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

**2007**

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning and ending

**B** Check if applicable: Address change; [X] Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization
BELCOURT THEATRE, INC.
F.K.A. BELCOURT YES!, INC.

Number and street (or P O box if mail is not delivered to street address) / Room/suite
2102 BELCOURT AVENUE

City or town, state or country, and ZIP + 4
NASHVILLE, TN 37212

**D Employer identification number** 62-1770620

**E Telephone number** (615) 846-3150

**F** Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

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

*H and I are not applicable to section 527 organizations.*

**H(a)** Is this a group return for affiliates? [ ] Yes [X] No

**H(b)** If "Yes," enter number of affiliates ▶ N/A

**H(c)** Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list )

**H(d)** Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

**I** Group Exemption Number ▶ N/A

**G** Website: ▶WWW.BELCOURT.ORG

**J** Organization type (check only one) ▶ [X] 501(c) ( 3 )◀ (insert no) [ ] 4947(a)(1) or [ ] 527

**K** Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**M** Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,863,301.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | | | |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | |
| | a | Contributions to donor advised funds | 1a | | | |
| | b | Direct public support (not included on line 1a) | 1b | 811,183. | | |
| | c | Indirect public support (not included on line 1a) | 1c | | | |
| | d | Government contributions (grants) (not included on line 1a) | 1d | 66,552. | | |
| | e | **Total** (add lines 1a through 1d) (cash $ 877,735. noncash $ ) | | | 1e | 877,735. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | 380,256. |
| | 3 | Membership dues and assessments | | | 3 | |
| | 4 | Interest on savings and temporary cash investments | | | 4 | |
| | 5 | Dividends and interest from securities | | | 5 | 1,254. |
| | 6 a | Gross rents SEE STATEMENT 2 | 6a | 163,310. | | |
| | b | Less rental expenses | 6b | | | |
| | c | Net rental income or (loss) Subtract line 6b from line 6a | | | 6c | 163,310. |
| | 7 | Other investment income (describe ▶ ) | | | 7 | |

| | | (A) Securities | | (B) Other | | |
|---|---|---|---|---|---|---|
| 8 a | Gross amount from sales of assets other than inventory | 165,201. | 8a | | | |
| b | Less cost or other basis and sales expenses | 166,763. | 8b | | | |
| c | Gain or (loss) (attach schedule) | <1,562.> | 8c | | | |
| d | Net gain or (loss) Combine line 8c, columns (A) and (B) STMT 3 | | | | 8d | <1,562.> |

| | | | | | | |
|---|---|---|---|---|---|---|
| Revenue | 9 | Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [ ] | | | | |
| | a | Gross revenue (not including $ 36,373. of contributions reported on line 1b) | 9a | 58,757. | | |
| | b | Less direct expenses other than fundraising expenses | 9b | 17,383. | | |
| | c | Net income or (loss) from special events Subtract line 9b from line 9a SEE STATEMENT 4 | | | 9c | 41,374. |
| | 10 a | Gross sales of inventory, less returns and allowances | 10a | 203,932. | | |
| | b | Less cost of goods sold | 10b | 73,565. | | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a STMT 5 | | | 10c | 130,367. |
| | 11 | Other revenue (from Part VII, line 103) | | | 11 | 12,856. |
| | 12 | **Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | | | 12 | 1,605,590. |
| Expenses | 13 | Program services (from line 44, column (B)) | | | 13 | 744,780. |
| | 14 | Management and general (from line 44, column (C)) | | | 14 | 83,900. |
| | 15 | Fundraising (from line 44, column (D)) | | | 15 | 16,174. |
| | 16 | Payments to affiliates (attach schedule) | | | 16 | |
| | 17 | **Total expenses** Add lines 16 and 44, column (A) | | | 17 | 844,854. |
| Net Assets | 18 | Excess or (deficit) for the year Subtract line 17 from line 12 | | | 18 | 760,736. |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 276,757. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | | 20 | 0. |
| | 21 | Net assets or fund balances at end of year Combine lines 18, 19, and 20 | | | 21 | 1,037,493. |

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723001 12-27-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2007)



