Form **990**

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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A I	For th	e 2004 calen	dar year,	or tax year beginning	, 2004, a	nd e	nding		,		
В	Check if	applicable:	Please use	C Name of organization				D Empl	oyer ider	ntification Number	
	Add	dress change	58	-1984	1750 /						
	Nar	me change	E Telep	hone nu	mber						
	_	ial return	(6	15) 2	248-2721						
	Fina	al return	instruc- tions.	City, town or country	State	ZIP	code + 4	F Acco	unting od:	Cash X	Accrual
									Other (sp		_ · · · - · · ·
	H	olication pending	Section	on 501(c)(3) organizations and 4	947(a)(1) nonexempt	Ī	H and I are not applic				
	···		chari	table trusts must attach a comp n 990 or 990-EZ).			H (a) Is this a group				X No
_			•	•			H (b) If 'Yes,' enter	number of	affiliates .	. ►	_
G	webs	site: ► WWW.	Theluu	.urg			H (c) Are all affiliat	es included	?	Yes	No
J	Organ	nization type		V			(If 'No,' attac	h a list. See	instruction	ons.)	
		only one)				527	H (d) Is this a sepa	rate retum	filed by ar	n	
				nization's gross receipts are norma ed not file a return with the IRS; bu			organization	covered by	a group r	uling? Yes	No
	receiv	ed a Form 99	0 Package	e in the mail, it should file a return	without financial data.		I Group Ex	emption	Numbe	r >	
	Some	states requi	re a comp	olete return.			M Check ►	if the	organiza	ation is not require	d
L	Gross	receipts: Add	l lines 6b,	8b, 9b, and 10b to line 12 ► 53	34,660.		to attach Sc	hedule B (Form 99	0, 990-EZ, or 990-I	PF)
Pai	tıl 🎚	Revenue	e, Exper	nses, and Changes in Net	Assets or Fund B	alar	nces (See Instru	ctions)			
	1	Contributions	, gifts, gra	nts, and similar amounts received:							
			-			1 a	346	,360.			
		•				1 b	10	,461.			
	С	Government	contributio	ns (grants)		1 c					
				62,726. noncash \$					1 d	356	,821.
				ue including government fees and					2		
	3			assessments					3	28	,250.
	4	Interest on sa	avings and	temporary cash investments					4	_ 2	,157.
	5	Dividends an	d interest	from securities					5	4	,733.
	6 a	Gross rents				6 a	a				
	ь	Less: rental e	expenses			6 t					
				oss) (subtract line 6b from line 6a)					6 c		
R	7	Other investr	ment incon	ne (describe ►)	7		
R E V	Rο	Gross amour	nt from sale	es of assets other	(A) Securities		(B) Othe	er			
E N	""				117,785.	8 8		0.			
Ü	b	Less: cost or	other bas	is and sales expenses	99,013.	81		,786.			
				ule) . See .L8. Stmt		8 0		<u>,786.</u>			
	d			bine line 8c, columns (A) and (B))					8 d	15	,986.
	9	Special even	its and act	ivities (attach schedule). If any am		neck t	nere ⊳				
	а	Gross revenu			0. of contributions		1				
						9 :		,470.	26.45.55		
				other than fundraising expenses.		91		,324.			
				om special events (subtract line 9b				.Stmt	. 9 с	5	<u>,146.</u>
				ry, less returns and allowances .					- 1		
	b	Less: cost of	f goods so	ld		10	b				
	C			ales of inventory (attach schedule) (subtra							
	11		-	art VII, line 103)							,444.
	12			es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c							<u>,537.</u>
E	13			n line 44, column (B))					. 13		<u>,937.</u>
EXPENSES	14	Managemen	nt and gene	eral (from line 44, column (C))					. 14		,565.
E N	15			44, column (D))						85	,050.
S	16			(attach schedule)							550
S	17			lines 16 and 44, column (A))							,552.
A	18			the year (subtract line 17 from line							,015.
N S E E				nd balances at beginning of year (from line 73, column (A))							,894.
											, 286.
	21_	Net assets o	or fund bala	ances at end of year (combine line	s 18, 19, and 20)	• • •	<u> </u>		. 21	571	,165.

332,937.

