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Form **990-EZ** 

## Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

		990 All other organizations with gross receipts less than \$500,000 and total assets less than	\$1,250,000 at the end of the	year	"Open to Public"
Interna	tment of the Treasury at Revenue Service	may use this form  The organization may have to use a copy of this return to satisfy state repo	rting requirements		Inspection or
A F	or the 2009 calen	dar year, or tax year beginning 5/01 , 2009, and en	ding 4/30		, 2010
<b>B</b> _ c	heck if applicable	C	D En	aployer i	dentification number
LJA	ddress change use	RS PHOENIX BENEFIT. INC	6	2-18	55716
L] N	lame change labe	OF 172 WUTTE DOTDEE DOND CUTTE 102-126		lephone	
⊨⊒ tr	nitial return type	· INASHVILLE. TN 37205		•	00-2658
F3		cific	<u> </u>	13-3	00-2036
<b>—</b> □	mended return inst tion			oup E	xemption
عل-	.,	c)(3) organizations and 4947(a)(1) nonexempt charitable trusts	G Accounting metho		Cash X Accrual
	must	attach a completed Schedule A (Form 990 or 990-EZ).	Other (specify)		
I V	Vebsite: ► WWW	. PHOENIXCLUBOFNASHVILLE.COM	required to attach	Sche	ganization is <b>not</b> dule B (Form 990,
<u>J_T</u>		eck only one) — X 501(c) ( 3 ) ◄ (insert no ) 4947(a)(1) or 527	990-EZ, or 990-P	F).	
K	Check ►if the 25,000 A Form 99	organization is not a section 509(a)(3) supporting organization and its of 0-EZ or Form 990 return is not required, but if the organization chooses to file	gross receipts are not a return, be sure to fil	mally e a cor	not more than molete return
L A		and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Fo			58,418.
Par		ie, Expenses, and Changes in Net Assets or Fund Balanc	es (See the instr	uction	
<u>- 41</u>		s, gifts, grants, and similar amounts received	1000 the mate	1	38,936.
		vice revenue including government fees and contracts		2	
1	_	dues and assessments		3	
i	4 Investment ii			4	18.
		nt from sale of assets other than inventory 5a			
i	_	other basis and sales expenses 5b		1	
Ŗ		om sale of assets other than inventory (Subtract In 5b from In 5a)	· · · · · · · · · · · · · · · · · · ·	5c	
RE>EZ		nd activities (complete applicable parts of Schedule G) If any amount is from gaming, che	ck here ► □	Sec.	
Εļ		ue (not including \$ of contributions			
ÿ	reported on I		19,464.		
٠,	·	· · · · · · · · · · · · · · · · · · ·	17, 404.		
-				6c	19,464.
1		oss) from special events and activities (Subtract line 6b from line 6a) of inventory, less returns and allowances 7a			17, 101.
ŀ				48.00	
	<b>b</b> Less cost of	9			
		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8 Other revenue (	The state of the s	) .	8	50 410
		ie Add lines 1, 2, 3, 4, 5c, 6c, 7e, and 8		9	58,418.
İ	10 Grants and s		TATEMENT 1	10	55,000.
F	11 Benefits paid	d to or for member JAN 1 0 2011		11_	
<u> </u>	12 Salaries, oth	er compensation, and employee benefits		12	
EXPENS	13 Professional	fees and other payments to independent epitractors		13	1,294.
N S	14 Occupancy,	rent, utilities, and main@@EN, UI		14	
E S	15 Printing, put	olications, postage_and-shipping.		15	
١		(describe ► SEE STATEMENT 2	)	16	13,840.
1		ses. Add lines 10 through 16	<u> </u>	17	70,134.
		leficit) for the year (Subtract line 17 from line 9)		18	-11,716.
. A	19 Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must a	aree with end-of-vesi		
N S E S T E	figure report	ed on prior year's return)	gree with end-or-year	19	61,935.
T F	- '	es in net assets or fund balances (attach explanation)		20	
s	_	r fund balances at end of year. Combine lines 18 through 20	<b>&gt;</b>	21	50,219.
Pa		e Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo	ore, file Form 990 insi		
		(See the instructions for Part II )	(A) Beginning of ye		(B) End of year
22	Cash, savings, a		61,935		50,219.
23				23	
24				24	
25		<del></del> /	61,935		50,219.
26		′describe ►	(		0.
		nd balances (line 27 of column (B) must agree with line 21)	61,935		50,219.
		and Paperwork Reduction Act Notice, see separate instructions.			Form <b>990-EZ</b> (2009)