617

13521024 781331 10848-10848 2007.06050 BELCOURT THEATRE, INC. F.K. 10848-11

17

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

| *Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.* | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|---|---|---|---|
| 22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐ | 22a | | | | |
| 22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐ | 22b | | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25a Compensation of current officers, directors, key employees, etc listed in Part V-A | 25a | 35,155. | 29,984. | 4,384. | 787. |
| b Compensation of former officers, directors, key employees, etc listed in Part V-B | 25b | 0. | 0. | 0. | 0. |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 25c | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 26 | 238,287. | 203,232. | 29,726. | 5,329. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 27 | | | | |
| 28 Employee benefits not included on lines 25a - 27 | 28 | | | | |
| 29 Payroll taxes | 29 | 21,977. | 18,744. | 2,741. | 492. |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | | | | |
| 32 Legal fees | 32 | | | | |
| 33 Supplies | 33 | 5,103. | 2,464. | 2,639. | |
| 34 Telephone | 34 | | | | |
| 35 Postage and shipping | 35 | | | | |
| 36 Occupancy | 36 | 60,000. | 58,800. | 600. | 600. |
| 37 Equipment rental and maintenance | 37 | 14,536. | 14,441. | 95. | |
| 38 Printing and publications | 38 | | | | |
| 39 Travel | 39 | 6,063. | 4,195. | 1,868. | |
| 40 Conferences, conventions, and meetings | 40 | | | | |
| 41 Interest | 41 | 10,855. | 10,855. | | |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 | 25,404. | 24,930. | 474. | |
| 43 Other expenses not covered above (itemize): | | | | | |
| a | 43a | | | | |
| b | 43b | | | | |
| c | 43c | | | | |
| d | 43d | | | | |
| e | 43e | | | | |
| f | 43f | | | | |
| g SEE STATEMENT 6 | 43g | 427,474. | 377,135. | 41,373. | 8,966. |
| 44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 844,854. | 744,780. | 83,900. | 16,174. |

**Joint Costs.** Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

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

**(iii)** the amount allocated to Management and general $ N/A , and **(iv)** the amount allocated to Fundraising $ N/A

**Part III** **Statement of Program Service Accomplishments** *(See the instructions.)*

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.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 8

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

| | | Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others ) |
|---|---|---|
| a | SEE STATEMENT 7<br>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | 744,780. |
| b | (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | |
| c | (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | |
| d | (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | |
| e | Other program services (attach schedule)<br>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | |
| f | **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ | 744,780. |

## Part IV Balance Sheets *(See the instructions.)*

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 45 | Cash - non-interest-bearing | | 257,864. | 45 | 83,929. |
| | 46 | Savings and temporary cash investments | | 122,113. | 46 | |
| | 47 a | Accounts receivable | 47a 2,267. | | | |
| | b | Less: allowance for doubtful accounts | 47b | 2,487. | 47c | 2,267. |
| | 48 a | Pledges receivable | 48a 361,886. | | | |
| | b | Less: allowance for doubtful accounts | 48b | 27,785. | 48c | 361,886. |
| | 49 | Grants receivable | | 31,458. | 49 | 34,750. |
| | 50 a | Receivables from current and former officers, directors, trustees, and key employees | | | 50a | |
| | b | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | 50b | |
| | 51 a | Other notes and loans receivable | 51a | | | |
| | b | Less allowance for doubtful accounts | 51b | | 51c | |
| | 52 | Inventories for sale or use | | 4,578. | 52 | 4,578. |
| | 53 | Prepaid expenses and deferred charges | | 4,867. | 53 | 11,624. |
| | 54 a | Investments - publicly-traded securities | ▶ ☐ Cost ☐ FMV | | 54a | |
| | b | Investments - other securities | ▶ ☐ Cost ☐ FMV | | 54b | |
| | 55 a | Investments - land, buildings, and equipment: basis | 55a | | | |
| | b | Less: accumulated depreciation | 55b | | 55c | |
| | 56 | Investments - other | | | 56 | |
| | 57 a | Land, buildings, and equipment: basis | 57a 1,632,326. | | | |
| | b | Less. accumulated depreciation | 57b 138,478. | 97,815. | 57c | 1,493,848. |
| | 58 | Other assets, including program-related investments (describe ▶ DEBT ISSUE COSTS) | | 0. | 58 | 14,021. |
| | 59 | **Total assets** (must equal line 74). Add lines 45 through 58 | | 548,967. | 59 | 2,006,903. |
| Liabilities | 60 | Accounts payable and accrued expenses | | 69,480. | 60 | 19,226. |
| | 61 | Grants payable | | | 61 | |
| | 62 | Deferred revenue | | | 62 | |
| | 63 | Loans from officers, directors, trustees, and key employees | | | 63 | |
| | 64 a | Tax-exempt bond liabilities | | | 64a | |
| | b | Mortgages and other notes payable STMT 9 | | | 64b | 946,297. |
| | 65 | Other liabilities (describe ▶ SEE STATEMENT 10) | | 202,730. | 65 | 3,887. |
| | 66 | **Total liabilities.** Add lines 60 through 65 | | 272,210. | 66 | 969,410. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶** [X] and complete lines 67 through 69 and lines 73 and 74. | | | | |
| | 67 | Unrestricted | | 182,859. | 67 | 670,409. |
| | 68 | Temporarily restricted | | 93,898. | 68 | 367,084. |
| | 69 | Permanently restricted | | | 69 | |
| | | **Organizations that do not follow SFAS 117, check here ▶** ☐ and complete lines 70 through 74. | | | | |
| | 70 | Capital stock, trust principal, or current funds | | | 70 | |
| | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| | 72 | Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| | 73 | **Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21) | | 276,757. | 73 | 1,037,493. |
| | 74 | **Total liabilities and net assets/fund balances.** Add lines 66 and 73 | | 548,967. | 74 | 2,006,903. |

