Preservation for future generations

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
<b>c</b> Beginning balance .....	<b>1c</b> .....
<b>d</b> Additions during the year .....	<b>1d</b> .....
<b>e</b> Distributions during the year .....	<b>1e</b> .....
<b>f</b> Ending balance .....	<b>1f</b> .....

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

**a** Board designated or quasi-endowment ▶ ..... %

**b** Permanent endowment ▶ ..... %

**c** Temporarily restricted endowment ▶ ..... %

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

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

(i) unrelated organizations .....

(ii) related organizations .....

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>2,367,032</b>		<b>2,367,032</b>
<b>b</b> Buildings .....		<b>4,418,483</b>	<b>359,213</b>	<b>4,059,270</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>621,654</b>	<b>525,368</b>	<b>96,286</b>
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **6,522,588**



**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

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

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>1,814,172</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>362,138</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>362,138</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>1,452,034</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>1,452,034</b>

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>1,831,989</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>362,138</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>362,138</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>1,469,851</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>1,469,851</b>

**Part XIII Supplemental Information**

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

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

<b>COST OF GOODS SOLD</b>	<b>\$</b>	<b>190,114</b>
<b>SPECIAL EVENT EXPENSES</b>	<b>\$</b>	<b>31,166</b>
<b>PARKING REVENUE EXPENSES</b>	<b>\$</b>	<b>5,612</b>
<b>BUILDING RENT EXPENSES</b>	<b>\$</b>	<b>135,246</b>

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

<b>COST OF GOODS SOLD</b>	<b>\$</b>	<b>190,114</b>
<b>SPECIAL EVENT EXPENSES</b>	<b>\$</b>	<b>31,166</b>
<b>PARKING REVENUE EXPENSES</b>	<b>\$</b>	<b>5,612</b>
<b>BUILDING RENT EXPENSES</b>	<b>\$</b>	<b>135,246</b>

**Part XIII** Supplemental Information (continued)

**SCHEDULE G  
(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the  
organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

**ROCKETOWN OF MIDDLE TENNESSEE**

Employer identification number

**62-1571573****Part I****Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees  
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No****b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be  
compensated at least \$5,000 by the organization.

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

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



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>FUNDRAISING EVENT</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	<b>345,646</b>			<b>345,646</b>
	<b>2</b> Less: Contributions .....	<b>345,646</b>			<b>345,646</b>
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	<b>31,166</b>			<b>31,166</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				<b>31,166</b>
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....					<b>-31,166</b>

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

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

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

**a** Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_

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

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

Name ► .....

Address ► .....

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

Name ► .....

Address ► .....

- 16** Gaming manager information:

Name ► .....

Gaming manager compensation ►\$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012****Open to Public  
Inspection****ROCKETOWN OF MIDDLE TENNESSEE**

Employer identification number

**62-1571573****FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

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

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

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

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

AFTER SCHOOL PROGRAMS AND SUMMER CAMPS

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

POLICIES AND PROCEDURES FOR GOVERNING CHAPTERS ARE BEING DEVELOPED

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

IN DRAFT FORM, THE 990 WILL BE PROVIDED FOR REVIEW TO THE EXECUTIVE  
COMMITTEE OF THE BOARD AND GOVERNANCE COMMITTEE FOR FEEDBACK AND OVERSIGHT.  
UPON ANY CHANGES, THE FINANCE DIRECTOR WILL REVISE AND SUBMIT.

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

THE BOARD GOVERNANCE COMMITTEE ANNUALLY ISSUES THE CONFLICT OF INTEREST

Name of the organization

ROCKETOWN OF MIDDLE TENNESSEE

Employer identification number

62-1571573

POLICY AND MONITORS CONVERSATIONS AND BOARD MEETINGS FOR POTENTIAL  
CONFLICTS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE ORGANIZATION'S ANNUAL REPORT AND FORM 990 ARE AVAILABLE ON THE  
ORGANIZATION'S WEBSITE. THE 990 IS ALSO AVAILABLE THROUGH THE WEBSITE  
GUIDESTAR.COM. ALL OTHER ORGANIZING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

