

**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.

**2005****Open to Public  
Inspection****A For the 2005 calendar year, or tax year beginning****, and ending****B Check if applicable:**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C Name of organization****YOUTH ENCOURAGEMENT SERVICES, INC.**

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

Room/suite

**521 MCIVER STREET**

City or town

State or country

ZIP + 4

**NASHVILLE****TN****37211-2322****D Employer identification number****62-0570681****E Telephone number****F Accounting method:** ☒ Cash ☐ Accrual☐ Other (specify) ▶● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable  
trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization  
covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G Website:** ▶ **www.youthencouragement.org****J Organization type** (check only one) ▶ ☒ 501(c) (3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The  
organization need not file a return with the IRS; but if the organization chooses to file a return, be  
sure to file a complete return. **Some states require a complete return.****M** Check ☐ if the organization is not required  
to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **767,340****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	505,453	
	<b>b</b> Indirect public support	<b>1b</b>	0	
	<b>c</b> Government contributions (grants)	<b>1c</b>	0	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 505,453 noncash \$ 0)	<b>1d</b>	505,453	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	0	
	<b>3</b> Membership dues and assessments	<b>3</b>	0	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	144	
	<b>5</b> Dividends and interest from securities	<b>5</b>	0	
	<b>6 a</b> Gross rents	<b>6a</b>	2,471	
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	2,471	
<b>7</b> Other investment income (describe ▶ )	<b>7</b>	25,331		
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
		0	0	
	<b>b</b> Less: cost or other basis and sales expenses	0	0	
	<b>c</b> Gain or (loss) (attach schedule)	0	0	
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			
	<b>8d</b>	0		
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1a)	<b>9a</b>	233,941	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	0	
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	233,941	
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	0	
	<b>b</b> Less: cost of goods sold	<b>10b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	0		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>	0		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	767,340		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	446,930	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	137,436	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	155,719	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>	0	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	740,085	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	27,255	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	861,171	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	888,426	

**Part II** **Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b>	Grants and allocations (attach schedule) . . . . . (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b> 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule) . . . . .	<b>23</b> 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule) . . . . .	<b>24</b> 0			
<b>25</b>	Compensation of officers, directors, etc. . . . .	<b>25</b> 0			
<b>26</b>	Other salaries and wages . . . . .	<b>26</b> 185,839	120,490	33,781	31,568
<b>27</b>	Pension plan contributions . . . . .	<b>27</b> 0			
<b>28</b>	Other employee benefits . . . . .	<b>28</b> 59,175	35,943	11,616	11,616
<b>29</b>	Payroll taxes . . . . .	<b>29</b> 17,594	10,785	3,489	3,320
<b>30</b>	Professional fundraising fees . . . . .	<b>30</b> 0			
<b>31</b>	Accounting fees . . . . .	<b>31</b> 16,729	5,571	5,571	5,587
<b>32</b>	Legal fees . . . . .	<b>32</b> 0			
<b>33</b>	Supplies . . . . .	<b>33</b> 15,678	7,557	4,360	3,761
<b>34</b>	Telephone . . . . .	<b>34</b> 0			
<b>35</b>	Postage and shipping . . . . .	<b>35</b> 1,900	855	190	855
<b>36</b>	Occupancy . . . . .	<b>36</b> 58,080	34,026	12,025	12,029
<b>37</b>	Equipment rental and maintenance . . . . .	<b>37</b> 0			
<b>38</b>	Printing and publications . . . . .	<b>38</b> 38,012	17,243	17,243	3,526
<b>39</b>	Travel . . . . .	<b>39</b> 17,102		13,732	3,370
<b>40</b>	Conferences, conventions, and meetings . . . . .	<b>40</b> 0			
<b>41</b>	Interest . . . . .	<b>41</b> 1,748		1,748	
<b>42</b>	Depreciation, depletion, etc. (attach schedule) . . . . .	<b>42</b> 45,607	45,607		
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	OTHER	<b>43a</b> 163,415	61,553	21,775	80,087
<b>b</b>	SCHOLARSHIPS AND AWARDS	<b>43b</b> 10,162	10,162	0	0
<b>c</b>	REPAIRS AND MAINTENANCE	<b>43c</b> 17,743	13,356	4,387	0
<b>d</b>	UTILITIES	<b>43d</b> 54,680	47,161	7,519	0
<b>e</b>	BASKETBALL PROGRAM	<b>43e</b> 10,174	10,174	0	0
<b>f</b>	BUS/VAN OPERATION	<b>43f</b> 26,447	26,447	0	0
<b>g</b>		<b>43g</b> 0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	<b>44</b> 740,085	446,930	137,436	155,719