**Part IV-A** **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

| | | | | | |
|---|---|---|---|---|---|
| a | Total revenue, gains, and other support per audited financial statements | | | a | 1,696,538. |
| b | Amounts included on line **a** but not on Part I, line 12: | | | | |
| 1 | Net unrealized gains on investments | b1 | | | |
| 2 | Donated services and use of facilities | b2 | | | |
| 3 | Recoveries of prior year grants | b3 | | | |
| 4 | Other (specify): | b4 | | | |
| | Add lines **b1** through **b4** | | | b | 0. |
| c | Subtract line **b** from line **a** | | | c | 1,696,538. |
| d | Amounts included on Part I, line 12, but not on line **a**: | | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | | |
| 2 | Other (specify): SEE STATEMENT 12 | d2 | <90,948.> | | |
| | Add lines **d1** and **d2** | | | d | <90,948.> |
| e | **Total revenue** (Part I, line 12). Add lines **c** and **d** ▶ | | | e | 1,605,590. |

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

| | | | | | |
|---|---|---|---|---|---|
| a | Total expenses and losses per audited financial statements | | | a | 935,802. |
| b | Amounts included on line **a** but not on Part I, line 17: | | | | |
| 1 | Donated services and use of facilities | b1 | | | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | | | |
| 3 | Losses reported on Part I, line 20 | b3 | | | |
| 4 | Other (specify): SEE STATEMENT 11 | b4 | 90,948. | | |
| | Add lines **b1** through **b4** | | | b | 90,948. |
| c | Subtract line **b** from line **a** | | | c | 844,854. |
| d | Amounts included on Part I, line 17, but not on line **a**: | | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | | |
| 2 | Other (specify): | d2 | | | |
| | Add lines **d1** and **d2** | | | d | 0. |
| e | **Total expenses** (Part I, line 17). Add lines **c** and **d** ▶ | | | e | 844,854. |

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|---|---|---|---|
| STEPHANIE SILVERMAN<br>1025 DRAUGHON AVENUE<br>NASHVILLE, TN 37204 | MANAGING DIRECTOR<br>40.00 | 34,405. | 750. | 0. |
| SEE ATTACHED LIST OF NONCOMPENSATED BOARD OF DIRECTORS | VARIOUS<br>2.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V-A Current Officers, Directors, Trustees, and Key Employees** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 75 a | Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 30 | | | |
| b | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) | 75b | | X |
| c | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." | 75c | | X |
| | If "Yes," attach a statement that includes the information described in the instructions. | | | |
| d | Does the organization have a written conflict of interest policy? | 75d | X | |

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |

**Part VI Other Information** *(See the instructions.)*

| | | | Yes | No |
|---|---|---|---|---|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 76 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | | X |
| 78 a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | 78a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A | 78b | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | | X |
| b | If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt | | | |
| 81 a | Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 81b | | X |

Form **990** (2007)

723161/12-27-07



13521024 781331 10848-10848 2007.06050 BELCOURT THEATRE, INC. F.K. 10848-11

**Part VI Other Information** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A | | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions? | 83b | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A | 84b | | |
| 85 a | *501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members? N/A | 85a | | |
| b | Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A | 85b | | |
| | If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | | |
| c | Dues, assessments, and similar amounts from members 85c N/A | | | |
| d | Section 162(e) lobbying and political expenditures 85d N/A | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A | 85g | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A | 85h | | |
| 86 | *501(c)(7) organizations* Enter: **a** Initiation fees and capital contributions included on line 12 86a N/A | | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b N/A | | | |
| 87 | *501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders 87a N/A | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A | | | |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | | X |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶ | 88b | | X |
| 89 a | *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0. | | | |
| b | *501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |
| c | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | | |
| d | Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0. | | | |
| e | *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | | X |
| f | *All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | | X |
| g | *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | | X |

90 a List the states with which a copy of this return is filed ▶ TN

b Number of employees employed in the pay period that includes March 12, 2007 — 90b 17

91 a The books are in care of ▶ STEPHANIE SILVERMAN Telephone no ▶ (615)846-3150

Located at ▶ 2102 BELCOURT AVENUE, NASHVILLE, TN ZIP + 4 ▶ 37212

| | | | Yes | No |
|---|---|---|---|---|
| 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)? If "Yes," enter the name of the foreign country ▶ N/A. See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts. | 91b | | X |

**Part VI Other Information** *(continued)*

| | | Yes | No |
|---|---|---|---|
| c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A | 91c | | X |

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

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

| **Note:** *Enter gross amounts unless otherwise indicated.* | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---|---|---|---|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a BOX OFFICE SALES | | | | | 380,256. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | |
| 96 Dividends and interest from securities | | | 14 | 1,254. | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | 16 | 163,310. | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 01 | <1,562.> | |
| 101 Net income or (loss) from special events | | | 02 | 41,374. | |
| 102 Gross profit or (loss) from sales of inventory | | | 03 | 130,367. | |
| 103 Other revenue: | | | | | |
| a MISCELLANEOUS | | | | | 12,856. |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 334,743. | 393,112. |

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 727,855.

