



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

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

C Name of organization

ROCKETTOWN OF MIDDLE TENNESSEE

Doing Business As

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

P. O. BOX 331129

Room/suite

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

NASHVILLE

TN 37203

D Employer identification number

62-1571573

E Telephone number

615-843-4001

G Gross receipts \$ 1,334,445

H(a) Is this a group return for

affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (3) (insert no) 4947(a)(1) or 527

J Website WWW.ROCKETTOWN.COM

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1994

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities

ROCKETTOWN'S MISSION IS TO CREATE CULTURALLY RELEVANT ENVIRONMENTS THAT FOSTER VITAL RELATIONSHIPS BETWEEN DISENFRANCHISED ADOLESCENTS AND CHRISTIAN MENTORS IN ORDER TO MEET THE SOCIAL, SPIRITUAL, AND PHYSICAL

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 23

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 23

5 Total number of employees (Part V, line 2a)

5 60

6 Total number of volunteers (estimate if necessary)

6 60-75

7a Total gross unrelated business revenue from Part VIII, line 12, column (C)

7a

b Net unrelated business taxable income from Form 990-T, line 34

7b

0

8 Contributions and grants (Part VIII, line 1h)

Prior Year

500,130

Current Year

284,221

9 Program service revenue (Part VIII, line 2g)

276,800

285,888

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

468,419

555,396

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,245,349

1,125,505

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

472,544

588,091

16a Professional fundraising fees (Part IX, column (A), line 11e)

95

b Total fundraising expenses (Part IX, column (D), line 25) 127,153

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

703,480

628,483

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

1,176,119

1,216,574

19 Revenue less expenses Subtract line 18 from line 12

69,230

-91,069

20 Total assets (Part X, line 16)

Beginning of Year

3,778,531

End of Year

3,690,474

21 Total liabilities (Part X, line 26)

80,790

83,802

22 Net assets or fund balances Subtract line 21 from line 20

3,697,741

3,606,672

Part II Signature Block

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.

Regina F. Newkirk, Executive Director

Signature of officer

Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Renelope D. Wilson, CPA

Date

11/19/09

Check if self-employed ☐

Preparer's identifying number (see instructions)

P00940948

Firm's name (or yours if self-employed), address, and ZIP + 4

BLANKENSHIP CPA GROUP, PLLC

109 WESTPARK DRIVE, SUITE 430

BRENTWOOD, TN 37027-5032

EIN

45-0491842

Phone

no 615-373-3771

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

Form 990 (2008)

SCANNED SEP 27 2010

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

ROCKETOWN'S MISSION IS TO CREATE CULTURALLY RELEVANT ENVIRONMENTS THAT FOSTER VITAL RELATIONSHIPS BETWEEN DISENFRANCHISED ADOLESCENTS AND CHRISTIAN MENTORS IN ORDER TO MEET THE SOCIAL, SPIRITUAL, AND PHYSICAL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **361,733** including grants of \$) (Revenue \$)
THE SIXTH AVENUE SKATEPARK

4b (Code:) (Expenses \$ **309,071** including grants of \$) (Revenue \$)
THE ROCKTOWN MUSIC VENUE

4c (Code:) (Expenses \$ **106,895** including grants of \$) (Revenue \$)
THE EMPYREAN COFFEE BAR

4d Other program services (Describe in Schedule O)(Expenses \$ **174,697** including grants of \$) (Revenue \$)**4e** Total program service expenses ► \$ **952,396** (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

- 28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee
- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- 34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36** **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37** Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35		X
36		X
37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	11
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	60
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	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)?	4a	X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

- | | |
|----|----|
| 1a | 23 |
| 1b | 23 |
- 1a** Enter the number of voting members of the governing body
- b** Enter the number of voting members that are independent
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a material diversion of the organization's assets?
- 6** Does the organization have members or stockholders?
- 7a** Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
- b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9a** Does the organization have local chapters, branches, or affiliates?
- b** If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?
- 10** Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990
- 11** Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9a		X
9b		
10	X	
11		X