	1 990-EŹ (	2009) PHOENIX BENEFIT	INC_		62-	-185	5716 Page <b>2</b>
Par		Statement of Program Ser		(See the instruction	ns.)	-	Expenses
What	is the organiz	zation's primary exempt purpose? SEE	STATEMENT 3			(Regu	uired for section (A) and (A)
Desc desc proq	cribe what cribe the se ram title	was achieved in carrying out the ervices provided, the number of	e organization's exempt purp persons benefited, or other r	oses. In a clear and co- elevant information for	ncise manner, each	organ 4947	uired for section (3) and (4) ilizations and section (a)(1) trusts, optional hers)
		CATEMENT 4				10. 00	
	(C	5			╌╌╌╌┲╢	00 -	4 740
20	(Grants \$	) if thi	s amount includes foreign gr	ants, cneck nere		28 a	4,748.
29			<del>-</del>			i	
	(Grants S	\$ ) If the	is amount includes foreign gr	ants, check here		29 a	
30							
	(Grants	\$ ) If th	is amount includes foreign gr	ants, check here	<b>&gt;</b>	30 a	
31	Other pro	ogram services (attach schedule	2)				
	(Grants		is amount includes foreign gr	ants, check here	<u>►                                    </u>	31 a	
		ogram service expenses (add lii			<u> </u>	32	4,748.
Pa	rt IV. L	ist of Officers, Directors,					
	(a)	Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	is and	(e) Expense account and other allowances
	,						
SEE	STATE	MENT 5		0.		0.	0.
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	990-EZ (2009) PHOENIX BENEFIT, INC 62-1855716			age <b>3</b>
Par	t V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME		6
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<u>x</u> _
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	_35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.  Did the organization file Form 1120-POL for this year?	37b		X
<b>38</b> a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	ائست	X
	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A			
	Section 501(c)(7) organizations Enter:			1
	a Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a N/A 39b N/A	,		. ::1
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ر موجه وا	Cont.	4
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	, Pa,	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	- 1
l	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	40 b		х
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	*	ľ	3 2 1
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			\$ - {
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
	List the states with which a copy of this return is filed NONE		<u>.                                    </u>	
42	a The organization's books are in care of ► DUSTIN BAUCOM Located at ► 404 BNA DRIVE SUITE 404 NASHVILLE TN  ZIP + 4 ► 37217	9901	<u> 28</u> _	<del>-</del>
			V	- Na
-	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	42b	Yes	X
	The test, enter the mame of the foreign country	4', " 3-	7.	* **
		į.	, ,	, ,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	346	X
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<u> </u>	N/A N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44_	_	x_
45	Form 990 must be completed instead of Form 990-EZ	45		X
BA	TEEA0812L 01/30/10 Fo	rm <b>99</b>	U-EZ	(2009)