## DESCRIPTION

## PROGRAM SERVICE

## MGT &amp; GENERAL

## FUNDRAISING

## PERSONNEL

\$ 23,839

\$ 638

\$ 934

## OTHER

\$ 40,953

\$ 40,888

\$ 49,442

## LESS: ALLOCATION TO UBIT

\$ -475

\$ 0

\$ 0

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

COST OF GOODS SOLD \$ 190,114

SPECIAL EVENT EXPENSES \$ 31,166

PARKING REVENUE EXPENSES \$ 5,612

BUILDING RENT EXPENSES \$ 135,246

COST OF GOODS SOLD \$ -190,114

SPECIAL EVENT EXPENSES \$ -31,166

PARKING REVENUE EXPENSES \$ -5,612

BUILDING RENT EXPENSES \$ -135,246

Name of the organization

**ROCKETOWN OF MIDDLE TENNESSEE**

Employer identification number

**62-1571573**

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**PERMANENTLY RESTRICTED NET ASSETS** **\$ 5,000**

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2012**Attachment  
Sequence No. **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**ROCKETOWN OF MIDDLE TENNESSEE**

Identifying number

**62-1571573**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>500,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,000,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	<b>13</b>	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>181,817</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2012	<b>17</b>	<b>0</b>
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	<b>181,817</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
34	2 STAINLESS STEEL TABLES	1/10/03	400				400	10	MO S/L	380	20
36	5 COMPARTMENT FILE CABINET	2/05/03	607				607	10	MO S/L	572	35
38	GREEN ROOM FURNITURE	1/10/03	1,411				1,411	10	MO S/L	1,340	71
64	SKATE PARK RAMPS	1/06/03	200,662				200,662	10	MO S/L	190,629	10,033
65	RANCILIO ESPRESSO MACHINE	1/10/03	6,400				6,400	10	MO S/L	6,080	320
67	3 COMPARTMENT SINK	1/10/03	796				796	10	MO S/L	756	40
71	SOUND & LIGHTS SYSTEM	1/10/03	222,658				222,658	10	MO S/L	211,528	11,130
83	SKATE PARK RAMP IMPROVEMENTS	5/20/04	4,147				4,147	10	MO S/L	3,352	415
95	MAC COMPUTER	11/09/05	1,222				1,222	5	MO S/L	1,222	0
103	Delta Stage Lighting	4/01/08	1,668				1,668	5	MO S/L	1,417	251
104	Server HV3P	5/28/08	3,650				3,650	5	MO S/L	2,981	669
105	Imac Computer 20/2.4/	6/30/08	1,199				1,199	5	MO S/L	959	240
106	Indoor Security	8/08/07	2,100				2,100	7	MO S/L	1,475	300
108	Delta Stage Lighting SN F07516	4/15/09	4,790				4,790	7	MO S/L	2,224	684
109	Refurb Mac 20" (4)	4/19/10	4,388				4,388	5	MO S/L	1,901	878
110	Amazon Coin Counter	6/03/10	214				214	5	MO S/L	89	43
111	General Bank Supply	6/03/10	279				279	5	MO S/L	116	56
112	Mercury Supply Zambonie	6/15/10	5,565				5,565	10	MO S/L	1,159	557
113	Ice-o-matic Ice Machine	6/14/10	4,192				4,192	5	MO S/L	1,747	838
114	Glass Countertop Showcase	6/15/10	2,630				2,630	7	MO S/L	783	375
115	GHA Tech - Wireless Access Point	5/19/10	214				214	5	MO S/L	89	43
116	GHA Tech - Wireless Access Point - 2 Addi	5/26/10	1,193				1,193	3	MO S/L	828	365
117	Palos Sports - Basketball Goals (2)	6/03/10	1,404				1,404	10	MO S/L	292	141
118	Land - 601 4th Avenue South	3/01/10	2,367,032				2,367,032	0	-- Land	0	0
134	RC Mathews - Constructn pmt #13	6/07/11	459				459	39	MO S/L	13	11
135	RC Mathews - Constructn pmt #12	5/02/11	30,648				30,648	39	MO S/L	905	776