Section B. Policies

- 12a** Does the organization have a written conflict of interest policy? If "No," go to line 13
- b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done
- 13** Does the organization have a written whistleblower policy?
- 14** Does the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:
- a** The organization's CEO, Executive Director, or top management official?
- b** Other officers or key employees of the organization?
Describe the process in Schedule O (see instructions)
- 16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b** If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
12a	X	
12b	X	
12c	X	
13		X
14		X
15a		X
15b	X	
16a		X
16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **► TN**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☐ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **► LAUREN BROOKS**

401 6TH AVE SOUTH**NASHVILLE****TN 37203****615-843-4001**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL W. SMITH BOARD MEMBER	1	X						0	0	0
MARK EZELL BOARD MEMBER	1	X						0	0	0
TOM HARRINGTON BOARD MEMBER	1	X						0	0	0
BARD LIDDLE BOARD MEMBER	1	X						0	0	0
LYDIA ARMISTAD BOARD MEMBER	1	X						0	0	0
MARK BLAZE BOARD MEMBER	1	X						0	0	0
JUDITH BRAKEN BOARD MEMBER	1	X						0	0	0
ROBIN CROW BOARD MEMBER	1	X						0	0	0
BETTY DICKENS BOARD MEMBER	1	X						0	0	0
CHARLES DORRIS BOARD MEMBER	1	X						0	0	0
JEFF EDMONSON BOARD MEMBER	1	X						0	0	0
MARK G' FRANCISCO BOARD MEMBER	1	X						0	0	0
JAY STROTHER BOARD MEMBER	1	X						0	0	0
AMY THOMAS BOARD MEMBER	1	X						0	0	0
EMMETT H. TURNER BOARD MEMBER	1	X						0	0	0
MICHAEL VADEN BOARD MEMBER	1	X						0	0	0
ROBERT E. WOOD BOARD MEMBER	1	X						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GLENN WORLEY BOARD MEMBER	1	X						0	0	0
SEPHIA WRIGHT BOARD MEMBER	1	X						0	0	0
BOB YEAGER BOARD MEMBER	1	X						0	0	0
LAURA GRIDER BOARD MEMBER	1	X						0	0	0
BOB MUELLER BOARD MEMBER	1	X						0	0	0
WILLIAM WRIGHT BOARD MEMBER	1	X						0	0	0

1b Total**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 60,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 224,221				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		284,221			
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Busn. Code	285,888	285,888		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		285,888			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real 144,293 (ii) Personal				
b Less rental exps						
c Rental inc or (loss)		144,293				
d Net rental income or (loss)			144,293			144,293
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis & sales exps						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a 232,017				
b Less: direct expenses		b 20,521				
c Net income or (loss) from fundraising events			211,496	211,496		
9a Gross income from gaming activities See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a 344,957				
b Less cost of goods sold	b 188,419					
c Net income or (loss) from sales of inventory		156,538	156,538			
Miscellaneous Revenue		Busn. Code				
11a SPONSORSHIPS		21,800	21,800			
b OTHER REVENUE		21,269	21,269			
c						
d All other revenue						
e Total. Add lines 11a-11d		43,069				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,125,505	696,991	0	144,293	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	303,889	257,284		46,605
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	193,310	149,954	24,580	18,776
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,901	5,951	2,974	1,976
9 Other employee benefits	37,734	29,537	1,937	6,260
10 Payroll taxes	42,257	32,743	6,092	3,422
11 Fees for services (non-employees)				
a Management				
b Legal	39,197	1,072	30,813	7,312
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	25,776	5,866	18,095	1,815
14 Information technology				
15 Royalties				
16 Occupancy	25,083	19,159	4,569	1,355
17 Travel	7,674	6,316	997	361
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,652	115,926	4,363	4,363
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PURCHASED SERVICES OTHER	76,893	45,429	11,416	20,048
b UTILITIES	74,017	70,077	1,970	1,970
c PURCHASED SERVICES PERSON	58,344	56,711	260	1,373
d INSURANCE	43,417	39,076	4,341	
e REPAIRS AND MAINTENANCE	34,666	34,036	630	
f All other expenses	118,764	83,259	23,988	11,517
25 Total functional expenses. Add lines 1 through 24f	1,216,574	952,396	137,025	127,153
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	57,694	1	179,610
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	203,473	3	111,457
	4 Accounts receivable, net	7,822	4	5,179
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	32,795	8	32,995
	9 Prepaid expenses and deferred charges	662	9	
	10a Land, buildings, and equipment: cost basis	10a 4,325,482		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 969,260		
		3,476,085	10c	3,356,222
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11.		12	
	13 Investments—program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11.		15	5,011	
16 Total assets. Add lines 1 through 15 (must equal line 34).	3,778,531	16	3,690,474	
Liabilities	17 Accounts payable and accrued expenses	80,790	17	83,802
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	80,790	26	83,802
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		3,494,268	27	3,484,876
28 Temporarily restricted net assets		203,473	28	121,796
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		3,697,741	33	3,606,672
34 Total liabilities and net assets/fund balances		3,778,531	34	3,690,474