4				
Form 990-EZ	(2009)	PHOENIX	BENEFIT.	INC

62-1855716

Page 4

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	and section 4947(	a)(1) nonexempt nexempt charitab	t charitable trusts only. tle trusts must answer of	All se	ction	aye 4
46 Did th	ne organization engage in direct or indirect siblic office? If 'Yes,' complete Schedule (	ct political campaign act	ivities on behalf of o	r in opposition to candidates	46	Yes	No X
	ne organization engage in lobbying activit				47		X
	organization a school as described in se			nedule E	48		X
	ne organization make any transfers to an				49a		X
	s,' was the related organization a section		•		49Ь		
50 Comp	olete this table for the organization's five byees) who each received more than \$10	highest compensated er 0,000 of compensation t	nployees (other than from the organization	officers, directors, trustees n. If there is none, enter 'Nor	and key		
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	nt and	
NONE							
			<del></del>		<del>,</del>		
f Total	number of other employees paid over \$1	00.000		<u> </u>			
comp	plete this table for the organization's five bensation from the organization. If there is (a) Name and address of each independent continuous	s none, enter 'None '		(b) Type of service	(c) Com		
NONE	(a) The disc disc disc of the market of the disc of th	actor para more trian progress		(4,7,7,5	(4)		
						_	
	<del></del>	<del></del>					
	<del></del>		<b></b>				
							<del></del>
<b>d</b> Total	number of other independent contractor	s each receiving over \$1	00,000	<b>&gt;</b>			<u> </u>
	Under penalties of perjury, I declare that I have examitrue, correct, and complete Declaration of preparer	nined this return, including accor	mpanying schedules and stall information of which pres	atements, and to the best of my knowledge	edge and b	elief, it i	ıs
Sian	In B			1 1/3/10			
Sign Here	Signature of officer			Date			
	DUSTIN BAUCOM  Type or print name and title			TREASURER			
Paid	Preparer's	ED	Date	Self   Fill   House	erer's Ident	ifying Ni	ımber
Pre-	NON THIS TREETING	LK		employed			التنسي
parer's	Firm's name (or yours if self			EIN >		7~ .	- V
Use Only	employed), address, and ZIP + 4			Phone no			
May the IF	RS discuss this return with the preparer s	hown above? See instru	ctions		Ye		No (2009)
BAA					Form <b>99</b>	V-EZ	(2009)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545 0047

2009

	of the organization		,		-					ion number
	ENIX BENEFIT, I		- (All			La Alaca			55716	
Part			s (All organizations of the second se				-	See ir	<u>istructi</u>	ons
1	<u> </u>		•	•		•	•			
-	<b>—</b>				Secuoii	170(D)	· XAXI)			
	_			-	n 170/h	<b>Υ1ΥΔΥ</b> ί	iii			
4	<b>—</b>	•	•		•		•	урх1ха	Xiii) En	iter the hospital's
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
5	An organization ope	erated for the benefit	of a college or university	owned	or opera	ated by	a gover	nmental	unit des	scribed in section
	An organization that	it normally receives a	substantial part of its su					or from	the ger	neral public described
8			art II ) I <b>70(b)(1)(A)(vi).</b> (Complet	te Part I	)					
9	X An organization that	normally receives (1)	more than 33-1/3 % of its s	support f	om cont	ributions	, memb	ership fe	es, and ç	gross receipts
	investment income	d to its exempt function and unrelated busine section <b>509(a)(2).</b> (C	s – subject to certain exce ss taxable income (less : omplete Part III )	eptions, a section !	ind (2) n 511 tax)	o more t from bu	han 33- usinesse	1/3 % of es acqui	its suppo red by th	ort from gross ne organization after
10			exclusively to test for pu	blic safe	ty See	section	509(a)	(4).		
11	more publicly supp	orted organizations d	exclusively for the beneflescribed in section 509(attion and complete lines	a)(1) or :	section !	509(a)(2	ctions o 2). See	of, or car <b>section</b>	ry out th <b>509(a)(3</b>	ne purposes of one or ). Check the box that
	a Type I	<b>b</b> Type II	c Type III		-		ed		dП	Type III – Other
е	By checking this bo	ox, I certify that the or	ganization is not controll	ed direc	tly or in	directly	by one			ified persons other
	509(a)(2)	•	n one or more publicly su		-					
f	If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting (	organization,
g	Since August 17, 2	006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	
_		-	, , ,			_				Yes No
			controls, either alone or upported organization?	together	with pe	rsons d	escribe	in (II)	and (III)	11 g (i)
	. •	ber of a person describer	•							11 g (ii)
			described in (i) or (ii) a	hove?						11 g (iii)
h	, ,	,	the supported organization							
	(i) Name of Supported	(iı) EIN	(iii) Type of organization	1	s the	(v) Did v	ou notify	(vi)	s the	(vii) Amount of Support
	Organization	, , ,	(described on lines 1.9 above or IRC section	organizat	ion in col	col	(i) of	organizat (i) organi	ion in col zed in the S ?	
			(see instructions))	gove docu	rning ment <sup>o</sup>	your st	apport?	U	S ?	
				Yes	No	Yes	No	Yes	No	<u></u>
				ļ				<b></b>		
			· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>			<del>                                     </del>	, ,	. 1/	
Tota	I	٠.	<b>!</b> **	-	1	" ^ `		<b>.</b> .		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you check				b)(1)(A)(iv) an	d 17U(b)(1)(A)	(VI) 
	tion A. Public Support						
begir	nning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	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.						
4	Total. Add lines 1-through 3						
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).			* ***			
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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).		i i				
11	Total support. Add lines 7 through 10	** **					
12	Gross receipts from related activities	vities, etc (see in	structions)			12	<u></u>
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c	)(3) ▶ □
Sec	tion C. Computation of Pu	ıblic Support F	Percentage				
	Public support percentage for 2 Public support percentage from	, ,	``	ne 11, column (f).		14 15	<b>%</b> %
16	33-1/3 support test — 2009. If the and stop here. The organization				d the line 14 is 33	1-1/3 % or more,	check this box
ı	33-1/3 support test — 2008. If the and stop here. The organization	ne organization did	d not check a box	on line 13, or 16	a, and line 15 is 3	3-1/3% or more,	check this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	<b>re.</b> Explain in Pa	rt IV how
ا	organization meets the 'facts-ard	meets the 'facts- nd-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a	s box and <b>stop he</b> s a publicly suppo	<b>re.</b> Explain in Pa orted organization	rt IV how the
18	Private foundation. If the organ	ization did not chi	eck a box on line,	13, 16a, 16b, 17	a, or 17b, check t	nis box and see	nstructions

