

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2003 calendar year**B Check if applicable.**

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

Please use label principal type See Special instructions

• See

trusts must attach a completed Schedule A (Form 990 or 990-EZ).



173143 *****AUTO**5--DIGIT 37211
 YOUTH ENCOURAGEMENT SERVICES INC
 521 MCIVER ST
 NASHVILLE TN 37211-2322

P 34 R
 B 17 S

D Employer identification number

62-0570681

E Telephone number**F Accounting method.** ☒ Cash ☐ Accrual2 ☐ Other (specify) _____

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** _____**M Check** ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**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 received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12. **595,855****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	423,380		
b Indirect public support	1b			
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		423,380	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		0	
3 Membership dues and assessments	3		0	
4 Interest on savings and temporary cash investments	4		57	
5 Dividends and interest from securities	5		0	
6a Gross rents	6a	3,800		
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		3,800	
7 Other investment income (describe _____)	7		37,824	
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	8a	0	0	
b Less: cost or other basis and sales expenses	8b	0	0	
c Gain or (loss) (attach schedule)	8c	0	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	130,794		
b Less: direct expenses other than fundraising expenses	9b	0		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		130,794	
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0	
11 Other revenue (from Part VII, line 103)	11		0	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		595,855	
13 Program services (from line 44, column (B))	13		350,500	
14 Management and general (from line 44, column (C))	14		74,395	
15 Fundraising (from line 44, column (D))	15		119,864	
16 Payments to affiliates (attach schedule)	16		0	
17 Total expenses (add lines 16 and 44, column (A))	17		544,759	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		51,096	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		721,534	
20 Other changes in net assets or fund balances (attach explanation)	20		0	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		772,630	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

(HTA) SCANNED SEP 13 2004

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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 page 22 of 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
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	161,845	102,500	18,988	40,357
27	Pension plan contributions	0			
28	Other employee benefits	46,340	35,755	4,190	6,395
29	Payroll taxes	17,003	10,598	2,385	4,020
30	Professional fundraising fees	0			
31	Accounting fees	6,175	1,477	1,550	3,148
32	Legal fees	0			
33	Supplies	4,476	1,409	1,335	1,732
34	Telephone	0			
35	Postage and shipping	3,344	1,526	292	1,526
36	Occupancy	58,559	34,189	12,185	12,185
37	Equipment rental and maintenance	0			
38	Printing and publications	17,230	11,033		6,197
39	Travel	9,835		8,875	960
40	Conferences, conventions, and meetings	0			
41	Interest	2,260		2,260	
42	Depreciation, depletion, etc. (attach schedule)	49,982	44,868	5,114	
43	Other expenses not covered above (itemize): a OTHER	94,359	41,618	9,397	43,344
	b SCHOLARSHIPS AND AWARDS	8,000	8,000		
	c DUES AND SUBSCRIPTIONS	30	30		
	d UTILITIES	44,180	36,356	7,824	
	e BASKETBALL PROGRAM	9,497	9,497		
	f BUS/VAN OPERATION	11,644	11,644		
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	544,759	350,500	74,395	119,864

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? **AFTER SCHOOL CHILDRENS PROGRAMS**

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

		Program Service Expenses Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others
a	TWO INNER-CITY CENTERS PROVIDING SUPERVISED RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR INNER-CITY CHILDREN, GENERALLY AT NO COST TO THE CHILDREN OR THEIR FAMILIES	
	(Grants and allocations \$)	328,199
b	RESIDENTIAL CAMP PROVIDING SUPERVISED SUMMER CAMPING, RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR INNER-CITY CHILDREN, AT NO COST TO THE CHILDREN OR THEIR FAMILIES	
	(Grants and allocations \$)	22,301
c		
	(Grants and allocations \$)	
d		
	(Grants and allocations \$)	
e	Other program services (attach schedule)	(Grants and allocations \$)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	350,500

Part IV Balance Sheets (See page 25 of the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		104,519	45 126,278
	46	Savings and temporary cash investments		0	46
	47 a	Accounts receivable	47a 0		
	b	Less: allowance for doubtful accounts	47b 0	0	47c 0
	48 a	Pledges receivable	48a 0		
	b	Less: allowance for doubtful accounts	48b 0	0	48c 0
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a	Other notes and loans receivable (attach schedule)	51a 0		
	b	Less: allowance for doubtful accounts	51b 0	0	51c 0
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges		1,107	53 4,167
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		82,811	54 119,247
	55 a	Investments—land, buildings, and equipment: basis	55a 894,470		
	b	Less: accumulated depreciation (attach schedule)	55b 300,902	636,999	55c 593,568
56	Investments—other (attach schedule)		0	56 0	
57 a	Land, buildings, and equipment: basis	57a 0			
b	Less: accumulated depreciation (attach schedule)	57b 0	0	57c 0	
58	Other assets (describe)		0	58 0	
	59 Total assets (add lines 45 through 58) (must equal line 74)		825,436	59 843,260	
Liabilities	60	Accounts payable and accrued expenses		103,902	60 70,630
	61	Grants payable			61
	62	Deferred revenue			62
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b	Mortgages and other notes payable (attach schedule)		0	64b 0
	65	Other liabilities (describe)		0	65 0
	66 Total liabilities (add lines 60 through 65)		103,902	66 70,630	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		716,534	67 752,630
	68	Temporarily restricted			68 15,000
	69	Permanently restricted		5,000	69 5,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70
	71	Paid-in or capital surplus, or land, building, and equipment fund			71
	72	Retained earnings, endowment, accumulated income, or other funds			72
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		721,534	73 772,630
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		825,436	74 843,260