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	538,192	1,058,036	525,550	500,130	284,221	2,906,129
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	538,192	1,058,036	525,550	500,130	284,221	2,906,129
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						765,449
6 Public support. Subtract line 5 from line 4						2,140,680

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	538,192	1,058,036	525,550	500,130	284,221	2,906,129
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	168,355	119,299	144,088	139,557	144,293	715,592
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,704	31,443	18,037	73,361	43,069	170,614
11 Total support. Add lines 7 through 10						3,792,335
12 Gross receipts from related activities, etc. (see instructions)					12	1,750,447
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	56.4475 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	61.2460 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV. **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS REVENUE \$ 170,614

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the organization

Employer identification number

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

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

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

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

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

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

(ii) Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _ _ _ _ _

b Assets included in Form 990, Part X ▶ \$ _ _ _ _ _

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Term endowment ☐ _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,050,000		1,050,000
b Buildings		2,599,667	468,545	2,131,122
c Leasehold improvements				
d Equipment		661,461	486,361	175,100
e Other		14,354	14,354	
Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				3,356,222

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,125,505
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,216,574
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-91,069
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-91,069

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,317,194
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	3,270
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	188,419
e	Add lines 2a through 2d	2e	191,689
3	Subtract line 2e from line 1	3	1,125,505
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,125,505

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,408,263
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	3,270
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	188,419
e	Add lines 2a through 2d	2e	191,689
3	Subtract line 2e from line 1	3	1,216,574
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,216,574

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b

and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

COST OF GOOD SOLD	\$	188,419
COST OF GOODS SOLD	\$	-188,419

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

COST OF GOOD SOLD	\$	188,419
-------------------	----	---------

Part XIV Supplemental Information (continued)

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

COST OF GOODS SOLD \$ 188,419

Form with multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FUNDRAISING EVE (event type)	(event type)	NONE (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	232,017			232,017
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	232,017			232,017
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	20,521			20,521
	8 Direct expense summary Add lines 4 through 7 in column (d)				20,521
	9 Net income summary Combine lines 3 and 8 in column (d)				211,496

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

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

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.

- a** The organization's facility
- b** An outside facility

		Yes	No
13a	%		
13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

15a**17a**

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008**Open to Public
Inspection****ROCKETOWN OF MIDDLE TENNESSEE**Employer identification number
62-1571573**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

NEEDS OF THE TEENS. ROCKETOWN HAS VISITORS REPRESENTING EVERY SOCIAL DEMOGRAPHIC OF THE GREATER NASHVILLE AREA AND SURROUNDING COUNTIES.

