### Form 990

## 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)

2007

nen en Bubile

Department of the Treasury

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

Open to Public Inspection

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A	For t	the 2007 calendar year, or tax year beginning 7/01 , 2007, and	dending 6/3	0 , 2008				
В	Check	if applicable: C		D Employer Identification Number				
	$\prod_{A}$	ddress change RS label NASHVILLE YOUTH FOR CHRIST, INC	ess change [ IRS label ] NASHVILLE IOUIN FOR CHRISI, INC   62					
	$\prod_{\mathbf{z}}$	or print P. O. BOX 330027	E Telephone number					
		or type. See NASHVILLE, TN 37203	_	615-316-9926				
	$\vdash$	Instruc- ermination tions.	•	F. Aecounting X Cash	Accrual			
	$\vdash$	mended return		Other (specify)	_			
	$\vdash$	pplication pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt	H and I are not apple	icable to section 527 organizations.				
	^∟∟	charitable trusts must attach a completed Schedule A		up return for affiliates? Yes	X No			
		(Form 990 or 990-EZ).	H (b) If 'Yes,' enter	r number of affiliates .				
G	Web	site: N/A	H(c) Are all affilia	ates included?Yes	No			
J	Oma	nnization type	sch a list. See instructions.)	_				
	(che	ck only one)	<b></b> ' ' '	parate return filed by an				
ĸ		k here if the organization is not a 509(a)(3) supporting organization and its	covered by a group ruling? Yes	X No				
	gros	s receipts are normally not more than \$25,000. A return is not required, but if the	I Group Ex	kemption Number ►				
		nization chooses to file a return, be sure to file a complete return.		if the organization is not requir				
<u>L</u>		s receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 159, 799.		chedule B (Form 990, 990-EZ, or 990-	°F).			
Pa	HI.	Revenue, Expenses, and Changes in Net Assets or Fund Bal	lances (See th	ne instructions.)				
	1	Contributions, gifts, grants, and similar amounts received:						
	а	Contributions to donor advised funds	l a					
	ь	Direct public support (not included on line 1a)	1ь 28	,348.				
		Indirect public support (not included on line 1a).	1 c					
	d	l Government contributions (grants) (not included on line 1a)	1d) 35	,000.				
	е	Total (add lines la through 1d) (cash \$ 63,348. noncash \$ )		1e 63	,348.			
	2	Program service revenue including government fees and contracts (from Part VII						
	3	Membership dues and assessments						
	4	Interest on savings and temporary cash investments			136.			
	5	Dividends and interest from securities		l l				
	6a	Gross rents	Sa					
		Less: rental expenses						
	С	Net rental income or (loss). Subtract line 6b from line 6a	6c					
	7	Other investment income (describe		) 7	-			
MCZM <ww< td=""><td></td><td>(A) Securities</td><td>(B) Othe</td><td>er</td><td></td></ww<>		(A) Securities	(B) Othe	er				
Ě	ъa	Gross amount from sales of assets other than inventory.	Ba					
ũ	h		Bb					
£			3c					
		Net gain or (loss). Combine line 8c, columns (A) and (B)		8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, ch	eck here ►	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				
	a	Gross revenue (not including \$ of contributions		<b>-</b>				
			96 96	,315.				
	Ь			,401.				
	С	Net income or (loss) from special events. Subtract line 9b from line 9a	Statement	.1 9c 77	,914.			
	10a	Gross sales of inventory, less returns and allowances	)a					
		Less: cost of goods sold						
		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b frcm line 10a						
	11	Other revenue (from Part VII, line 103)						
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			,398.			
_	13	Program services (from line 44, column (B))			,205.			
UM WZ H TX	14	Management and general (from line 44, column (C))			, 454.			
Ë	15	Fundraising (from line 44, column (D))						
N	16	Payments to affiliates (attach schedule)						
E S	17	Total expenses. Add lines 16 and 44, column (A)	F	,659.				
╗	18	Excess or (deficit) for the year. Subtract line 17 from line 12			,739.			
A S S E T	19	Net assets or fund balances at beginning of year (from line 73, column (A))			,268.			
E E	20	Other changes in net assets or fund balances (attach explanation)						
s		Net assets or fund balances at end of year, Combine lines 18, 19, and 20			,007.			