136	SC&A parking lot engineer (25%)	4/01/11	2,118				2,118	39	MO S/L	67	54
137	Drapery & Track system	4/20/11	13,077				13,077	39	MO S/L	386	331
138	RC Mathews - Constructn pmt #11	4/07/11	35,764				35,764	39	MO S/L	1,132	905
139	SC&A parking lot engineer (75%)	3/01/11	6,381				6,381	39	MO S/L	215	162
140	RC Mathews - Constructn pmt #10	3/10/11	22,056				22,056	39	MO S/L	745	558
141	RC Mathews - Constructn pmt #9	2/07/11	13,434				13,434	39	MO S/L	482	340
142	Metro Water Permit - prking lot	2/14/11	400				400	39	MO S/L	14	10
143	RC Mathews - Constructn pmt #8	1/05/11	13,391				13,391	39	MO S/L	509	339
144	RC Mathews - Constructn pmt #7	12/06/10	211,677				211,677	39	MO S/L	8,485	5,359
145	RC Mathews - Constructn pmt #6	11/16/10	402,517				402,517	39	MO S/L	16,135	10,190
146	Legal Fees for Grooms Bldg Acqu	11/22/10	9,683				9,683	39	MO S/L	388	245
147	Addtl light @ women's stall sk8	11/17/10	430				430	39	MO S/L	17	11
148	Addtl light at men's urinal sk8	11/17/10	430				430	39	MO S/L	17	11
149	Addtl light at drinking ftn	11/17/10	580				580	39	MO S/L	23	15
150	Addtl 4' track fixtures under r	11/17/10	1,290				1,290	39	MO S/L	52	32
151	Addtl fixture in women's stall	11/17/10	430				430	39	MO S/L	17	11
152	Addtl men's urinal upper level	11/17/10	430				430	39	MO S/L	17	11
153	RC Mathews - Constructn pmt #5	10/07/10	199,439				199,439	39	MO S/L	8,836	5,049
154	RC Mathews - Constructn pmt #3	9/08/10	226,900				226,900	39	MO S/L	10,531	5,745
155	RC Mathews - Constructn pmt #4	9/10/10	103,256				103,256	39	MO S/L	4,792	2,615
156	RC Mathews - Constructn pmt #2	8/04/10	600,134				600,134	39	MO S/L	29,120	15,194
157	Re-terminate voice drops	8/16/10	1,005				1,005	39	MO S/L	47	25
158	Prod Svcs for 2010 RCKTWN	7/26/10	3,000				3,000	39	MO S/L	146	76
159	307' data drop for wireless bri	7/30/10	358				358	39	MO S/L	17	9
160	Core drills for security room	7/30/10	679				679	39	MO S/L	33	17
161	Low voltage cabling #2	7/30/10	2,073				2,073	39	MO S/L	101	52
162	Stands for duct work on roof	7/23/10	918				918	39	MO S/L	45	23
163	Flash curbs on Grooms Building	7/30/10	36,873				36,873	39	MO S/L	1,789	934
164	Grooms - architect #4	7/01/10	2,180				2,180	39	MO S/L	110	56
165	Grooms Bldg - cabinet signs (3)	8/02/10	12,629				12,629	39	MO S/L	613	320
166	Schlage door locks (3 addtl)	8/09/10	561				561	39	MO S/L	27	14
167	Vanity Lighting Upgrade	5/25/11	1,760				1,760	15	MO S/L	127	117
168	Elec Power from wall to stage	9/07/10	3,437				3,437	15	MO S/L	420	229
169	Electric mtl/install for stage	8/25/10	846				846	15	MO S/L	103	57
170	Flash curbs on White Bldg roof	7/30/10	6,300				6,300	15	MO S/L	805	420
171	Small interior signs	8/05/10	3,870				3,870	5	MO S/L	1,484	774
172	Phone System & Installation #2	8/10/10	1,250				1,250	5	MO S/L	479	250
173	DCR POS System - 50% deposit	7/22/10	7,088				7,088	5	MO S/L	2,717	1,418
174	Phone System & Installation	7/20/10	7,653				7,653	5	MO S/L	2,934	1,530
175	SpecoTech DVR & Surge Protector	7/30/10	1,688				1,688	5	MO S/L	647	338
176	Mackie Active Speaker(2)	5/27/11	990				990	5	MO S/L	215	198
177	Electrical repair for dimmer	12/22/10	562				562	5	MO S/L	169	112