FORM 990, PART I, LINE 6

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

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

AFTER SCHOOL PROGRAMS AND SUMMER CAMPS

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 THE DRAFT 990 IS PROVIDED TO BOTH THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE FOR REVIEW PRIOR TO APPROVAL. APPROVAL IS RECEIVED FROM BOTH COMMITTEES AND THE 990 IS FILED. THE 990 IS THEN PROVIDED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW.

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

THE BOARD GOVERNANCE COMMITTEE ANNUALLY ISSUES THE CONFLICT OF INTEREST POLICY AND MONITORS CONVERSATIONS AND BOARD MEETINGS FOR POTENTIAL CONFLICTS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES WHICH MEET THE \$100,000

Name of the organization

ROCKETOWN OF MIDDLE TENNESSEE

Employer identification number

62-1571573

THRESHOLD FOR REPORTING COMPENSATION. THE ORGANIZATION UTILIZED AN OUTSIDE CONSULTANT WHEN SEARCHING FOR QUALIFIED KEY EMPLOYEES. THE CONSULTANT WAS TRAINED TO LOOK FOR THE MOST QUALIFIED APPLICANTS WITHIN THE MARKET COMPENSATION RANGE FOR COMPARABLE JOBS. APPLICANTS WERE INTERVIEWED BY A COMBINATION OF PEOPLE INCLUDING THE CONSULTANT, BOARD MEMBERS AND STAFF. THE ULTIMATE DECISION WAS MADE BY OUR EXECUTIVE COMMITTEE OF THE BOARD.