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

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

| Line No ▼ | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---|---|
| 93A | OPERATION OF THE THEATRES IN THEIR HISTORICAL ROLES. |
| 103A | MISCELLANEOUS INCOME GENERATED FROM THE OPERATION OF THE THEATRES IN THEIR HISTORICAL ROLES. |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** *(See the instructions.)*

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

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

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

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

**Part XI** **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

| | Yes | No |
|---|---|---|
| 106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---|---|---|---|---|
| a | | | | |
| b | | | | |
| c | | | | |
| | Totals | | | |

| | Yes | No |
|---|---|---|
| 107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. | | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---|---|---|---|---|
| a | | | | |
| b | | | | |
| c | | | | |
| | Totals | | | |

| | Yes | No |
|---|---|---|
| 108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? | | |

**Please Sign Here**

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

Signature of officer — Date: 10/28/2008

Stephanie Silverman, Managing Director
Type or print name and title

**Paid Preparer's Use Only**

| | | | | |
|---|---|---|---|---|
| Preparer's signature | Date: 10/24/08 | Check if self-employed ▶ [X] | Preparer's SSN or PTIN (See Gen Inst X) | |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | KRAFTCPAS PLLC<br>555 GREAT CIRCLE ROAD, SUITE 200<br>NASHVILLE, TN 37228-1310 | | EIN ▶ | Phone no ▶ (615)242-7351 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2007**

Name of the organization BELCOURT THEATRE, INC.
F.K.A. BELCOURT YES!, INC.

Employer identification number 62 1770620

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

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

| (a) Name and address of each employee paid more than $50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $50,000 ▶ | 0 | | | |

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

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

| (a) Name and address of each independent contractor paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over $50,000 for professional services ▶ 0 | | |

## Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

| (a) Name and address of each independent contractor paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over $50,000 for other services ▶ 0 | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ________ $ ________ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) | 1 | | X |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)* | | | |
| a | Sale, exchange, or leasing of property? | 2a | | X |
| b | Lending of money or other extension of credit? | 2b | | X |
| c | Furnishing of goods, services, or facilities? | 2c | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? | 2d | | X |
| e | Transfer of any part of its income or assets? | 2e | | X |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) | 3a | | X |
| b | Did the organization have a section 403(b) annuity plan for its employees? | 3b | | X |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | 3c | | X |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | 3d | | X |
| 4 a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | 4a | | X |
| b | Did the organization make any taxable distributions under section 4966? N/A | 4b | | |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | 4c | | |
| d | Enter the total number of donor advised funds owned at the end of the tax year ▶ | N/A | | |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ | N/A | | |
| f | Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ | 0. | | |
| g | Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ | 0. | | |

## Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions )

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

5 [ ] A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 [ ] A school. Section 170(b)(1)(A)(ii) (Also complete Part V )

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)

8 [ ] A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A )

11a [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

11b [ ] A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

12 [X] An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A )

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions )

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? Yes | (d) No | (e) Amount of support |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Total** ▶ | | | | | |

14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions )

**Schedule A (Form 990 or 990-EZ) 2007**

723121
12-27-07

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

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|---|---|---|---|---|---|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 ) | 208,883. | 133,818. | 219,885. | 370,022. | 932,608. |
| 16 Membership fees received | | 0. | 0. | 0. | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose | 645,451. | 507,327. | 554,536. | 339,321. | 2,046,635. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 253. | 109. | 65. | 38. | 465. |
| 19 Net income from unrelated business activities not included in line 18 | 0. | 0. | 300. | 150. | 450. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets | | | SEE STATEMENT 13 41,216. | 918. | 42,134. |
| 23 Total of lines 15 through 22 | 854,587. | 641,254. | 816,002. | 710,449. | 3,022,292. |
| 24 Line 23 minus line 17 | 209,136. | 133,927. | 261,466. | 371,128. | 975,657. |
| 25 Enter 1% of line 23 | 8,546. | 6,413. | 8,160. | 7,104. | |

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a N/A

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b N/A

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c N/A

d Add Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ ▶ 26d N/A

e Public support (line 26c minus line 26d total) ▶ 26e N/A

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f N/A %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, 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

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

c Add Amounts from column (e) for lines 15 932,608. 16 ______ 17 2,046,635. 20 ______ 21 ______ ▶ 27c 2,979,243.

d Add Line 27a total 0. and line 27b total 0. ▶ 27d 0.

e Public support (line 27c total minus line 27d total) ▶ 27e 2,979,243.

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f 3,022,292.

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 98.5756%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h .0154%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.