## Federal Asset Report

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
184	TC Elec Rhythm Dly	7/01/10	450			450	5 MO S/L	180	90
185	Soundcraft RW5676 32ch Mixer	7/29/10	1,820			1,820	5 MO S/L	698	364
186	Whirlwind 50ft/12ch snake (3)	7/29/10	711			711	5 MO S/L	273	142
187	Drawmer MX40 Punch Gates (3)	7/29/10	2,164			2,164	5 MO S/L	829	433
188	CBI MT32BLB/C15NPX Snake	8/11/10	463			463	5 MO S/L	177	93
189	CBI SPR484008X150 48ch inputs	8/11/10	1,345			1,345	5 MO S/L	516	269
190	MX300 Stereo Reverb Processor	7/15/10	224			224	5 MO S/L	90	44
191	Sennheiser Drum mic (2)	7/12/10	563			563	5 MO S/L	225	113
192	Lexicon mx200 reverb	7/12/10	200			200	5 MO S/L	80	40
193	1231 Dual 31-Band Graphic EQ(2)	7/16/10	659			659	5 MO S/L	253	131
194	160A Compressor/Limiter (4)	7/16/10	1,383			1,383	5 MO S/L	530	277
195	Lights/truss/etc - Main Venue	7/21/10	13,560			13,560	5 MO S/L	5,198	2,712
196	Custom Acoustic Baffles (16)	7/07/10	10,000			10,000	5 MO S/L	4,000	2,000
197	Art Railing System in Flex Rm	9/30/10	996			996	5 MO S/L	349	199
198	4.5 Frigerators (2)	9/01/10	280			280	5 MO S/L	103	56
199	ECB 4' snack counter	7/02/10	348			348	5 MO S/L	139	70
200	ECB "Open" sing	8/02/10	217			217	5 MO S/L	83	44
201	Black Bar Stool (10)	7/26/10	2,160			2,160	5 MO S/L	828	432
202	Black Loveseat (3)	7/26/10	1,287			1,287	5 MO S/L	493	258
203	Black Lounge Chairs (4)	7/26/10	1,156			1,156	5 MO S/L	443	231
204	Sink & faucet for ECB	7/12/10	416			416	5 MO S/L	166	84
205	Baker's Pride Oven - deposit	7/28/10	200			200	5 MO S/L	77	40
206	Skateshop mirrors (2)	8/06/10	8			8	5 MO S/L	3	2
207	6" Showcase Black (2)	7/02/10	518			518	5 MO S/L	207	104
208	4' Showcase Black	7/02/10	219			219	5 MO S/L	88	43
209	SK8 White Birch display	7/23/10	159			159	5 MO S/L	61	32
210	SK8 6' full vision case	7/02/10	197			197	5 MO S/L	79	39
211	Handrails for skatepark	8/02/10	669			669	5 MO S/L	256	134
212	Ryder Weedeater	5/20/11	199			199	5 MO S/L	43	40
213	Propellerhead Record	5/23/11	300			300	5 MO S/L	65	60
214	Flip Cameras (4)	4/15/11	656			656	5 MO S/L	164	131
215	Addtl Camlocks @ stage lightg p	12/01/10	1,014			1,014	5 MO S/L	321	203
216	Step&Repeat Banner	11/12/10	440			440	5 MO S/L	147	88
217	Schlage door locks (5 addtl)	9/10/10	520			520	5 MO S/L	191	104
218	Data drop for main venue POS	10/29/10	310			310	5 MO S/L	103	62
219	Century .3x Fisheye Adaptor	10/26/10	700			700	5 MO S/L	233	140
220	Panasonic AG-DVX100A Camcorder	10/26/10	1,275			1,275	5 MO S/L	425	255
221	Phone System & Installation #3	10/15/10	1,250			1,250	5 MO S/L	438	250
222	Solerant POS/Netwrk install/trg	9/21/10	1,785			1,785	5 MO S/L	625	357
223	7.5 Cart from Home Depot	9/08/10	154			154	5 MO S/L	56	31
224	78x48x18 cabinets (3)	8/05/10	889			889	5 MO S/L	341	178
225	Mandy's Computer	8/25/10	699			699	5 MO S/L	256	140
226	4'x12' PSV Print (new logo)	9/08/10	388			388	5 MO S/L	142	78
227	Roll'g bskt for leg storage(2)	9/01/10	1,000			1,000	5 MO S/L	367	200
228	Wheels for deck storage (12)	9/01/10	600			600	5 MO S/L	220	120
229	3' skirt panels for stage (2)	9/01/10	400			400	5 MO S/L	147	80
230	3' step units for stage (2)	9/01/10	2,500			2,500	5 MO S/L	917	500
231	3' legs for stage (120)	9/01/10	3,000			3,000	5 MO S/L	1,100	600
232	4" extrusion decks (28)	9/01/10	21,000			21,000	5 MO S/L	7,700	4,200
233	Aluminum truss bases (2)	9/03/10	480			480	5 MO S/L	176	96
234	Strobe & BBS Backbox (2)	8/16/10	773			773	5 MO S/L	283	155
235	Dance studio equip	8/09/10	1,181			1,181	5 MO S/L	453	236
236	Black Cat5E cable	7/30/10	868			868	5 MO S/L	333	173
237	Fire Alm Equip/Instl - Grooms	7/30/10	22,535			22,535	5 MO S/L	8,638	4,507
238	Security & CCTV Eq - Grooms	7/30/10	31,960			31,960	5 MO S/L	12,251	6,392
239	iPad serial#DLXF9LFXDKPH	5/26/11	499			499	5 MO S/L	108	100
240	iPad serial#DLXF9HCWDKPH	5/26/11	499			499	5 MO S/L	108	100
241	2 Year Warranty on Server	5/31/11	1,122			1,122	5 MO S/L	243	225
242	Avid VSSD Pro Tools software	5/23/11	249			249	5 MO S/L	54	50
243	HP Laserjet P2035 - Finance	4/11/11	214			214	5 MO S/L	53	43
244	(2) Office Mac Home 3 lic pack	2/04/11	285			285	5 MO S/L	81	57
245	(4) Apple Final Cut Exp 4 sftwr	2/04/11	756			756	5 MO S/L	214	152
246	Ext harddrive & RAM - recording	2/04/11	475			475	5 MO S/L	135	95
247	(2) 21.5" iMacs-Computer lab	2/04/11	2,278			2,278	5 MO S/L	645	456
248	(2) 21.5" iMacs-Coffeabar	2/04/11	2,278			2,278	5 MO S/L	645	456
249	Finance Computer & Monitor	12/23/10	735			735	5 MO S/L	221	147
250	59" Metal Bookcase (replacement)	1/07/11	231			231	5 MO S/L	69	46
251	DCR POS System - 50% balance	8/25/10	6,899			6,899	5 MO S/L	2,530	1,380
252	Battery Backup	7/21/10	719			719	5 MO S/L	276	143
253	Dell PC 3548P	7/23/10	976			976	5 MO S/L	374	195
254	Wireless Routers	7/21/10	679			679	5 MO S/L	260	136



## Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
255	POS Machines	7/26/10	4,057				4,057	5 MO S/L	1,555	812
256	Landscaping at Grooms Bldg	8/04/10	5,505				5,505	15 MO S/L	703	368
257	RC Mathews - Construction payment #1	8/06/10	1,134,833				1,134,833	39 MO S/L	55,066	28,730
258	Building Additions (CIP Transfer)	7/01/10	1,082,681				1,082,681	39 MO S/L	54,819	27,410
259	Equipment	8/13/10	160				160	5 MO S/L	61	32
260	Equipment	7/16/10	2,039				2,039	5 MO S/L	782	408
261	Skatepark Improvements	7/01/10	1,944				1,944	5 MO S/L	778	389
262	Cooler Door	12/07/11	902				902	5 MO S/L	105	180
263	Dell Latitude computer	3/21/12	975				975	5 MO S/L	49	195
266	Curtain and rigging points (3)	1/18/12	1,032				1,032	5 MO S/L	86	206
268	RC Mathews Construction payment #14	10/03/11	22,914				22,914	39 MO S/L	435	580
269	RC Mathews Construction Payment #15	10/31/11	54,585				54,585	39 MO S/L	921	1,382
270	RC Mathews Construciton Payment #16	11/30/11	48,365				48,365	39 MO S/L	714	1,225
271	RC Mathews Construction Payment #17	1/01/12	1,282				1,282	39 MO S/L	16	33
272	Concrete Art	10/18/11	2,150				2,150	39 MO S/L	36	55
274	Mac Authority- Ipad?	7/29/11	698				698	5 MO S/L	128	140
275	Donated mic & equipment	12/16/11	959				959	5 MO S/L	96	192
276	Amp Rack & Amps	12/28/12	2,500				2,500	5 MO S/L	0	250
277	Wireless Controller	11/15/12	2,971				2,971	5 MO S/L	0	396
278	Structured Cabling	10/17/12	1,600				1,600	5 MO S/L	0	213
279	Rebuilt Server	9/24/12	1,422				1,422	5 MO S/L	0	213
280	Network Setup	9/28/12	3,000				3,000	5 MO S/L	0	450
281	Antivirus Liscenses	9/14/12	840				840	5 MO S/L	0	140
284	Snake	9/05/12	2,800				2,800	5 MO S/L	0	467
285	MacBook Pro	4/24/13	1,773				1,773	5 MO S/L	0	59
286	Land Improvements	1/17/13	17,230				17,230	15 MO S/L	0	479
287	Console	12/28/12	3,500				3,500	5 MO S/L	0	350
288	Acronis backup and Recovery	9/14/12	1,700				1,700	5 MO S/L	0	283
289	Windows Server 2012 Liscence 2	9/14/12	1,944				1,944	5 MO S/L	0	324
290	Digital 1TB Harddrive	9/14/12	560				560	5 MO S/L	0	93
291	Dell power edge r420 server	9/19/12	6,425				6,425	5 MO S/L	0	964
292	Canon EOS Rebel T4i	2/20/13	1,458				1,458	5 MO S/L	0	97
293	Canon Rebel Ti3	7/09/12	865				865	5 MO S/L	0	173
294	HD Hero 3-Camera	2/20/13	570				570	5 MO S/L	0	38
295	Cannon EF 75 Lens-Camera	2/20/13	225				225	5 MO S/L	0	15
296	Server Set up	9/01/12	800				800	5 MO S/L	0	133
297	Server set up	5/20/13	799				799	5 MO S/L	0	13
298	Cisco with Smart Net	9/01/12	1,500				1,500	5 MO S/L	0	250
<b>Total Other Depreciation</b>			<u>7,407,170</u>				<u>7,407,170</u>		<u>702,770</u>	<u>181,817</u>
<b>Total ACRS and Other Depreciation</b>			<u>7,407,170</u>				<u>7,407,170</u>		<u>702,770</u>	<u>181,817</u>
<b>Grand Totals</b>			7,407,170				7,407,170		702,770	181,817
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>7,407,170</u>				<u>7,407,170</u>		<u>702,770</u>	<u>181,817</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PERSONNEL	\$ 25,411	\$ 23,839	\$ 638	\$ 934
OTHER	131,283	40,953	40,888	49,442
LESS: ALLOCATION TO UBIT	-475	-475		
TOTAL	<u>\$ 156,219</u>	<u>\$ 64,317</u>	<u>\$ 41,526</u>	<u>\$ 50,376</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
BAD DEBT EXPENSE	\$ 11,783	\$ 8,989	\$ 294	\$ 2,500
BANK FEES	11,562	10	11,026	526
DUES & SUBSCRIPTIONS	7,175	2,297	2,968	1,910
MISCELLANEOUS	6,520	1,459	5,049	12
MINOR EQUIPMENT	3,741	1,994	1,747	
TUITION AND TRAINING	2,175	2,160		15
GIFTS	1,894	1,405	90	399
SPECIAL EVENTS	1,621	421	1,200	
OUTREACH	125	125		
LESS: ALLOCATION TO UBIT	-3,751	-3,751		
LESS: ALLOCATION TO RENT	-68,221	-68,221		
TOTAL	<u>\$ -25,376</u>	<u>\$ -53,112</u>	<u>\$ 22,374</u>	<u>\$ 5,362</u>