Form 990 (2004)

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

	Oo not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising				
22	Grants and allocations (att sch) (cash \$ non-cash \$)	22								
23	Specific assistance to individuals (att sch)	23	132,477.	132,477.						
24	Benefits paid to or for members (att sch)	24	132,411.	132,411.						
25	Compensation of officers, directors, etc	25	47,625.	23,813.	11,428.	12,384.				
26	Other salaries and wages	26	67,629.	34,172.	14,800.	18,657.				
27	Pension plan contributions	27	, , , , , , , , , , , , , , , , , , , ,		22,000.	10,037.				
28	Other employee benefits	28								
29	Payroll taxes	29	9,223.	4,640.	2,099.	2,484.				
30	Professional fundraising fees	30	, , , , , , , , , , , , , , , , , , , ,	- (2,033.					
31	Accounting fees	31	20,771.	0.	20,771.	0.				
32	Legal fees	32			20,7.12.	<u></u>				
33	Supplies	33	3,405.	911.	1,643.	851.				
34	Telephone	34	3,844.	1,922.	884.					
		35				1,038.				
35 36	Postage and shipping	36	2,362. 28,776.	1,772. 14,388.	236. 6,618.	354. 7,770.				
	• •	37								
37 38	Equipment rental and maintenance	38	13,377.	4,710.	5,111.	3,556.				
	Printing and publications		7,169.	5,377.	717.	1,075.				
39	Travel	39	2,614.	2,614.	0.	0.				
40	Conferences, conventions, and meetings	40	804.	60.	744.	0.				
41	Interest	41	1,992.	0.	1,992.	0.				
42	Depreciation, depletion, etc (attach schedule)	42	6,623.	1,656.	3,311.	1,656.				
43	Other expenses not covered above (itemize):									
	Auto Insurance	43 a	899.	0.	899.	0.				
	Fundraising - Misc.	43 b	0.	0.	0.	0.				
	:Transportation	43 c	7,442.	7,442.	0.	0.				
	Brokerage Fees and Charges		5,997.	5,997.	· · · · · · · · · · · · · · · · · · ·	0.				
	See Other Expenses Stmt	43 e	142,523.	90,986.	16,312.	35,225.				
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	505,552.	332,937.	87,565.	85,050.				
Join	t Costs. Check ► X if you are following	SOP 9	8-2.		<u> </u>					
Are a	any joint costs from a combined educational	camp			rogram services?	.►X Yes No				
If 'Ye	es,' enter (i) the aggregate amount of these	joint co	osts \$		mount allocated to Progr	am services				
\$_	33 , 989 . ; (iii) the amount all	ocated	to Management and ger	neral \$	0 . ; and (iv) the	e amount allocated				
	ındraising \$ 33,988									
Par	t III Statement of Program Ser	vice /	Accomplishments			r				
Wha All o	t is the organization's primary exempt purpor rganizations must describe their exempt pur ts served, publications issued, etc. Discuss ons and 4947(a)(1) nonexempt charitable tr	ose? ► rpose a	Assist and achievements in a clear a	<u>mentor_disadva</u> and concise manner. Sta	intaged males.	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)				
izati	its served, publications issued, etc. Discuss ons and 4947(a)(1) nonexempt charitable tri	acniev usts m	rements that are not mea ust also enter the amour	asurable. (Section 501(c it of grants & allocations	to others.)	4947(a)(1) trusts; but optional for others.)				
	Project 007 and 100 Schol									
	16 students at four-year									
			(Grants an	dallocations \$	132,477.)	246,636.				
ı	100 Kings Program - To de	evel								
•	to develop skills for success in life.									
			Grants an	d allocations \$	0.)	86,301.				
	c		(Granto di		<u>~.,</u>					
				- 						
			(Grants an	d allocations \$)					
	d									
			(Grants an	d allocations \$						
	e Other program services		(Grants an	d allocations \$)					

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

Part IV Balance Sheets (See Instructions)