NONE

**Part V** **Private School Questionnaire** (See page 9 of the instructions ) N/A
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.) | | | |
| 32 | Does the organization maintain the following | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | | |
| a | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) N/A

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

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

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

**Caution:** *If there is an amount on either line 43 or line 44, you must file Form 4720.*

## 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions )

| | **Lobbying Expenditures During 4-Year Averaging Period** | | | | N/A |
|---|---|---|---|---|---|
| **Calendar year (or fiscal year beginning in)** ▶ | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | 0. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0. |
| 47 Total lobbying expenditures | | | | | 0. |
| 48 Grassroots nontaxable amount | | | | | 0. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

**Part VI-B** **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions )

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | No | Amount |
|---|---|---|---|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (Add lines c through h.) | | | 0. |

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

**Part VII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions )

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | | | Yes | No |
|---|---|---|---|---|
| a | Transfers from the reporting organization to a noncharitable exempt organization of | | | |
| | (i) Cash | 51a(i) | | X |
| | (ii) Other assets | a(ii) | | X |
| b | Other transactions | | | |
| | (i) Sales or exchanges of assets with a noncharitable exempt organization | b(i) | | X |
| | (ii) Purchases of assets from a noncharitable exempt organization | b(ii) | | X |
| | (iii) Rental of facilities, equipment, or other assets | b(iii) | | X |
| | (iv) Reimbursement arrangements | b(iv) | | X |
| | (v) Loans or loan guarantees | b(v) | | X |
| | (vi) Performance of services or membership or fundraising solicitations | b(vi) | | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| | | | |

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| | | |

**BELCOURT THEATRE**
**Board of Directors**
Contact List

| | | | |
|---|---|---|---|
| Name | **Robin Andrews** | Home. | 665-0862 |
| Address | 1807 Tyne Blvd | Work | |
| | Nashville, TN 37215 | Cell. | 498-8072 |
| | | Fax | |
| Email | Robineandrews@comcast net | Notes | |

| | | | |
|---|---|---|---|
| Name | **Megan Barry** | Home | 298-4363 |
| Address | 2017 20th Ave S | Work | |
| | Nashville, TN 37212 | Cell | 480-3008 |
| | | Fax | |
| Email | megan@meganbarry com | Notes. | |

| | | | |
|---|---|---|---|
| Name | **Mark Chalos** | Home | 279-0113 |
| Address | 1713 Sweetbriar Ave | Work | 313-9000 |
| | Nashville, TN 37212 | Cell | 310-8376 |
| | | Fax | 313-9965 |
| Email | mchalos@lchb com | Notes | |

| | | | |
|---|---|---|---|
| Name. | **Joan Cheek** | Home | 269-9679 |
| Address | 712 Enquirer Ave | Work | 250-7880 |
| | Nashville, TN 37205 | Cell. | 351-3874 |
| | | Fax | 250-7881 |
| Email | cheekj@comcast net | Notes. | |

| | | | |
|---|---|---|---|
| Name | **Will Cheek** | Home | |
| Address | Bone McAllester Norton, PLLC | Work | 238-6308 |
| | 511 Union St, Ste 1600 | Cell | 300-3390 |
| | Nashville, TN 37219 | Fax | 687-5785 |
| Email | wcheek@bonelaw com | Notes | Home 1619 18th Ave S, 37212 |

| | | | |
|---|---|---|---|
| Name | **Won Choi** | Home | 292-7658 |
| Address | 226 Third Ave N | Work | 248-3804 |
| | Nashville, TN 37201 | Cell | 423-1796 |
| | | Fax | |
| Email | jjsbistro@bellsouth net | Notes | |

| | | | |
|---|---|---|---|
| Name | **Chase Cole** | Home | 292-9759 |
| Address | Waller Landsen Dortch and Davis | Work | 850-8476 |
| | 511 Union St, Ste 2700 | Cell | 972-9276 |
| | Nashville, TN 37219 | Fax. | 244-6804 |
| Email | chase cole@wallerlaw com | Notes | Waller main line. 244-6380 |

| | | | |
|---|---|---|---|
| Name | **Kellie Conn** | Home | 202-6554 |
| Address | 306 S 8th St | Work | 515-3307 |
| | Nashville, TN 37206 | Cell | 202-6554 |
| | | Fax | 356-0933 |
| Email | kellieconn@paradigmgroup net | Notes | Fax to Kellie's attention |

| | | | |
|---|---|---|---|
| Name | **Hunter Davis** | Home | 661-4057 |
| Address | 1140 Travelers Ridge | Work | |
| | Nashville, TN 37220 | Cell. | 479-4666 |
| | | Fax: | 661-4057 |
| Email | hunterdavis@comcast net | Notes | |

| | | | |
|---|---|---|---|
| Name | **Laura Ellis** | Home | 386-3526 |
| Address | 4507 Wyoming Ave | Work | 232-4040 |
| | Nashville, TN 37209 | Cell | 974-7593 |
| | | Fax | 872-5353 |
| Email | Laura_Ellis@msn com | Notes | |

| | | | |
|---|---|---|---|
| Name | **Pat Embry** | Home | 298-9455 |
| Address | 1606 Glen Echo Rd | Work | |
| | Nashville, TN 37215 | Cell. | 509-3767 |
| | | Fax | |
| Email. | embrypatrick@hotmail.com | Notes | |