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

Donor Name	2008	2009	2010	2011	2012
BAPTIST HEALING TRUST	\$	\$ 12,500	\$	\$ 43,040	\$ 44,610
BOB AND JANIE YEAGER	22,000	10,000	27,000	10,000	5,000
CAL TURNER FAMILY FOUNDATION		55,000	500,000		30,000
GENESCO			27,000	60,000	50,000
HCA FOUNDATION	33,064	12,500	50,000	25,000	8,535
LOUIS AND BETTY PHILLIPS FDN			45,000	25,000	
MARK & MARTHA EZELL	30,500	10,000			5,000

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

<u>Donor Name</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
MICHAEL W SMITH	\$ 22,000	\$ 50,000	\$ 20,000	\$ 41,000	\$ 49,439
WAYNE HUGHES					115,000
MIKE AND CARRIE FISHER				25,000	25,000
MARKG - FRANCISCO					180
BETTY DICKENS					5,022
WALTER CONYERS					3,500
JUDITH BRACKEN					14,500
KENT WOOD					3,640
CHAD FERRARI					3,000
CHAZ CORZINE					3,033
EMMETT TURNER					1,000
JANET MCDONALD					500
KITTY MOON					2,800
MARK BLAZE					6,250
SEAN HENRY					500
WILLIAM WRIGHT					380
ROBERT WOOD					2,550
TOTAL	\$ <u>107,564</u>	\$ <u>150,000</u>	\$ <u>669,000</u>	\$ <u>229,040</u>	\$ <u>379,439</u>

FUNDRAISING EVENT

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER DIRECT EXPENSES	\$ 31,166
TOTAL	\$ 31,166