**Joint Costs.** Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ 0; (iii) the amount allocated to Management and general \$ 0; and (iv) the amount allocated to Fundraising \$ 0



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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	240,370	<b>45</b>	182,918
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47 a</b> Accounts receivable . . . . .	<b>47a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 0	<b>47c</b>	0
	<b>48 a</b> Pledges receivable . . . . .	<b>48a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 0	<b>48c</b>	0
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> 0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	1,709	<b>53</b>	6,005
	<b>54</b> Investments—securities (attach schedule) . . . . .	137,270	<b>54</b>	146,190
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b> 907,899		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 324,918	<b>55c</b>	582,981
<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 0			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 0	<b>57c</b>	0	
<b>58</b> Other assets (describe ► DEPOSITS ) . . . . .	0	<b>58</b>	23,023	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	952,929	<b>59</b>	941,117	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	91,758	<b>60</b>	52,692
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe ► ) . . . . .	0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	91,758	<b>66</b>	52,692	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	808,504	<b>67</b>	869,459
	<b>68</b> Temporarily restricted . . . . .	47,667	<b>68</b>	13,966
	<b>69</b> Permanently restricted . . . . .	5,000	<b>69</b>	5,000
	<b>Organizations that do not follow SFAS 117, check here</b> ► <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .	861,171	<b>73</b>	888,425
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	952,929	<b>74</b>	941,117	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	870,229
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	116,855
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	116,855
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	753,374
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	753,374

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	856,940
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	116,855
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	0
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	116,855
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	740,085
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	740,085

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name SEE COMPLETE Str LIST ATTACHED	Title BOARD			
City ST ZIP	Hr/WK	0	0	0
Name Str	Title AVERAGE OF 2			
City ST ZIP	Hr/WK PER WEEK			
Name CHRIS BARNHILL Str 521 MCIVER STRE	Title EXECUTIVE DIP			
City NASHVILLE ST TN ZIP 37211	Hr/WK 40 HOURS PER	74,000	0	0
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			

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

Yes	No
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**75 a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .

**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .

75b

X

**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? . . . . .

75c

X

**Note.** Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

**d** Does the organization have a written conflict of interest policy? . . . . .

75d

X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former

officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>NONE</u> Str City <u>ST</u> ZIP <u>0</u>		0	0	0
Name _____ Str City _____ ST ZIP _____				
Name _____ Str City _____ ST ZIP _____				
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Name _____ Str City _____ ST ZIP _____				
Name _____ Str City _____ ST ZIP _____				

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

Yes	No
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**76** Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

76

X

**77** Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . .  
If "Yes," attach a conformed copy of the changes.

77

X

**78 a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .

78a

X

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

78b

N/A

**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .

79

X

**80 a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .

80a

X

**b** If "Yes," enter the name of the organization ► N/A

N/A and check whether it is ☐ exempt or ☐ nonexempt

**31 a** Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .

81a

0

**b** Did the organization file **Form 1120-POL** for this year? . . . . .

81b

X

**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b> 116,855		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> 0	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> 0 ; section 4912 <input type="text"/> 0 ; section 4955 <input type="text"/> 0		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/> 0		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text"/> 0		
<b>90 a</b>	List the states with which a copy of this return is filed <input type="text"/> TN		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b>	8
<b>91 a</b>	The books are in care of <input type="text"/> Name CHRIS BARNHILL Telephone no. <input type="text"/> (615) 315-5333 Located at <input type="text"/> 521 MCIVER ST. City <input type="text"/> ST <input type="text"/> ZIP + 4 <input type="text"/> 37211-2322		
<b>b</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 <input type="text"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.	<b>91b</b>	X
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="text"/>	<b>91c</b>	X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> <b>92</b> N/A		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	144	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	2,471	
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .			14	25,331	
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .			07	233,941	
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		0		261,887	0
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					261,887

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

**Line No.** Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

▼

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>Richard W. Betts</u>		Date <u>6/27/06</u>	
<b>Paid Preparer's Use Only</b>	Type or print name and title. <u>Richard W. Betts, Treasurer</u>			
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date <u>6/27/2006</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) <u>P00237318</u>
	<u>BETTS AND RUBIO PLLC</u> <u>2220 EIGHTH AVE SOUTH, NASHVILLE, TN 37204</u>		EIN <u>62-1866112</u>	Phone no. <u>615-297-8502</u>





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