Note:	Wh	ere required, attached schedules and amounts within the description umn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
$\neg \top$	45	Cash — non-interest-bearing		45	37,574.
	46	Savings and temporary cash investments	44,550.	46	21,179.
	47 a	Accounts receivable			
		Less: allowance for doubtful accounts 47 b	27,050.	- Carine 11 . Cari	
		Less. allowance for doubtful deceding 1.1.1.1.1.	21,030.		
	48 a	Pledges receivable			
		Less: allowance for doubtful accounts 48b	51,730.	48 c	63,515.
1		Grants receivable	3277301	49	
A	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
Š	51 a	Other notes & loans receivable (attach sch)			
A S E T S		Less: allowance for doubtful accounts 51 b		51 c	
٦	52	Inventories for sale or use		52	
ļ	53	Prepaid expenses and deferred charges		53	
	54	Investments – securities (attach schedule) . L-54 Stmt► Cost FMV	467,500.	54	523,205.
}		Investments – land, buildings, & equipment: basis 55a			<u> </u>
ľ	t	Less: accumulated depreciation (attach schedule)		55 c	
	56	Investments — other (attach schedule) L-56 .Stmt	100,790.	56	0.
		Land, buildings, and equipment: basis 57a 35, 615.			
				3 3 3	
	r	b Less: accumulated depreciation (attach schedule) L -57. Stmt 57b 17,561.	23,105.	57 c	18,054.
Ì	58	Other assets (describe > See Line 58 Stmt).	2,998.	58	2,998.
	59	Total assets (add lines 45 through 58) (must equal line 74)	717,723.	59	666,525.
	60	Accounts payable and accrued expenses	72,829.	60	7,360.
Ļ	61	Grants payable		61	
Å	62	Deferred revenue	10,000.	62	88,000.
B	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
<u> </u>	64	a Tax-exempt bond liabilities (attach schedule)		64 a	
11		b Mortgages and other notes payable (attach schedule)		64 b	
E S		Other liabilities (describe See Line 65 Stmt).	0.	65	
		Total liabilities (add lines 60 through 65)	82,829.	66	95,360.
	Orgai	nizations that follow SFAS 117, check here X and complete lines 67			
N E T		through 69 and lines 73 and 74.			202 100
1	67	Unrestricted	325,556.	67	283,192.
ASSETS	68	Temporarily restricted	209,338.	68	187,973.
ร็	69	Permanently restricted	100,000.	69	100,000.
R	Orga	nizations that do not follow SFAS 117, check here 🕨 🔲 and complete lines		. ew	
		70 through 74.		70	
מַבכּוּ	70			71	
	71			72	
ב <u>ְּ</u>	72	•			
BALAZCES	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through	634,894.		571,165.
Š		72; column (A) must equal line 19; column (B) must equal line 21) Total liabilities and net assets/fund balances (add lines 66 and 73)			666,525.
		Total nationes and her asseishing polonics (dud inics to did (o)	,		. <u> </u>

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

BAA

Far	Reconciliation of Revenu Financial Statements wit per Return (See instruction	h Revenue	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return					
a ·	Total revenue, gains, and other support per audited financial statements	a 462,931.	а	Total expenses and lo		а	526,662.	
	Amounts included on line a but not on line 12, Form 990:		b	Amounts included on on line 17, Form 990:				
` ` (Net unrealized gains on nvestments \$27,285.		(*	Donated services and use of facilities \$				
(2) I	Donated serv- ces and use of facilities \$		(2	2) Prior year adjust- ments reported on line 20, Form 990 \$	10.00			
(3)	Recoveries of prior year grants \$		(;	3) Losses reported on line 20, Form 990 \$				
-	Other (specify):		(4	4) Other (specify):				
	Concert Expenses			Special Events		4		
	Realized Losses \$ 21,110.			Realized Losses \$	21,110.			
,	Add amounts on lines (1) through (4) 🕨			Add amounts on lines (1) t	hrough (4) >			
c I	Line a minus line b ▶	c 414,536.	С	Line a minus line b .		С	505,552.	
d ,	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included on Form 990 but not on I	line 17, ine a:			
ı	Investment expenses not included on line 6b, Form 990 \$		(*	1) Investment expenses not included on line 6b, Form 990 \$				
	Other (specify):		(:	2) Other (specify):				
	Rounding			, , , , , , , , , , , , , , , , , , , ,		Ť		
-	\$ 1.			- \$				
-	Add amounts on lines (1) and (2) >	d 1.		Add amounts on lines	s (1) and (2) ►	d	The state of the s	
e	Total revenue per line 12, Form 990 (line c plus line d)	e 414,537.	е	Total expenses per lii 990 (line c plus line d	ne 17, Form I) ▶	е	505,552.	
Part	V≝ List of Officers, Directors,	Trustees, and Key E	mp	loyees (List each one	e even if not compens	ate		
	(A) Name and address	(B) Title and average hot per week devoted to position	ırs	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation		(E) Expense account and other allowances	
2620	rell Freeman Clarksville HWY			0		0		
	hville, TN 37208	President	2	0.		0.	0.	
	vey Hoskins	-						
	hville, TN 37203	Treasurer	5	0.		ο.	0.	
Ricl	hard Lewis O Clarksville HWY	-			<u>`</u>	.	0.	
	hville, TN 37208	Vice President	1	0.		Ο.	0.	
Arne	ett Bodenhamer Box 171118							
	hville, TN 37217	Secretary	1	0.		Ο.	0.	
	erly D. Crenshaw, Jr							
511	Union Street	7						
	hville, TN 37219	Legal Counsel	1	0.		Ο.	0.	
Adr	ian Granderson	_						
_1_V	antage Way	_						
Nas	hville, TN 37228	Executive Director	50	47,625.		0.	0.	
75	Did any officer, director, trustee, or key than \$100,000 from your organization a \$10,000 was provided by the related or If 'Yes,' attach schedule — see instructi	nd all related organizations ganizations?	, of v	which more than		► [Yes X No	