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	704,205
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities . . . \$	108,350	
(3)	Recoveries of prior year grants	\$	
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . .	b	108,350
c	Line a minus line b	c	595,855
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . .	d	0
e	Total revenue per line 12, Form 990 (line c plus line d)	e	595,855

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

a	Total expenses and losses per audited financial statements	a	653,109
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$	108,350	
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) . . .	b	108,350
c	Line a minus line b	c	544,759
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . .	d	0
e	Total expenses per line 17, Form 990 (line c plus line d)	e	544,759

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of 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	(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 MCIVES STREET	Title EXECUTIVE DI			
City NASHVILLE ST TN ZIP 37211	Hr/WK 40 HOURS PER	62,589	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			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No

If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)		Yes	No
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	X
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 ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	0
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
90 a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	5
91	The books are in care of ▶ Name CHRIS BARNHILL Telephone no ▶ (615) 315-5333 Located at ▶ 521 MCIVER ST. City NASHVILLE ST TN Zip + 4 ▶ 37211-2322		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	57	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	3,800	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	37,824	
100 Gain or (loss) from sales of assets other than inventory			18	130,794	
101 Net income or (loss) from special events			07		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		172,475	0
105 Total (add line 104, columns (B), (D), and (E))					172,475

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 page 34 of 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 page 34 of 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

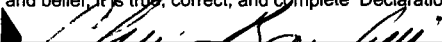
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (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).

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.

Please



Date

Executive Director

Date

Check if

Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2003

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

Name of the organization

YOUTH ENCOURAGEMENT SERVICES, INC.

Employer identification number

62-0570681

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Str NONE				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Total number of other employees paid over \$50,000				

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name Check here if a business		
Str NONE		
City		
ST ZIP Country		
Name Check here if a business		
Str		
City		
ST ZIP Country		
Name Check here if a business		
Str		
City		
ST ZIP Country		
Name Check here if a business		
Str		
City		
ST ZIP Country		
Name Check here if a business		
Str		
City		
ST ZIP Country		
Total number of others receiving over \$50,000 for professional services		

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	X	
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____ City _____ ST _____ Country _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	679,899	485,589	501,127	497,431	2,164,046
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,783	8,527	10,192	6,248	32,750
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		58,893	19,178	14,525	92,596
23 Total of lines 15 through 22	687,682	553,009	530,497	518,204	2,289,392
24 Line 23 minus line 17	687,682	553,009	530,497	518,204	2,289,392
25 Enter 1% of line 23	6,877	5,530	5,305	5,182	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 0
d Add: Amounts from column (e) for lines:					26d 0
18 0 19 0					
22 0 26b 0					26e 0
e Public support (line 26c minus line 26d total)					26f 0.00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines:					
15 2,164,046 16 0					27c 2,164,046
17 0 20 0 21 0					27d 0
d Add: Line 27a total and line 27b total					27e 2,164,046
e Public support (line 27c total minus line 27d total)					27f 2,289,392
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 94.52%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 1.43%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group.Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0

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

Line 1a (990) - Direct public support

1	Contributions	1	408,380
2	Non Cash Contributions	2	15,000
3	Special events contributions (Line 9 - Special Events)	3	0
4	-----	4	-----
5	-----	5	-----
6	-----	6	-----
7	-----	7	-----
8	-----	8	-----
9	-----	9	-----
10	Total	10	423,380

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	ANNUAL				
	DINNER				
1a Number of special events	1				
2 Gross receipts	130,794				2 130,794
3 Less contributions					3 0
4 Gross revenue	130,794	0	0	0	4 130,794
5 Less direct expenses					5 0
6 Net income or (loss)	130,794	0	0	0	6 130,794

Line 54 (990) - Investments - Securities

Check one box below to indicate how securities are report:

☐ Cost☒ End of year market value (FMV)

		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV	
Securities at end of year						
1	CAP TRUST ENDOWMENT ACCOUNT			82,811	119,247	
2					0	
3					0	
4					0	
5					0	
6					0	
7					0	
8					0	
9					0	
10					0	
11					0	
12					0	
13					0	
14					0	
15					0	
16					0	
17					0	
18					0	
19					0	
20					0	
21	Totals	21	0	0	82,811	119,247