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	ARCHITECTURE	6/30/02	25,115			25,115	15 MO S/L	10,046	1,674
2	SECURITY SYSTEM	1/10/03	34,419			34,419	5 MO S/L	34,419	0
3	INSULATION AND SOUND ABATEMEN	1/10/03	2,376			2,376	10 MO S/L	1,307	237
4	LOW VOLATE WIRING AND LADDER I	1/10/03	20,780			20,780	39 MO S/L	2,931	532
5	MINI BLINDS THROUGHOUT FACILIT	2/18/03	1,885			1,885	10 MO S/L	1,005	189
6	CONSTRUCTIONS COSTS	1/06/03	2,117,690			2,117,690	39 MO S/L	298,649	54,299
7	CONSULTANTS	1/10/03	91,179			91,179	39 MO S/L	12,859	2,337
8	OUTDOOR SIGN FOR BLDG	3/01/03	3,000			3,000	10 MO S/L	1,600	300
9	PARTY ROOM CARPET	8/31/03	1,579			1,579	10 MO S/L	763	158
10	BUILDING 401 6TH AVE SO	10/15/03	275,167			275,167	40 MO S/L	32,676	6,879
11	CONCRETE SIDEWALK NEAR OFFICE	12/10/04	1,000			1,000	15 MO S/L	239	67
12	POS TERMINALS	1/10/03	28,569			28,569	5 MO S/L	28,569	0
13	3ID CARD SYSTEMS	1/10/03	18,586			18,586	5 MO S/L	18,586	0
14	DELL POWER EDGE 2600 SERVER	1/10/03	4,830			4,830	3 MO S/L	4,830	0
15	17 INCH LCD FLAT PANEL MONITOR	1/30/03	599			599	3 MO S/L	599	0
16	2 DELL DIMENSION COMPUTERS	9/25/02	2,412			2,412	3 MO S/L	2,412	0
17	DELL DIMENSION COMPUTERS	12/05/02	1,180			1,180	3 MO S/L	1,180	0
18	ADMIN SERVER	6/30/03	5,193			5,193	5 MO S/L	5,193	0
19	DELL DESKTOPS - CYBER CAFE	11/19/03	1,328			1,328	5 MO S/L	1,218	110
20	HP LASERJET 2300 PRINTER	5/01/04	1,174			1,174	3 MO S/L	1,174	0
21	VIDEO EDITING EQUIPMENT	7/15/04	2,232			2,232	5 MO S/L	1,786	446
22	SONY DIGITAL CAMCORDER	8/10/04	1,240			1,240	5 MO S/L	971	248
23	G5 1.8GHz IMAC COMPUTER	6/09/05	5,439			5,439	3 MO S/L	5,439	0
24	OFFICE FURNITURE	12/01/01	500			500	5 MO S/L	500	0
25	OFFICE FURNITURE	1/07/02	1,082			1,082	5 MO S/L	1,082	0
26	OFFICE FURNITURE	1/07/02	740			740	5 MO S/L	740	0
27	DRY DISPLAY CASE	1/10/03	1,000			1,000	5 MO S/L	1,000	0
28	REFRIGERATED DISPLAY CASE	1/10/03	2,500			2,500	5 MO S/L	2,500	0
29	33 CUSTOM CAFE TABLES	1/10/03	2,550			2,550	5 MO S/L	2,550	0
30	60 USED BALCK CHAIRS	1/10/03	2,398			2,398	5 MO S/L	2,398	0
31	18 CAFE TABLE BASES	1/10/03	869			869	7 MO S/L	683	124
32	SKATE PARK RETAIL FIXTURES	1/06/03	2,820			2,820	5 MO S/L	2,820	0
33	VINAGE STORE RETAIL FIXTURES	1/01/03	1,838			1,838	5 MO S/L	1,838	0
34	2 STAINLESS STEEL TABLES	1/10/03	400			400	10 MO S/L	220	40
35	24 SWIVLE BAR STOOLS	1/10/03	1,199			1,199	5 MO S/L	1,199	0
36	5 COMPARTMENT FILE CABINET	2/05/03	607			607	10 MO S/L	329	60
37	3 ROLLING OFFICE CHAIRS	2/05/03	495			495	5 MO S/L	495	0
38	GREEN ROOM FURNITURE	1/10/03	1,411			1,411	10 MO S/L	776	141
39	OFFICE FURNITURE	2/05/03	1,779			1,779	5 MO S/L	1,779	0
40	8 SOFAS	1/10/03	5,147			5,147	7 MO S/L	4,044	736
41	29 CHAIRS	1/10/03	10,242			10,242	7 MO S/L	8,048	1,463
42	SKATEPARK LOCKERS	3/14/05	1,450			1,450	7 MO S/L	691	207
43	LAND	10/15/03	1,050,000			1,050,000	0 -- Land	0	0
44	HWS TELEVISION	8/09/94	1,712			1,712	7 MO S/L	1,712	0
45	STAGE LIGHTING SYSTEM	8/12/95	4,400			4,400	10 MO S/L	4,400	0
46	SOUND GEAR CAPSTONE MUSIC	11/09/95	5,075			5,075	10 MO S/L	5,075	0
47	SOUND EQUIP NASH CARTAGE	11/21/95	1,068			1,068	10 MO S/L	1,068	0
48	VOCAL PROCESSING UNIT	1/09/96	667			667	10 MO S/L	667	0
49	CORD WRAPS	4/25/96	229			229	10 MO S/L	229	0
50	MONITOR MIXING BOARD	3/01/96	499			499	5 MO S/L	499	0
51	SNAKE STAGE STUDIO	2/11/97	735			735	5 MO S/L	735	0
52	LASER LIGHTS	3/13/97	747			747	5 MO S/L	747	0
53	SOUND/LIGHTS EQUIPMENT	6/24/99	1,000			1,000	5 MO S/L	1,000	0
54	COMPUTER - SHAWN	8/05/00	1,489			1,489	3 MO S/L	1,489	0
55	2 TECHNIC 1200'S	8/07/00	1,000			1,000	5 MO S/L	1,000	0
56	AMERICAN MUSIC SUPPLY	8/17/00	2,980			2,980	5 MO S/L	2,980	0
57	CANON 2020 COPY MACHINE	8/24/00	869			869	3 MO S/L	869	0
58	TENT	5/07/01	3,270			3,270	5 MO S/L	3,270	0
59	HP COMPUTER	12/05/01	1,375			1,375	5 MO S/L	1,375	0
60	PALM PILOTS	6/19/02	5,374			5,374	5 MO S/L	5,374	0
61	COMPUTER FOR OUTREACH	9/19/01	3,236			3,236	5 MO S/L	3,236	0
62	DIGITAL MOVIE CAMERA	10/30/01	3,769			3,769	5 MO S/L	3,769	0
63	LIGHTING	7/23/01	4,500			4,500	5 MO S/L	4,500	0
64	SKATE PARK RAMPS	1/06/03	200,662			200,662	10 MO S/L	110,364	20,066
65	RANCILIO ESPRESSO MACHINE	1/10/03	6,400			6,400	10 MO S/L	3,520	640
66	LARGE RANCILIO COFFEE GRINDER	1/10/03	700			700	7 MO S/L	550	100
67	3 COMPARTMENT SINK	1/10/03	796			796	10 MO S/L	438	79
68	2 GRINDERS	1/10/03	1,236			1,236	5 MO S/L	1,236	0