| | | | |
|---|---|---|---|
| Name | **David Ewing** | Home: | 269-7716 |
| Address: | 2126 Blair Blvd | Work | |
| | Nashville, TN 37212 | Cell | |
| | | Fax | |
| Email | Dewing@nashvillechamber com | Notes | |

| | | | |
|---|---|---|---|
| Name | **Jason Facio** | Home | 262-5510 |
| Address. | 1510 Holly St | Work | 832-5242 (x 209) |
| | Nashville, TN 37206 | Cell | 480-5510 |
| | | Fax. | |
| Email | jfacio@comcast net | Notes | |

| | | | |
|---|---|---|---|
| Name: | **Frank Garrison** | Home | 297-0082 |
| Address | Overton Capital, LLC | Work | 783-1021 |
| | 104 Woodmont Blvd, Ste 219 | Cell | |
| | Nashville, TN 37205 | Fax | 783-1030 |
| Email: | fgarrison@overtoncapital com | Notes | |

| | | | |
|---|---|---|---|
| Name | **Jayne Gordon** | Home | 385-0407 |
| Address | 1801 Beechwood Ave | Work: | 320-1329 |
| | Nashville, TN 37212 | Cell | 300-4509 |
| | | Fax | |
| Email | ajg@ajgordon com | Notes | |

| | | | |
|---|---|---|---|
| Name. | **Darryl L. Griffin** | Home | 832-9842 |
| Address: | 3205 Glencliff Rd | Work· | 724-0065 |
| | Nashville, TN 37211 | Cell | 506-5114 |
| | | Fax | |
| Email | dgriff23@NBL4U com | Notes. | |

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| | | | |
|---|---|---|---|
| Name. | **Kim Logan** | Home | 356-6276 |
| Address. | 208 Olive Branch Rd | Work | 352-4777 |
| | Nashville, TN 37205 | Cell | 400-2171 |
| | | Fax | 353-9422 |
| Email | logank@comcast net | Notes | |

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| | | | |
|---|---|---|---|
| Name· | **David Maddox** | Home· | 797-6261 |
| Address | 317 Joslin Branch Rd | Work | 797-3314 |
| | White Bluff, TN 37187 | Cell. | 319-9869 |
| | | Fax | 797-3314 |
| Email | davidcmaddox@yahoo com | Notes. | |

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| | | | |
|---|---|---|---|
| Name | **Mimi Manzler** | Home | 385-7043 |
| Address. | 621 Lynnwood Blvd | Work | |
| | Nashville, TN 37205 | Cell | 479-4964 |
| | | Fax | 385-7043 |
| Email | mimimanzler@comcast net | Notes | |

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|---|---|---|---|
| Name· | **Scott Manzler** | Home | 385-7043 |
| Address | 621 Lynnwood Blvd | Work | |
| | Nashville, TN 37205 | Cell | 294-8780 |
| | | Fax | 385-7043 |
| Email | manzler@comcast net | Notes | |

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|---|---|---|---|
| Name. | **Tim Moses** | Home· | |
| Address· | Sitemason | Work: | 301-2600 (x 138) |
| | 110 30th Ave N, Ste 5 | Cell | 300-0138 |
| | Nashville, TN 37203 | Fax | |
| Email | tim@sitemason com | Notes | |

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| | | | |
|---|---|---|---|
| Name: | **Thomas F. O'Connell** | Home· | |
| Address | 110 30th Ave N, Ste 6 | Work | |
| | Nashville, TN 37203-6320 | Cell· | 260-0005 |
| | | Fax. | |
| Email | tfo@alumni brown edu | Notes | |

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| | | | |
|---|---|---|---|
| Name | **Mike Schoenfeld** | Home. | 463-8578 |
| Address | Vanderbilt University | Work· | 343-1790 |
| | 405 Kirkland Hall | Cell | 429-7913 |
| | Nashville, TN 37240 | Fax | 322-4642 |
| Email. | Michael Schoenfeld@vanderbilt edu | Notes | Home. 3827 Richland Ave, 37205 |

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| | | | |
|---|---|---|---|
| Name | **David Taylor** | Home | 269-5886 |
| Address: | 1702 Linden Ave | Work | 329-2912 |
| | Nashville, TN 37212 | Cell: | |
| | | Fax | |
| Email | david@tribenashville.com | Notes | Play 376-8212 |

| | | | |
|---|---|---|---|
| Name. | **Melissa A. Taylor** | Home | 833-0969 |
| Address: | 348 Red Feather Ln | Work | |
| | Brentwood, TN 37027 | Cell | 210-9920 |
| | | Fax | |
| Email | mandhtaylor@bellsouth net | Notes | |

| | | | |
|---|---|---|---|
| Name | **H. G. Webb** | Home | 776-5536 |
| Address | | Work: | |
| | | Cell | 308-9056 |
| | | Fax | |
| Email: | hgwchief@hotmail com | Notes | |

| | | | |
|---|---|---|---|
| Name | **F. Clark Williams** | Home | 386-3712 |
| Address | 4706 Nevada Ave | Work | 343-3808 |
| | Nashville, TN 37209 | Cell | 429-4026 |
| | | Fax | 343-0485 |
| Email | f clark williams@vanderbilt edu | Notes | Work: 2147 Belcourt, Ste 100, 37212 |