Form 990 (2004)

r ant ving	Allalysis Of	income-Produc	ing Activit	ti es (Se	e instructions.)			
Note: Enter	r gross amounts u	ınless		d busine:	ss income	Excluded by se	ection 512, 513, or 514	(E)
otherwise ir		1	(A) Business code	1 .	(B) Amount	(C) Exclusion code	(D)	Related or exempt
93 Pro	gram service reve		20311033 0000	<u> </u>	Tilount	Exclusion code	Amount	function income
_								
				<u> </u>				
е								
f Med	dicare/Medicaid pa	ayments						<u> </u>
		vernment agencies						
		d assessments .						28,250.
95 Inter	est on savings & tem	porary cash invmnts.						2,157.
		from securities						4,733.
97 Net r	rental income or (loss) from real estate:	1164 119		a la			
a deb	t-financed proper	ty			50-50-1-10-1-10-1-10-1-10-1-10-1-10-1-1		osana tiribananggaya (1922) sasa	
b not	debt-financed pro	perty						
98 Net r	rental income or (loss) from pers prop						
99 Oth	er investment inc	ome						
	n or (loss) from sa							
	•							15,986.
		special events						
		ales of inventory	ries de la company	B ENDERS SISE	e de la Companya de l			erakki, ess og Servikki, esserin mess
	er revenue: a			akaj ligas iras				
b	scellaneous	Tngomo						7 444
d d	Scerraneous	5 Income	_					1,444.
u								
	total (add columns (R)), (D), and (E))		<u>. </u>				E2 E70
105 Tota	al (add line 104 c	rolumns (B) (D) and	(F))	<u> </u>				52,570. 52,570.
		Part I, should equal ti						
						mnt Purnos	es (See instructions.)	
Line No.								
Line No.	Explain how each	th activity for which in on's exempt purpose	ncome is repo	nted in co hy provid	olumn (E) of Pa ding funds for si	rt VII contributed	importantly to the accom	nplishment
		and related				<u>ii</u>		
Апп		ng as possib					dS	
					rsnips an	a cultion		
	payments t	o program pa	rticipar	its.				
		- · · +			1 5:	- 1 - 1 F - 4'4'		/-
Partix							S (See instructions.)	N/A
	(A)		(B)	ļ	(C)	(D)	(E)
	, address, and Ell		Percentag		Nature of	activities	Total	End-of-year
par	tnership, or disre	garded entity	ownership in				income	assets
			<u> </u>	ક			 	
			- 	왕				
			+	8				
Dod V	Information	Pagarding Tran	efore Ass		d with Porce	onal Bonofit (Contracts (See instru	I
Part X								
		the year, receive any fun						Yes X No
	-					ersonai benetit co	ntract?	. Yes X No
Note: //		Form 8870 and Form						
	Under penalties of pe true, correct, and con	rjury, I declare that I have e nplete. Declaration of prepa	examined this returer (other than offi	m, including icer) is base	accompanying sche d on all information of	edules and statements, of which preparer has a	and to the best of my knowledgeny knowledge.	e and belief, it is
Please	>							
Sign	Signature of office	er					Date	
Here	>							
	Type or print nar	ne and title.						
	<u> </u>					Date	Check if	Preparer's SSN or PTIN (See Seneral Instruction W)
Paid	Preparer's signature	Harry E. Tat	e, CPA			07/06/05	self- employed > X	eneral instruction W)
Pre-			CPA, CGF		 	107700703	employed A	
parer's Use	· · · · · · · · · · · · · · · · · · ·	<u>HARRY TATE,</u> 752 E MARTIN			DI VD			
Only	address and		POINEK	KTMG		7403		2\ 756_4724
J.11.5	ZIP + 4	CHATTANOOGA			TN 37	7403	Phone no. ► (42	3) 756-4724