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Form 990 (2007) NASHVILLE YOUTH FOR CHRIST, INC 62-0984130 P

Part | Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required (as a social of 501(c)(2) and (d) organizations and section 4947(a)(1) proper must charitable trusts but ontonal for others. (See instruct)

	for section 501(c)(3) and (4) organ	izations		(B) Program	(C) Management	
	Oo not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22 a	Grants paid from donor advised					
	funds (attach sch) (cash \$					
	non-cash \$ )					
	If this amount includes					
	foreign grants, check here	22 a				
22 b	Other grants and allocations (att sch)	İ				
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here $\blacktriangleright$	22 b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A	25 a	40,800.	40,800.	0.	0.
Ŀ	Compensation of former officers, directors, key employees, etc. listed					
	in Part V-B	25 b	0.	0.	0.	0.
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28	28,331.	28,331.		_
29	Payroll taxes	29	4,186.	4,186.		
30	Professional fundraising fees	30			_	
31	Accounting fees		1,950.		1,950.	
32	Legal fees					
33	Supplies	$\overline{}$	819.		819.	_
	Telephone		1,688.		1,688.	_
35	Postage and shipping	35	904.		904.	
36	Occupancy	36	110	110.		-
37	Equipment rental and maintenance	37	110.	110.		
38	Printing and publications	38		<del></del>		
39 40	Conferences, conventions, and meetings	40	<del></del>			
41	Interest	41			<del></del>	
42	Depreciation, depletion, etc (attach schedule)	42	927.	927.		
43	Other expenses not covered above (itemize):					<u> </u>
ā	See Statement 2	43 a	35,944.	32,851.	3,093.	
t	<b></b>	43b				
(	<b></b>	43 c				
C	i	43 d				
•		43 e				
f		43f				
ć	'	43g			<del> </del>	
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	115,659.	107,205.	8,454.	0.
	t Costs₊ Check . ► if you are following					, m m
	any joint costs from a combined education			licitation reported in (B)	Program services?	. ► Yes X No
	es,' enter (i) the aggregate amount of these; ; (iii) the amount al	joint c	osts \$		mount allocated to Prog	ram services le amount allocated
\$ _	; (iii) the amount al	Descou	to management and ge		, and (IV) ti	o uniount anotated

Page 3

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

Form 990	is avail	able f	or publi	c inspectio	n and,	for some	people,	serves	as the	primary	or sole	source of	informati	on about a	particular	
organizati	on, Hov	v the	public p	erceíves a	n orga	nization ir	n such ca	ases m	ay be d	etermine	d by th	e informat	ion prese	nted on its	return. Th	erefore,
please ma	ake sure	e the i	return is	complete	and a	curate a	nd fully o	lescribe	s, in P	art III, the	e orgar	nization's p	programs	and accomp	plishment	s.

ase make sure the return is	3 complete and accorde	s and rany desembee; in r art in r are argument	programme and are	
nat is the organization's prin	nary exempt purpose?	See Statement 3		Program Service Expenses
organizations must describents served publications is	e their exempt purpose sued, etc. Discuss achie	<ul> <li>See Statement 3         achievements in a clear and concise manner every entry that are not measurable. (Section 5 nust also enter the amount of grants and allocements)     </li> </ul>	. State the number of 01(c)(3) and (4) organ-	(Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
				optional for others.)
			_	
	- <i></i>			
(Grants and allocations	\$ 35	, 000. ) If this amount includes foreign gra	nts, check here	107, 205.
	<del></del>			
(Grants and allocations	\$	) If this amount includes foreign gra	nts, check here	
c				
				1
· <del></del> ;		) If this amount includes foreign gra		
d	<b></b>			
		N. M. Marian and Maria		
		) If this amount includes foreign gra	nts, check here	
e Other program services.			nto about horo >	
(Grants and allocations		) If this amount includes foreign granted the AA column (R) Program continue		107,205.
T Total of Program Service	<i>e</i> cxpenses (snould equ	ial line 44, column (B), Program services)	<u> </u>	101,205.