FOOTNOTES STATEMENT 1

PROPERTY AND EQUIPMENT ARE STATED AT ACQUISITION COST, OR AT ESTIMATED FAIR MARKET VALUE AT THE TIME OF THE GIFT IF DONATED. DEPRECIATION OF THESE ASSETS IS CALCULATED BY THE STRAIGHT-LINE METHOD TO ALLOCATE THE COST OF DEPRECIABLE ASSETS, AS SO DETERMINED, TO OPERATIONS OVER ESTIMATED USEFUL LIVES OF 5 TO 10 YEARS FOR EQUIPMENT AND FURNITURE AND FIFTEEN YEARS FOR LEASEHOLD IMPROVEMENTS. PROPERTY AND EQUIPMENT AT DECEMBER 31, 2007:

| | |
|---|---:|
| LAND | 210,000. |
| BUILDINGS & LEASEHOLD IMPROVEMENTS | 1,305,850. |
| THEATRE EQUIPMENT | 75,300. |
| CONCESSION EQUIPMENT | 19,108. |
| OFFICE EQUIPMENT | 16,404. |
| FURNITURE AND FIXTURES | 5,664. |
| | 1,632,326. |
| LESS: ACCUMULATED DEPRECIATION | <138,478.> |
| | 1,493,848. |

FORM 990 RENTAL INCOME STATEMENT 2

| KIND AND LOCATION OF PROPERTY | ACTIVITY NUMBER | GROSS RENTAL INCOME |
|---|---|---|
| BELCOURT THEATRE, 2102 BELCOURT AVENUE | 1 | 163,310. |
| TOTAL TO FORM 990, PART I, LINE 6A | | 163,310. |

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
|---|---|---|---|---|
| VARIOUS SECURITIES | 165,201. | 166,763. | 0. | <1,562.> |
| TO FORM 990, PART I, LINE 8 | 165,201. | 166,763. | 0. | <1,562.> |

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME OR (LOSS) |
|---|---|---|---|---|---|
| OSCAR PARTY | 95,130. | 36,373. | 58,757. | 17,383. | 41,374. |
| TO FM 990, PART I, LINE 9 | 95,130. | 36,373. | 58,757. | 17,383. | 41,374. |

| FORM 990 | INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 | STATEMENT 5 |
|---|---|---|

INCOME

| | | |
|---|---|---|
| 1. GROSS RECEIPTS | 203,932 | |
| 2. RETURNS AND ALLOWANCES | | |
| 3. LINE 1 LESS LINE 2 | | 203,932 |
| 4. COST OF GOODS SOLD (LINE 13) | 73,565 | |
| 5. GROSS PROFIT (LINE 3 LESS LINE 4) | | 130,367 |

COST OF GOODS SOLD

| | | |
|---|---|---|
| 6. INVENTORY AT BEGINNING OF YEAR | 4,578 | |
| 7. MERCHANDISE PURCHASED | 73,565 | |
| 8. COST OF LABOR | | |
| 9. MATERIALS AND SUPPLIES | | |
| 10. OTHER COSTS | | |
| 11. ADD LINES 6 THROUGH 10 | | 78,143 |
| 12. INVENTORY AT END OF YEAR | 4,578 | |
| 13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) | | 73,565 |

FORM 990 OTHER EXPENSES STATEMENT 6

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|---|---|---|---|---|
| CONTRACT LABOR | 14,052. | 5,816. | 8,236. | 0. |
| ADVERTISING AND MARKETING | 33,400. | 32,265. | 0. | 1,135. |
| BANK CHARGES | 25,052. | 24,630. | 422. | 0. |
| FACILITIES UPKEEP | 34,331. | 34,331. | 0. | 0. |
| FOOD AND BEVERAGE | 937. | 0. | 0. | 937. |
| INSURANCE | 32,738. | 28,204. | 4,534. | 0. |
| LICENSES AND PERMITS | 1,565. | 1,250. | 20. | 295. |
| MISCELLANEOUS | 17,003. | 10,169. | 339. | 6,495. |
| PROFESSIONAL FEES | 27,049. | 0. | 27,049. | 0. |
| TAXES | 18,824. | 18,824. | 0. | 0. |
| BOX OFFICE EXPENSES | 12,467. | 12,467. | 0. | 0. |
| FILM DISTRIBUTION FEES | 171,319. | 171,319. | 0. | 0. |
| UTILITIES | 38,737. | 37,860. | 773. | 104. |
| TOTAL TO FM 990, LN 43 | 427,474. | 377,135. | 41,373. | 8,966. |

| FORM 990 | STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | STATEMENT 7 |
|---|---|---|