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2004

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization Employer identification number 100 BLACK MEN OF MIDDLE TN 58-1<u>984750</u> Partil Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense to employee benefit plans and deferred employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation None Total number of other employees paid None over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service None Total number of others receiving over \$50,000 for professional services . .

,C11	cuule	100 BLACK MEN OF MIDDLE TN	<u>5</u> 8-19	98475	0	F	Page 2
² a	rt III	Statements About Activities (See instructions.)				Yes	
1	or i	ring the year, has the organization attempted to influence national, state, or local legislation, including any influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid nourred in connection with the lobbying activities > \$					
	(Mı	ust equal amounts on line 38, Part VI-A, or line i of Part VI-B.)			1		x
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of bying activities.	the				
2	taxa	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or heficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	with any principal				
•	a Sal	e, exchange, or leasing of property?			2 a	Х	
1	b Ler	nding of money or other extension of credit?			2 b		х
•	Fur	nishing of goods, services, or facilities?			2 c	<u></u>	х
,	d Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?			2 d		х
,	e Tra	nsfer of any part of its income or assets?			2 e		х
3	a Do	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an lanation of how you determine that recipients qualify to receive payments.)				٠,	
		you have a section 403(b) annuity plan for your employees?				_X	
		you maintain any separate account for participating donors where donors have the right to provide advice			3 b		Х
-	on	the use or distribution of funds?			4 a		х
	o Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?			4 b		Х
a	rt IV	Reason for Non-Private Foundation Status (See instructions.)					
— he	orgai	nization is not a private foundation because it is: (Please check only ONE applicable box.)					
5	Ň	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).					
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)					
7	П	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).					
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).					
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the	ie hospita	l's name	e. citv	_	
Ĭ	ш	and state >			-, ,	•	
10		An organization operated for the benefit of a college or university owned or operated by a governmental u (Also complete the Support Schedule in Part IV-A.)	nit. Section	n 170(b)	(1)(A)	iv).	
11	a X	An organization that normally receives a substantial part of its support from a governmental unit or from the Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	ie general	public.			
11	b 🗌	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)					
12		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, members from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more that from gross investment income and unrelated business taxable income (less section 511 tax) from business organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV	ın 33-1/3% sses acquii	of its su	pport	ipts	
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and s described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)	apports org on 509(a)(ganizatio (2). (See	ons		
		Provide the following information about the supported organizations. (See in	structions.)			
		(a) Name(s) of supported organization(s)				ne nur n abov	
14	_	An organization organized and operated to test for public safety. Section 509(a)(4), (See instructions.)	_				

Part IV.A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year (a) 2003 (b) (d) 2000 (c) 2001 beginning in) 2002 Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 124,933. 170,940 180,344 102,713 578,930. 16 Membership fees received . . . 18,650 18,916. 36,255. 73,821. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose 295,064. 196,875. 188,478. 193,075 873,492. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . 7,756 7,929 11,357 70,655. 97,697. Net income from unrelated business activities not included in line 18. . Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. 1,814 1,814. Total of lines 15 through 22... 446,403 375,744 23 399,095 404,512 625,754. Line 23 minus line 17 151,339. 178,869. 210,617. 211,437 752,2<u>62.</u> 25 Enter 1% of line 23 4,464. 757. 3,991. 4,045. a Enter 2% of amount in column (e), line 24 Organizations described on lines 10 or 11: 26 a 15,045. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. **Do not file this list with your** 26 b 26 c 752,262. 97,697**. 19** d Add: Amounts from column (e) for lines: 1,814. 26 b 26 d 99,511. 26 e 652,751. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). 26 f 86.77 % 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2003)_ _ _ _ _ (2002) _ _ _ _ (2002) _ _ _ _ (2001) _ _ _ _ _ (2001) b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: _ _ _ _ (2002) _ _ _ _ (2001) _ _ _ _ (2001) _ _ _ _ (2000) _ _ _ _ _ c Add: Amounts from column (e) for lines: 27 c d Add: Line 27a total . . . and line 27b total 27 d 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27 g 음