BAA Form 990 (2007)

Balance Sheets (See the instructions.) (B) End of year (A) Beginning of year Where required, attached schedules and amounts within the description Note: column should be for end-of-year amounts only. 37,209. 9.445 45 Cash — non-interest-bearing..... 46 46 Savings and temporary cash investments..... 47 a 47 a Accounts receivable..... 47 0 b Less: allowance for doubtful accounts ..... 47 b 48 a 48a Pledges receivable..... 49 49 Grants receivable ..... 50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)..... 50 h 51 a Other notes and loans receivable (attach schedule)..... 51 a 51 c 52 52 Inventories for sale or use ..... 53 53 Prepaid expenses and deferred charges..... 54 a 54a Investments - publicly-traded securities..... Cost 54b Cost b Investments - other securities (attach sch) ..... FMV 55a Investments - land, buildings, & equipment: basis... | 55a b Less: accumulated depreciation 55 c 55 b (attach schedule)..... 56 56 Investments - other (attach schedule)..... 57 a 26,535. 57 a Land, buildings, and equipment: basis..... b Less: accumulated depreciation (attach schedule)......Statement.4... 823 57 c 2,484. 24,051 Other assets, including program-related investments 58 10,268. 39,693. Total assets (must equal line 74). Add lines 45 through 58..... 59 60 186 60 61 3,500. 62 Deferred revenue ..... 62 Loans from officers, directors, trustees, and key employees (attach schedule)..... 63 64a 64a Tax-exempt bond liabilities (attach schedule)..... **b** Mortgages and other notes payable (attach schedule)..... 64b 65 65 Other liabilities (describe ►... Ō. 3,686. 66 Organizations that follow SFAS 117, check here and complete lines 67 through 69 and lines 73 and 74. 67 67 68 Temporarily restricted ..... Permanently restricted..... 69 X and complete lines Organizations that do not follow SFAS 117, check here Q R 70 through 74. 70 Capital stock, trust principal, or current funds ..... 71 Paid-in or capital surplus, or land, building, and equipment fund ..... 10,268 72 36,007. Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 36,007. 72. (Column (A) must equal line 19 and column (B) must equal line 21)..... 10,268 73 39,693. Total liabilities and net assets/fund balances. Add lines 66 and 73..... 10,268 74

Form 990 (2007)

<b>-</b>	m 990 (2007) NASHVILLE YOUTH	FOR CHRIST INC			62-09	R 4	130 Page !
Pa	instructions.)	ue per Audited Financia	al Statements v	with			
a	Total revenue, gains, and other support	ner audited financial stateme	nts		a		N/A
a b	Amounts included on line a but not on P					-	
D	1 Net unrealized gains on investments		1.6	1			
	2Donated services and use of facilities				<del></del>		
	3Recoveries of prior year grants			+			
			1	1			
	40ther (specify):		1 1	اء			
	Add lines b1 through b4		-	<del></del> -	b	,	
С	Subtract line b from line a						
d	Amounts included on Part I, line 12, but						
_	1 Investment expenses not included on Pa		d ·	1			
	2Other (specify):						
			اسا	2			
	Add lines d1 and d2				d	i	
e	Total revenue (Part I, line 12). Add lines	c and d	<u></u>		▶ е		
Pa	rt IV-B Reconciliation of Expens	ses per Audited Financ	ial Statements	with	h Expenses per Re	etu	ırn
a	Total expenses and losses per audited f	inancial statements			<u>a</u>	L	N/?
b	Amounts included on line a but not on P	art I, line 17:					
	1 Donated services and use of facilities						
	2Prior year adjustments reported on Part	I, line 20	<u>b</u> :	2			
	3Losses reported on Part I, line 20		<u>Б</u>	3			
	40ther (specify):	. <b>_</b>					
			1 1	4			
	Add lines b1 through b4				<u>b</u>	上	
С	Subtract line b from line a				<u></u> c	上	·
d	Amounts included on Part I, line 17, but		,	1			
	1 Investment expenses not included on Pa	art I, line 6b	<u>d</u>	1			
	20ther (specify):			1			
			d:	2			
	Add lines d1 and d2				<u>d</u>	4	
e	Total expenses (Part I, line 17). Add line					<u>!</u>	
Pa	Current Officers, Directo or key employee at any time du	rs, Trustees, and Key E ring the year even if they were	not compensated	i.) <i>(</i> S	h person who was an o ee the instructions.)	ffic	er, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensat (if not paid, enter -0-)	ion	(D) Contributions to employee benefit plans and deferred compensation plans		(E) Expense account and other allowances
JO	HN FOREMAN	Vice Chair		0.	0.	T	0.
	10 BRADLEY DRIVE	<b>1</b> 0					
FR	ANKLIN, TN 37069						
_	REN WHELAN	Secretary		0.	0.	T	0.
	0 W. HILLSBORO DR	1 0					
	SHVILLE, TN 37205						
	M LEHNING	Chairperson		0.	0.	T	0.
	7 N. 14 STREET	]					
	SHVILLE TN 37206				1	1	