DESCRIPTION OF PROGRAM SERVICE ONE

BELCOURT THEATRE, INC. OPERATES A HISTORIC MOVIE HOUSE WITH TWO SEPARATE AUDITORIUMS WITH A COMBINED SEATING CAPACITY OF APPROXIMATELY 750. THE THEATRE'S CORE PROGRAMMING IS INDEPENDENT, FOREIGN AND ART HOUSE FILM IN COMBINATION WITH LIVE MUSIC AND THEATRE PROGRAMMING. ADDITIONALLY, THE VENUE IS UTILIZED BY RENTERS FOR LECTURES, MEETING, SEMINARS, PARTIES AND OTHER EVENTS. IN 2007, THE THEATRE PRESENTED OVER 125 FILMS TO AUDIENCES TOTALING 37,000 PLUS. FAMILY PROGRAMMING SERVED OVER 6,000 NASHVILLE AREA CHILDREN AND FAMILIES AND TOTAL ATTENDANCE AT ALL FILM, MUSIC, THEATRE, CHILDREN'S AND SPECIAL EVENTS OVER THE COURSE OF THE YEAR TOTALED 84,000.

| | GRANTS | EXPENSES |
|---|---|---|
| TO FORM 990, PART III, LINE A | | 744,780. |

| FORM 990 | STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III | STATEMENT 8 |
|---|---|---|

EXPLANATION

THE BELCOURT WAS ORGANIZED TO ENGAGE IN THE PRESERVATION OF THE BELCOURT THEATRE IN ITS HISTORICAL ROLES AS A HOME FOR FILM, THEATRE, MUSIC AND COMMUNITY EVENTS.

| FORM 990 | MORTGAGES PAYABLE | STATEMENT 9 |
|---|---|---|

| DESCRIPTION | BALANCE DUE |
|---|---|
| SUNTRUST | 946,297. |
| TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B | 946,297. |

| FORM 990 | OTHER LIABILITIES | STATEMENT 10 |
|---|---|---|

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|---|---|---|
| OTHER CURRENT LIABILITIES | 2,103. | 3,887. |
| CAPITAL CAMPAIGN REFUNDABLE ADVANCES | 200,627. | 0. |
| TOTAL TO FORM 990, PART IV, LINE 65 | 202,730. | 3,887. |

| FORM 990 | OTHER EXPENSES NOT INCLUDED ON FORM 990 | STATEMENT 11 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| COST OF GOODS SOLD | 73,565. |
| SPECIAL EVENTS EXPENSES | 17,383. |
| TOTAL TO FORM 990, PART IV-B | 90,948. |

| FORM 990 | OTHER REVENUE INCLUDED ON FORM 990 | STATEMENT 12 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| COST OF GOODS SOLD | <73,565.> |
| SPECIAL EVENTS EXPENSES | <17,383.> |
| TOTAL TO FORM 990, PART IV-A | <90,948.> |

| SCHEDULE A | OTHER INCOME | STATEMENT 13 |
|---|---|---|

| DESCRIPTION | 2006 AMOUNT | 2005 AMOUNT | 2004 AMOUNT | 2003 AMOUNT |
|---|---|---|---|---|
| MISCELLANEOUS | 0. | 0. | 41,216. | 918. |
| TOTAL TO SCHEDULE A, LINE 22 | 0. | 0. | 41,216. | 918. |

Form **8868** (Rev. April 2008) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

| | | |
|---|---|---|
| **Type or print** | Name of Exempt Organization<br>BELCOURT YES!, INC. | **Employer identification number**<br>62-1770620 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O box, see instructions.<br>2102 BELCOURT AVENUE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>NASHVILLE, TN 37212 | |

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

| | | |
|---|---|---|
| [X] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (sec. 401(a) or 408(a) trust) | [ ] Form 5227 |
| [ ] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870 |

- The books are in the care of ▶ STEPHANIE SILVERMAN

Telephone No. ▶ (615)846-3150 FAX No. ▶

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

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2007 or

▶ [ ] tax year beginning ______, and ending ______.

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

| | | | |
|---|---|---|---|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ |
| b | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ |
| c | **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ N/A |

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



10848-10848

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

**Part II** **Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

| Type or print<br>File by the extended due date for filing the return. See instructions | Name of Exempt Organization<br>BELCOURT YES!, INC. | Employer identification number<br>62-1770620 |
|---|---|---|
| | Number, street, and room or suite no. If a P.O. box, see instructions.<br>2102 BELCOURT AVENUE | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>NASHVILLE, TN 37212 | |

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of ▶ STEPHANIE SILVERMAN
Telephone No. ▶ (615)846-3150 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2008.

5 For calendar year 2007 , or other tax year beginning ______, and ending ______.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
TAXPAYER IS AWAITING INFORMATION FROM THIRD PARTIES.

| | | | |
|---|---|---|---|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | $ |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | $ |
| c | **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | $ N/A |

## Signature and Verification

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

Signature ▶ Sandra K. Ng Title ▶ CPA Date ▶ 8/14/08



723832
04-16-08

09090814 781331 10848-10848 2007.06010 BELCOURT YES!, INC. 10848-11