Schedule A (Form 990 or 990 EZ) 2009 PHOENIX BENEFIT, INC

| Restriction | Proceeding | Phoenix 
	(Complete only if you ched	cked the box on in	ie 5 of Fart 1)				
Sect	ion A. Public Support						
	dar year (or fiscal yr beginning in)>	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	44,791.	81,617.	67,997.	79,902.	58,418.	332,725.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge	:					0.
6	Total. Add lines 1 through 5	44,791.	81,617.	67,997.	79,902.	58,418.	332,725.
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
¢	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line	"AT VALUE	*****	とう大いなでは	ALC: N	<b>公共下程</b> 近後	
	7c from line 6)	沙路 经 赞誉	18.00	(4) (4) (4)	**************************************	A 1277	332,725.
Sec	tion B. Total Support	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009 58 418	(f) Total
Caler 9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	(a) 2005 44, 791.	<b>(b)</b> 2006 81,617.	(c) 2007 67, 997.	(d) 2008 79, 902.	(e) 2009 58, 418.	332,725.
Caler 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	44,791.	81,617.	67,997.	79,902.	58,418.	332,725. 0.
Caler 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b				<del></del>		332,725.
Caler 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	44,791.	81,617.	67,997.	79,902.	58,418.	332,725. 0.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	44,791.	81,617.	67,997.	79,902.	0.	332,725. 0. 0. 0. 0.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12)	0.	0.	67,997.	79,902.	0.	0. 0. 0. 0. 332,725.
Caler 9 10 a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	0.	81, 617.	67,997.	79,902.	0.	0. 0. 0. 0. 332,725.
Caler 9 10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put	0 .	81,617.  0.  otion's first, secondercentage	67, 997. 0.	79, 902.  0.	0. 0.	332,725. 0. 0. 0. 0. 332,725. (3) ► □
Caler 9 10 a b c c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	0.  s for the organized stop here  blic Support F  009 (line 8, column	81, 617.  0.  0.  Percentage n (f) divided by lin	67, 997. 0.	79, 902.  0.	0. 0. 15	332,725. 0. 0. 0. 0. 332,725. (3) ► □
Caler 9 10 a b c c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from	0.  Is for the organized stop here  blic Support F  009 (line 8, column  2008 Schedule A	81, 617.  0.  0.  Percentage n (f) divided by lin, Part III, line 15	67, 997.  0.  0.  third, fourth,	79, 902.  0.	0. 0.	332,725. 0. 0. 0. 0. 332,725. (3) ► □
Caler 9 10 a b c c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	0.  Is for the organized stop here  blic Support F  009 (line 8, column  2008 Schedule A	81, 617.  0.  0.  Percentage n (f) divided by lin, Part III, line 15	67, 997.  0.  0.  third, fourth,	79, 902.  0.	0. 0. 15	332,725. 0. 0. 0. 0. 332,725. (3) ► □  100.0%  0.0%
Caler 9 10 a b c c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support perc	0.  0.  0.  0.  0.  0.  0.  0.  0.  0.	81, 617.  0.  0.  Percentage n (f) divided by lir, Part III, line 15 me Percentage	0. 0. 0.	79, 902.  0.  or fifth tax year a	0. 0. 15	332,725. 0. 0. 0. 0. 332,725. (3) ► □
Caler 9 10 a b c c 11 1 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support perc	0 .  1 s for the organized stop here 1 blic Support F 1009 (line 8, column 2008 Schedule A 1/estment Incomplete (line 10c)	81, 617.  0.  0.  Percentage  n (f) divided by lin, Part III, line 15  me Percentage, column (f) divided	0.  0.  third, fourth,  ne 13, column (f)	79, 902.  0.  or fifth tax year a	0. 0. 15 16	332,725. 0. 0. 0. 0. 332,725. (3) ► □  100.0%  0.0%
Caler 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the sale from D. Computation of Investment income percentage. Investment income percentage.	o.  0.  1s for the organized stop here  1blic Support F  1009 (line 8, column  2008 Schedule A  1/estment Incomore for 2009 (line 10c  10c  10c  10c  10c  10c  10c  10c	ation's first, second of the s	0.  0.  17  Inde 13, column (f)  Bet d by line 13, column (f)  re 14, and line 15, re qualifies as a p	or fifth tax year a	58, 418.  0.  15  16  17  18  3%, and line 17 is no organization	332,725.  0.  0.  0.  0.  332,725.  332,725.  (3)  ▶ □  100.0%  0.0%  0.0%
Caler 9 10 a b c c 11 12 13 14 Sec 17 18 19 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from Investment income percentage.  Investment income percentage.	o.  0.  0.  0.  0.  1s for the organized stop here 1stop here 1stop here 2008 Schedule A 2008	ation's first, second of the percentage of the p	0.  0.  0.  17  Inne 14, and line 15, no qualifies as a pay a con line 14 or 19 in a contract on qualifies.	or fifth tax year a  or smore than 33-1/2 ublicly supported a, and line 16 is as a publicly supp	58, 418.  0.  0.  15  16  17  18  3%, and line 17 is no organization more than 33-1/39 ported organization	332,725.  0.  0.  0.  332,725.  332,725.  0.  0.  332,725.  (3)  100.0%  0.0%  0.0%  0.0%  XX  4, and line 18