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	2 COFFEE BREWERS	1/10/03	1,099			1,099	5 MO S/L	1,099	0
70	16 MOTOROLA WALKIE TALKIES	1/10/03	2,364			2,364	3 MO S/L	2,364	0
71	SOUND & LIGHTS SYSTEM	1/10/03	223,308			223,308	10 MO S/L	122,820	22,330
72	USED SCISSOR LIFT	1/10/03	1,500			1,500	2 MO S/L	1,500	0
73	PROTECTIVE PADS FOR THE PAD REN	1/01/03	1,840			1,840	2 MO S/L	1,840	0
74	WASHER & DRYER	1/06/03	570			570	5 MO S/L	570	0
75	COPY MACHINE FOR SKATE PARK	1/06/03	908			908	3 MO S/L	908	0
76	GREEN ROOM TV/VCR	1/10/03	513			513	5 MO S/L	513	0
77	60" TV (DONATED)	2/01/03	2,000			2,000	5 MO S/L	2,000	0
78	PHONE SYSTEM	1/01/03	11,000			11,000	7 MO S/L	8,643	1,571
79	LOUDSPEAKERS & MONITOR	9/10/03	2,006			2,006	5 MO S/L	1,939	67
80	STAGE CURTAIN	9/10/03	775			775	5 MO S/L	749	26
81	2 EV MTS-IFULL RANGE CABS	6/17/04	884			884	5 MO S/L	707	177
82	INFORMUS TECHNOLOGY	11/01/03	8,000			8,000	5 MO S/L	7,467	533
83	SKATE PARK RAMP IMPROVEMENTS	5/20/04	4,147			4,147	10 MO S/L	1,693	415
84	RAMP IMPROVEMENTS	6/30/05	6,368			6,368	5 MO S/L	3,821	1,274
85	MICROPHONES (6) CABLES	9/30/04	1,298			1,298	5 MO S/L	974	259
86	COPY MACHINE SKATE PARK	10/09/04	534			534	5 MO S/L	400	107
87	MICROSOFT XP	1/11/02	974			974	5 MO S/L	974	0
88	FUNDRAISING SOFTWARE	11/05/01	2,443			2,443	5 MO S/L	2,443	0
89	FUNDRAISING SOFTWARE	12/21/01	2,227			2,227	5 MO S/L	2,227	0
90	MICROSOFT RETAIL MGMT SOFTWARE	1/10/03	5,015			5,015	3 MO S/L	5,015	0
91	PC CHARGE SOFTWARE	1/10/03	1,425			1,425	3 MO S/L	1,425	0
92	QUICKBOOS PROFESSIONAL 2003	9/10/02	459			459	3 MO S/L	459	0
93	NSPIRE SOFTWARE	1/01/03	500			500	5 MO S/L	500	0
94	NON PROFIT BOOKS	6/02/05	1,311			1,311	3 MO S/L	1,311	0
95	MAC COMPUTER	11/09/05	1,222			1,222	5 MO S/L	652	244
96	DELL LAPTOP	6/20/06	855			855	5 MO S/L	342	171
97	SKATE PARK IMPROVEMENTS	8/31/05	1,154			1,154	5 MO S/L	654	231
98	BOX TRUCK	5/01/06	2,500			2,500	5 MO S/L	1,083	500
99	BOX TRUCK	6/01/06	2,500			2,500	5 MO S/L	1,042	500
100	BOX TRUCK	6/30/06	2,000			2,000	5 MO S/L	800	400
101	AIRCONDITIONING UNIT SKATEPARK	6/28/07	23,809			23,809	10 MO S/L	2,579	2,381
102	NEW COUNTERS	6/30/07	728			728	5 MO S/L	146	145
103	Delta Stage Lighting	4/01/08	1,668			1,668	5 MO S/L	83	334
104	Server HV3P	5/28/08	3,650			3,650	5 MO S/L	61	730
105	Imac Computer 20/2.4/	6/30/08	1,199			1,199	5 MO S/L	0	240
106	Indoor Security	8/08/07	2,100			2,100	7 MO S/L	275	300
107	Jands Hog500-Lighting Board	12/31/07	4,050			4,050	7 MO S/L	289	579
108	Delta Stage Lighting SN F07516	4/15/09	4,790			4,790	7 MO S/L	0	171
Total Other Depreciation			<u>4,325,480</u>			<u>4,325,480</u>		<u>844,612</u>	<u>124,817</u>
Total ACRS and Other Depreciation			<u>4,325,480</u>			<u>4,325,480</u>		<u>844,612</u>	<u>124,817</u>
Grand Totals			4,325,480			4,325,480		844,612	124,817
Less: Dispositions			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>4,325,480</u>			<u>4,325,480</u>		<u>844,612</u>	<u>124,817</u>