Line 55 (990) - Investments land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1 LAND	1	106,236	106,236
2	2		
3	3		
4	4		
5	5		
6 Total land (net of any amortization)	6	106,236	106,236

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7 LAND IMPROVEMENTS	7	11,095	11,095		
8 BUILDINGS	8	532,107	532,107		
9 FURNITURE, FIXTURES, AND EQUIPMENT	9	120,531	126,381		
10 VEHICLES	10	118,650	118,651		
11 ACCUMULATED DEPRECIATION	11			251,620	300,902
12	12				
13	13				
14	14				
15	15				
16	16				
17 Total buildings and equipment	17	782,383	788,234	251,620	300,902
18 Buildings and equipment (less accumulated depreciation)	18			530,763	487,332
19 Total land, buildings and equipment	19			636,999	593,568

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11 Total	11	0	0	0

**YOUTH ENCOURAGEMENT SERVICES
FORM 990 TAX YEAR 2003
62-0570681**

ATTACHMENT TO SCHEDULE A, PART III, ITEM 3

The agency makes grants from scholarships on a limited basis for higher education. Any scholarships granted are done so after application is made and financial need is assessed. Preference is given to individuals who have participated in the daily after-school programs of the agency.

Youth Encouragement Services 2004 Board of Directors

Sally Costello –*President*

312 Silvercreek Ct
Franklin, TN 37069
Spouse: David
H – 661-4499
F – 661-4488; M – 714-5353 – Sally
M – 351-4399 -- David

Michael Galo, –*Co-President*

370 Oakley Drive
Apt. 723
Nashville, TN 37211
H-833-4052; M-478-3211

Dale Denny-*Secretary*

1004 Harold Dr.
Nashville, TN 37217
H – 361-5232; W – 256-0112
F – 256-2427; M – 243-7366

Rick Betts –*Treasurer*

4004 Brookhaven Drive
Nashville, TN 37204
Spouse: Cindy
H – 297- 9714; W – 297-8502
F – 297-9139; M – 289-3845

John Conger

5205 Trousdale Dr.
Nashville, TN 37220
H – 834-8179; W – 279-5729
F – 269-1808; M – 513-5452
Spouse: Alice

Mark Ezell

4800 Lealand Lane
Nashville, TN 37220
Spouse: Martha
H – 383-4667; W – 244-1900 X268
F – 760-2243; M –351-7822

Jennifer Goodman

4931 Franklin Rd.
Nashville, TN 37220
Spouse: Randy
H – 834-3947; M – 417-4873
F – 333-9323

Anna Grizzle

1191 Lewisburg Pike
Franklin, TN 37064
Spouse: Steve
H – 599-0810; W – 742-7732
F – 742-2741

Bari Harwell

914 Alder Dr.
Nashville, TN 37220
Spouse: Joey
H – 292-0724; M – 478-6204

Ernest E. Hyne, II

4100 Franklin Rd.
Nashville, TN 37204
Spouse: Linda
H – 292-4075; W – 256-0500
F – 251-1057

Edd Lancaster

223 Kensington Park
Nashville, TN 37215
Spouse: Nancy
H – 297-6473; W – 297-9737
F – 297-9737; M – 943-5477

Tricia Murray

541 Hope Ave.
Franklin, TN 37067
Spouse: Mark
H –771-0780; W – 661-4400
F – 661-4115; M – 429-3510

Rita Solomon

4333 Chickering Lane

Nashville, TN 37215

Spouse: David

H – 377-5363; F – 425-0277

M – 414-3756

Mark Willoughby

Capital Trust

810 Crescent Center Dr. # 501

Franklin, TN 37067

Spouse: Laura

H-371-1726; W-778-0740

Channing Workman

128 Meadowgreen Dr.

Franklin, TN 37069

Spouse: Sue

H – 790-2458; W – 371-8707-X112

F – 371-8791

► **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).

Note: 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)

Part I Automatic 3-Month Extension of Time—Only submit original (NO COPIES NEEDED).
Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Lumen Catechetical Consultants, Inc.	Employer identification number 52:1249808
	Number, street, and room or suite no. If a P.O. box, see instructions. 10018 Woodland Dr.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Silver Spring, MD 20902-4056	

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 |

- 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-month, for **990-T corporation**) extension of time until Aug. 16, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20 ... or
- ▶ ☐ tax year beginning _____, 20 ..., and ending _____, 20

- 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 \$ _____
- 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 \$ _____
- 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 \$ _____

Signature and Verification

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

Signature

Title ▶ Pres.

Date ▶ 5/14/04

For Paperwork Reduction Act Notice, see Instruction

Cat. No. 27916D

Form **8868** (12-2000)