Schedule A	(Form 990 o	r 990-EZ)	2009 P	HOENIX	BENEFI'	T, INC	C			62-18	55716 Part II, line See instruct	Page 4
PERW.	Suppleme Part II, Iin	e <b>ntal Into</b> e 17a or	<b>rmation</b> 17b; an	ı. Comple d Part III	te this p . line 12	art to p	provide de anv	the exploit	anations : ditional in	required by formation.	Part II, line See instruct	10; ions.
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## SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization						Employer identifica	tion number
PHOENIX BENEFIT, INC						62-185571	5
Part I Fundraising Activities. Completer Part I Form 990E2 filers are not required.	ete if the orgai	nization ar ete this pai	swered 'Y	es' to Form 990, Part IV	V, line	17	
1 Indicate whether the organization r	aised funds th	rough any	of the follo	owing activities Check	all that	apply	
Mail solicitations				Solicitation of non-g	governr	nent grants	
Internet and email solicitations	•			Solicitation of gover	- rnment	grants	
Phone solicitations				Special fundraising		_	
In-person solicitations				opocial tallaraioning	0.00.00		
	or oral agreeme	ant with an	v individu	al (including officers, di	rectors	trustees or key	
2a Did the organization have written of employees listed in Form 990, Par	t VII) or entity	in connect	ion with p	rofessional fundraising	service	s?	Yes No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en le organization	tities (fund	iraisers) p	ursuant to agreements	under v	vhich the fundra	iser is to be
<u> </u>	T				(v) A	mount paid to	
(i) Name of individual	(ii) Activity		fundraiser dy or control	(iv) Gross receipts	(or	retained by) aiser listed in	(vi) Amount paid to (or retained by)
or entity (fundraiser)			ibutions?	from activity	101101	col.(i)	organization
· · · · · · · · · · · · · · · · · · ·		Yes	No				
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Total			•	.]	1		
3 List all states in which the organiz	ration is registe	ered or lice	ensed to se	olicit funds or has been	notifie	d it is exempt fro	om registration
or licensing	<b>3</b>					•	-
		. <b>-</b>					