Federal Statements**Form 990, Part IX, Line 24f - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER SUPPLIES	\$ 33,617	\$ 31,720	\$ 1,663	\$ 234
TAXES AND LICENSES	22,804	19,088	3,416	300
FOOD AND ENTERTAINMENT	18,742	13,171	2,140	3,431
MARKETING AND ADVERTISING	10,674	6,173	98	4,403
BANK FEES	6,074		6,059	15
GIVEAWAYS/INCENTIVES	4,572	4,294	130	148
AUTOMOBILE	4,531	4,318	70	143
COMPUTER SOFTWARE/HARDWAR	4,394	160	4,234	
TUITION AND TRAINING	3,899	15	1,888	1,996
GIFTS	3,716	1,711	998	1,007
DUES & SUBSCRIPTIONS	3,578	1,533	1,383	662
MISCELLANEOUS	3,368	1,076	2,292	
CASH OVER (SHORT)	-383		-383	
BAD DEBT EXPENSE	-822			-822
TOTAL	\$ 118,764	\$ 83,259	\$ 23,988	\$ 11,517

Form

4562Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**

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

Name(s) shown on return

ROCKETOWN OF MIDDLE TENNESSEE

Identifying number

62-1571573

Business or activity to which this form relates

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	124,817

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

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	124,817
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **8868**

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

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

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 File by the due date for filing your return. See instructions.	Name of Exempt Organization ROCKETOWN OF MIDDLE TENNESSEE	Employer identification number 62-1571573
	Number, street, and room or suite no. If a P.O. box, see instructions P. O. BOX 331129	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NASHVILLE TN 37203	

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

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

- The books are in the care of ▶ **LAUREN BROOKS**

Telephone No ▶ **615-843-4001**

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 **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year or
- ▶ ☒ tax year beginning **7/01/08**, and ending **6/30/09**

- 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	\$

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)