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

왕

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

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	00		
	other governing instrument, or in a resolution of its governing body?	. 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30	### 135°	eren in desire
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	. 31		digosph
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			167 4 165
22	December agreement in maintain the following:	-		100
	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		Minus star
		- J2a		\vdash
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	. 32 b		L
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	. 32 d	### E	1 2 2 2 3 3 3 3 3
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
				e igi kalay
•				
33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33 a		Backson.
	a cladelite figure of privileges in the control of			
	b Admissions policies?	33 b	<u> </u>	
	c Employment of faculty or administrative staff?	<u>33 c</u>	 	
	d Scholarships or other financial assistance?	33 d		
	d Scholarships or other financial assistance?	330		+
	e Educational policies?	ззе		
	——————————————————————————————————————			
	f Use of facilities?	33 f	<u> </u>	
	g Athletic programs?	· · 33 g	┼—	
	h Other extracurricular activities?	33 H		
	II Outor extraoutificular activities,	#15a4	Later.	
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)	i.		
		_ 11		
				de la constante de la constant
9.4	la Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
34	• a Does the organization receive any linancial aid or assistance from a governmental agency?	346	+	+
	b Has the organization's right to such aid ever been revoked or suspended?	341)	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
21	5 Does the organization certify that it has complied with the applicable requirements of	- 15 A	lii.	. Politi
35	sections 4.01 through 4.05 of Rev Proc. 75-50, 1975-2 C.B. 587, covering racial	25		
	nondiscrimination? If 'No,' attach an explanation	35	1	1

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

	(To be complete	ed ONLY by an eligible or	ganization that filed For	m 5768)					N/A
Chec	k ► a if the organiz	ation belongs to an affilia	ted group. Check	► b if you	checke	d 'a' and 'lim	nited co	ontrol	provisions apply.
		imits on Lobbying n 'expenditures' means a	•	.)		(a Affiliated tota	í group)	(b) To be completed for ALL electing organizations
36		res to influence public op		•	36				0.
37		res to influence a legislat		•	37				
38		res (add lines 36 and 37)			38				
39		xpenditures			39				
40	Total exempt purpose ex	penditures (add lines 38	and 39)		40				
41	Lobbying nontaxable am	ount. Enter the amount fr	om the following table -	-		Baltina.			A CARON -
	If the amount on line 40 is — The lobbying nontaxable amount is —								
	Not over \$500,000	20%	of the amount on line 40	0		r-Mari	Pat		
		1,000,000 \$100,	•						
		\$1,500,000 \$175,			41				
		\$17,000,000 \$225,	•					i sti	Araby:
		\$1,0	•						
42	Grassroots nontaxable a								
43		e 36. Enter -0- if line 42 is							
44		e 38. Enter -0- if line 41 is			44	e - med - sathing	ornogen and	rasus rest	Elizar of California Control of Control of Control
	Caution: If there is an ar	mount on either line 43 o	r line 44, you must file F	orm 4720.	W 186			20	
	(Some org	ganizations that made a s S	ection 501(h) election d ee the instructions for lin Lobbying Expen	nes 45 through 50	0.)			ns bel	ow.
				T	- rear /	.veraging i	criou		
	Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002		(c 20			(e) Total
45	Lobbying nontaxable amount							wewiti. r	
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount		Kara iliya baran da karan k		2-C 2112-155			4,1692-1:6	
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures								
	<u> </u>	only by organizations that	did not complete Part V	I-A) (See instruct		,			N/A
Durii atter	ng the year, did the organ npt to influence public opi	ization attempt to influent nion on a legislative matt	ce national, state or loca er or referendum, throug	ll legislation, inclu gh the use of:	iding an	y	Yes	No	Amount
	Volunteers								
ı	Paid staff or manageme	nt (Include compensation	in expenses reported o	n lines c through	h.)		<u> </u>		
	Media advertisements								