<u>r ui</u>	•••	reported more than \$15,000 on F	orm 990-EZ, line 6	a. List events with	gross receipts great	ater than \$	5,00	0.
			(a) Event #1  TASTE OF NASHV (event type)	(b) Event #2	(c) Other Events	(d) Total (Add col (col	Event a) thro	ts
ΕV			(event type)	(event type)	(total number)	<del> </del>		
RE>E20E	1	Gross receipts	18,024.				18,0	24.
	2	Less. Charitable contributions			<del></del>			
	3	Gross income (line 1 minus line 2)	18,024.				18,0	24.
	4	Cash prizes						
D	5	Noncash prizes						
DIRECT	6	Rent/facility costs					<u> </u>	
	7	Food and beverages				ļ ——		
X P E	8	Entertainment				ļ		
EXPERSES	9	Other direct expenses						
5	10	Direct expense summary Add lines 4-1	• • • • • • • • • • • • • • • • • • • •		•			
·n -	11	Net income summary Combine lines 3,			- 10		18,0	
Pai	τ III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye a.	s' to Form 990, Pai	rt IV, line 19, or re	portea mo	re tn	an
_		<del></del>	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Tota	l gami	na
REVENUE			(a) Birigo	bingo/progressive	(c) Other gaining	(Add col (	(a) thro (c)	ough
Ě	ĺ			bingo			(0)	
Ĕ	1	Gross revenue						
D X	2	Cash prizes.						
DIRECT	3	Non-cash prizes						
T E		Rent/facility costs				<u> </u>		
	5	Other direct expenses				<u> </u>		
	6	Volunteer labor	Yes % No	Yes%	Yes%			
	7	Direct expense summary Add lines 2 th	rough 5 in column (d)		,	·		
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7	•			
							YES	NO
9		er the state(s) in which the organization of				<u> </u>		
		he organization licensed to operate gamir No,' explain	ig activities in each of the	nese states?		<u>9a</u>		<b>-</b>
10		re any of the organization's gaming licens	es reveled suspended	or terminated during th		<del> </del>		
		re any or the organization's gaming licens	ies revokeu, suspeniueu	or terrimated during th	e tax year:	100		
11	 Doe	es the organization operate gaming activit	ies with nonmembers?					
		he organization a grantor, beneficiary or t ninister charitable gaming?		ember of a partnership	or other entity formed	-		
	aan	minister chantable gaming/			<del></del>	12_	Ļ	1

Schedule G (Form 990 or 990 EZ) 2009 PHOENIX BENEFIT, INC 62-185	5716	P	age 3
1		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	ક	12	
<b>b</b> An outside facility	8		,
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	s <sup>,</sup>		
Name <sup>.</sup> ►			
Name· •	'	1,15 to 1,2	٠,
Address ►	<b>-</b> - "``	, i	,
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$		,	ĺ
c If 'Yes,' enter name and address of the third party			
			1
Name •		1.	
Address. •	' *	1	
	' {	۱.	8
16 Gaming manager information		1.3	3 %
	*	- C-37	1,26
Name •	85	94 S.	1
	3.4	` . `	, ~ ~
Gaming manager compensation > \$			
			1 %
Description of services provided	M		
	24.5		, 12
Director/officer Employee Independent contractor	No.		S.S.
	(4.7)		
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?	17	ا المالية a	-
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the 🐼	j 4)	\$ \\ \frac{2}{3} \\ \
organization's own exempt activities during the tax year - \$		1 13	
BAA TEEA3703L 02/05/10 Schedule G (For	m 990 or 9	990-E2	າ 20

2009

### **FEDERAL STATEMENTS**

PAGE 1

PHOENIX BENEFIT, INC

62-1855716

#### STATEMENT 1 FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME: DONEE'S ADDRESS:

BOYS AND GIRLS CLUB OF MIDDLE TN 1704 CHARLOTTE PIKE SUITE 200 NASHVILLE, TN 37203 BENEFICIARY

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

\$ 55,000.

#### STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

CREDIT CARD FEES	\$	3,033.
ELECTION PARTY AND AWARDS INSURANCE		1,099. 938.
MAILBOX		240.
MEMBER EVENTS		1,673.
MISCELLANEOUS		1,427.
NEW MEMBER MEETINGS		2,955. 200.
PERMITS PROGRAM LUNCHES		120.
WEBSITE		1,205.
WEBSITE MAINT		950.
	TOTAL \$	13,840.

#### STATEMENT 3 FORM 990-EZ, PART III ORGANIZATIÓN'S PRIMARY EXEMPT PURPOSE

TO PROVIDE FINANCIAL AID, PERSONAL SERVICES, AND PROMOTE FELLOWSHIP IN THE SUPPORT OF THE BOYS AND GIRLS CLUB OF MIDDLE TENNESSEE, AND BOYS AND GIRLS WHO PARTICIPATE IN THE ACTIVITIES OF THE BOYS AND GIRLS CLUB OF MIDDLE TENNESSEE.

#### **STATEMENT 4** FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

MEMBERS MEET MONTHLY FOR LUNCH ALONG WITH LEADERS ON THE LOCAL, STATE, AND NATIONAL LEVEL. THESE LEADERS SPEAK AND OFFER VALUABLE INSIGHT TO MEMBERS, PRIMARILY FOCUSING ON ISSUES SUCH AS MAKING A DIFFERENCE IN THE LOCAL NASHVILLE COMMUNITY. EACH OF THESE LEADERS HAS RECOGNIZED THE IMMEDIATE IMPACT OF THE ORGANIZATION, AND HAVE ALL OFFERED THEIR SUPPORT AND INSIGHT INTO THIS UNDERSERVED AREA.

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### **FEDERAL STATEMENTS**

PAGE 2

**PHOENIX BENEFIT, INC** 

62-1855716

#### STATEMENT 5 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		ACCOUNT/
MIKE STAPP 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	PRESIDENT 2.00	\$ 0.	\$ 0.	\$ 0.
THOMAS HOY 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	VICE PRESIDENT 2.00	0.	0.	0.
CHRIS MCDANIEL 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	VICE PRESIDENT 2.00	0.	0.	0.
LANDON GIBBS 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	VICE PRESIDENT 2.00	0.	0.	0.
CLAY STAUFFER 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	VOLUNTEER COORD 2.00	0.	0.	0.
GEORGE MALONE 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	TREASURER 2.00		0.	0.
WESLY WILLIAMS 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	ASSISTANT TREAS 2.00	0.	0.	0.
JACOB SIMS 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	SECRETARY 2.00		0.	0.
MATT KROPLIN 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	VICE PRESIDENT 2.00		0.	0.
CASEY RIGGS 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	DIRECTOR 2.00	-	. 0.	0.
MATT POTEMPA 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	DIRECTOR 2.00		. 0.	0.
DAVID GREEN 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	DIRECTOR 2.00		. 0.	0.

2009

### **FEDERAL STATEMENTS**

PAGE 3

PHOENIX BENEFIT, INC

62-1855716

# STATEMENT 5 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOSH ANDERSON 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
BRIAN GERAGHTY 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	DIRECTOR 2.00	0.	0.	0.
JAY BINKLEY 73 WHITE BRIDGE ROAD NASHVILLE, TN 37205	PAST PRESIDENT 2.00	0.	0.	0.
,	0	0.	0.	0.
	TOTAL	<u>\$ 0.</u>	\$ 0.	\$ 0.

#### STATEMENT 6 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

009 <sup>`</sup> FI	EDERAL SUPPORTING DET	AIL	PAGE 1
	PHOENIX BENEFIT, INC		62-185571
CONTRIBUTIONS, GIFTS, AND G MEMBERSHIP DUES AND ASSES	RANTS SSMENTS		
NEW MEMBERS REGULAR MEMBERS		\$ TOTAL \$	3,850. 9,600. 13,450.
CONTRIBUTIONS, GIFTS, AND GOTHER CONTRIBUTIONS, GIFTS	GRANTS S, GRANTS, ETC.		
GENERAL DONATIONS PRIOR ADMINISTRATION	\$	3,000. 198.	
GREETING CARDS		TOTAL \$	22,288. 25,486.