TL # h

	(Form 990 or 990-EZ) 200				MIDDLE TI			58-1984		F	age 6
Part VII	Information Regard Exempt Organization	ding Trans ons (See ins	fers To	and Tra	nsactions a	nd Relatio	nships With	Nonchar	itable		
51 Did the	e reporting organization di Code (other than section	irectly or indir	ectly enga	age in any o	of the following w	ith any other	organization de	escribed in se	ction 501(d	c)	
	fers from the reporting org				-		gamzanono.			Yes	No
	ash								51 a (i)	103	X
	ther assets										X
	transactions:								(.,,		
(i) Sa	ales or exchanges of asse	ts with a none	charitable	e exempt org	ganization				b (i)		Х
(ii) Po	urchases of assets from a	noncharitable	e exempt	organizatio	n						Х
(iii)Re	ental of facilities, equipme	nt, or other a	ssets						b (iii)		Х
(iv)Re	eimbursement arrangeme	nts							b (iv)		Х
(v) Lo	oans or loan guarantees				.				b (v)		Х
(vi) Pe	erformance of services or	membership	or fundrai	ising solicita	itions				b (vi)		Х
c Sharin	ng of facilities, equipment,	mailing lists,	other ass	ets, or paid	employees				С		Х
d If the a the go	answer to any of the above ods, other assets, or servi ansaction or sharing arran	e is 'Yes,' cor ices given by	nplete the the repor	e following s rting organiz	schedule. Colum tation. If the orga	n (b) should a inization rece	always show the lived less than f	e fair market va air market va	alue of lue in		
(a)	(b)		TIT COIGH	(c)	and or the good.	, оттег аззет	3, 01 301 11003 10	(d)			
Line no.	Amount involved	Name of	noncharit	table exemp	t organization	Descript	tion of transfers, tra	insactions, and	sharing arran	gement	S
						1				_	
•											
						ļ					
						<u> </u>					
						1					
		ļ								_	
											
											
						 					
		1					 				
	organization directly or in-								► ☐ Ye	. [Y]	No
	ibed in section 501(c) of the s,' complete the following s	•	in thair se							.3 [2]	
	(a) Name of organization			(b) Type of org	anization		Descript	(c) ion of relatior	nship		
											-
						1					
_											_
						1					
						1					.
						-					

Form 990 Line 8(A) and 8(B) Statement

Schedule of Gains and Losses from Sale of Assets Other than Inventory

2004

► Attach to return

Name 100 BLACK MEN O	F MID	DLE TN							Employ 58-19		ntification Number
Part I, Line 8, Colun	nn (A)			Securi	ties						
Public Securities			-		-					-	
Descrip	otion		S	Gross Sales Price)				Bas	sis	
Publicly Traded	Secu	rities		117,78	35.	Cos	st ling Expe	nses			98,894. 119.
						Bas	sis				99,013.
Nonpublic Securitie	es										
Description		Date Acquand Met		Date and to	Sold Who		Gro Sales	oss Price	1	FMV v	other basis or vhen donated which on top)
										- -	
									_		
					- -						
Total Securities							117	,785			99,013.
Gain or (Loss) from S	Sale of	Securities									18,772.
Part I, Line 8, Colur	nn (B)		C	Other A	sset	ts					
Description		Acquired Method		Sold Whom	s	Gro ales	ss Price				r basis or donated
Phone System Office Equipment	03 Cost	3/31/97	02/ Aband	/20/04 loned			0.	Basi	reciatio		7,143. -4,357. 2,786.
								Basi	reciatio		
								Cost Dep Basi	t reciatio	on	
				-				Cost	t reciatio		

Donation FMV

2,786.

-2,786.

0.

Form 990, Page 1, Part I, Line 9
Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Fundraising Expense	23,470.	0.	23,470.	18,324.	5,146.
Total =	23,470.	0.	23,470.	18,324.	5,146.

Form 990, Page 2, Part II, Line 43 Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Taxes - Other Fundraising Expense:Annual Gala Contract Labor National Dues & Membership Fees Professional Fees:Other Program Services:Field Trips/Outings Program Services:School Allocations Program Services:Snacks and Food Program Services:Tuition and Fees	790. 67,977. 7,476. 3,310. 0. 6,161. 572. 19,125. 542. 24,825.	0. 33,989. 4,890. 0. 0. 6,161. 572. 19,125. 542. 24,825.	790. 0. 1,724. 3,310. 0. 0. 0. 0. 0. 0.	0. 33,988. 862. 0. 0. 0. 0. 0. 0.
Bad Debt Expense Bank Service Charges General Liability/ DMO:Liability Insurance Miscellaneous Dues and Subscriptions	1,046. 1,257. 735.	0. 0. 0. 882.	1,046. 0. 735.	0. 0. 0. 375.
Total	142,523.	90,986.	16,312.	35,225.

Form 990, Page 3, Part IV, Line 54 Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
AmSouth Investment	259,004.	0.
Meriwether Trust	9,000.	0.
Merrill Lynch Investment	191,020.	199,288.
AmSouth Investment		205,052.
Boyd Restricted Endowment		100,000.
Community Foundation Endowment	8,476.	9,150.
Paine -Webber		715.
Preferred Stock Meriwether Cap		9,000.

Form 990, Page 3, Part IV, Line 54 nvestments - Securities Statement			Continue
Line 54 – Investments - Securities:		Beginning of Year	End of Year
Total	=	467,500.	523,205.
Form 990, Page 3, Part IV, Line 56 Investments - Other Statement			
Line 56 — Investments - Other:		Beginning of Year	End of Year
Boyd Restricted Endowment		100,000.	0.
Paine -Webber		790.	0.
Total	:	100,790.	0.
Form 990, Page 3, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement	(a)	(b)	(c)
	Cost/Other Basis	Accumulated Depreciation	Book Value
Furniture & Fixtures	4,045.	4,045.	0.
Office Equipment	12,320.	3,570.	8,750.
Vehicle	19,250.	9,946.	9,304.
Total	35,615.	17,561.	18,054.
Form 990, Page 3, Part IV, Line 58 Other Assets Statement		-	
Line 58 - Other Assets:		Beginning of Year	End of Year
Security Deposit			2,998.
Total		=	2,998.
Form 990, Page 3, Part IV, Line 65 Other Liabilities Statement			
Line 65 - Other Liabilities:		Beginning of Year	End of Year
Line of Credit Bank Overdraft		0.	
Deferred Income			

		58-1984750	100 BLACK MEN OF MIDDLE TN
Continued			Form 990, Page 3, Part IV, Line 65 Other Liabilities Statement
End of Year	Beginning of Year		Line 65 - Other Liabilities:
-	of Year		Line 65 - Other Liabilities:

0.

Total

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Rounding Difference	1.
Unrealized Gains on Investments	27,285.
Total	27,286.

Supporting Statement of:

Form 990 p 2/Line 23 column (B)

Description	Amount
Scholarships Awarded to Students	132,477.
Total	132,477.

Supporting Statement of:

Form 990 p 3/Line 46, column (A)

Description	Amount
Cash - Citizens Bank:Citizens Bank-Restricted Funds	19,357.
Cash - Citizens Bank:Other	24,693.
Cash - Citizens Bank: Read to Achieve	500.

Supporting Statement of:

Form 990 p 3/Line 60, column (A)

Description	Amount
Accounts Payable:Other	21,425.
Bank of Nashville -LOC	76,617.
Payroll Liabilities	4.
Bank of Nashville - LOC	-25,217.
Total	72,829.

Supporting Statement of:

Form 990 p 3/Line 48a

Description	Amount
Assessments Receivable	10,920.
Membership Dues Receivable	11,210.
Misc Receivable	6,385.
Pledges Receivable	35,000.
Total	63,515.

Supporting Statement of:

Form 990 p 3/Line 67, column (B)

Description	Amount
Board Designated	211,163.
Unrestricted Net Assets	72,029.
Total	283,192.

Supporting Statement of:

Form 990 p 4/Part IV-A, Line b(4)

Description	Amount
Concerts Costs	18,324.
Disposal of Equipment	2,786.
Total	21.110.

Supporting Statement of:

Form 990 p 4/Part IV-B, Line b(4)

Description	Amount
Concert Costs Disposal of Assets	18,324. 2,786.
Total	21,110.

Supporting Statement of:

Gain or Loss Statement/Public sales price

Description	Amount
AmSouth 8/31/04	78,939.
TXU Corporations	31,368.
Sales 12/14/04	7,153.
Community Foundation	325.
Total	117,785.

Supporting Statement of:

Gain or Loss Statement/Public cost amount

Description	Amount
AmSouth Wealth 8/31/04	77,376.
TXU Corporation	15,684.
Sales 12/14/04	5,834.