Form 990 (2007) NASHVILLE YOUTH FOR C	HRIST, INC		62-09841	.30	Р	age 6
Part V-A Current Officers, Directors, Tru		mployees (continue	ed)		Yes	No
75a Enter the total number of officers, directors, and trustees p						
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relation	ployees listed in Form isated professional and oh family or business r	990, Part V-A, or highes	st compensated employee	es 75b		X
c Do any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	i any other organization e definition of 'related o	ns, whether tax exempt organization	or taxable, that are relate	<b>d</b> ************************************		х
If 'Yes,' attach a statement that includes the in			, · · ·		v	
d Does the organization have a written conflict or						
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	or trustee or kev empl	ovee received compens	ation or other benefits (de	escribed b	elow)	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allowa		her
None						
<del></del>						
				-		
	<del></del>					
Part VI Other Information (See the inst	ructions.)				Yes	No
76 Did the organization make a change in its activ If 'Yes,' attach a detailed statement of each ch				76		X
77 Were any changes made in the organizing or g	•					X
If 'Yes,' attach a conformed copy of the change						
78a Did the organization have unrelated business g	ross income of \$1,000	or more during the year	covered by this return?.	78a		Χ
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 year? If 'Yes,' attach a statement				<b>7</b> 9		Х
80a Is the organization related (other than by association membership, governing bodies, trustees, office	rs, etc, to any other ex	empt or nonexempt org		<u>80</u> a	Х	
b If 'Yes,' enter the name of the organization		IST USA neck whether it is X e	vomet or			
81 a Enter direct and indirect political expenditures.		<del></del>	) '   <del>Land</del> '	0.		
b Did the experiencies file Form 1120 BOL for this		<del>~,,</del>		01 6	/5000000000000000000000000000000000000	Y

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Form 990 (2007)

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Form 990 (2007) NASHVILLE YOUTH FOR CHRIST, INC	62-098	4130	F	age 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	<b>82</b> a	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		8	3
83a Did the organization comply with the public inspection requirements for returns and exemption	applications?	83а	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contribu			N,	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
not tax deduction.		<u>84</u> b		Α
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?			<del></del>	/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		550000000000000000000000000000000000000	N,	/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	e organization received	a ×		
c Dues, assessments, and similar amounts from members		N/A		
d Section 162(e) lobbying and political expenditures		N/A	, , , ,	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<b>85</b> g	N,	/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?	able estimate of	85 h	N,	/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	· · · ·	
b Gross receipts, included on line 12, for public use of club facilities		N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A		œ.
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A		
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporate an entity disregarded as separate from the organization under Regulations sections 301.770 If 'Yes,' complete Part IX	01-2 and 301.7701-3?	), 88 a		X
section 512(b)(13)? If 'Yes,' complete Part XI		► 88ь		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year und section 4911 - 0.; section 4912 - 0.; section 4		0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If " explaining each transaction	benefit transaction Yes,' attach a statemen	89 b		x
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	e ►	0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	., >	0.		× .
e All organizations. At any time during the tax year, was the organization a party to a prohibited	tax shelter transaction?	' 89 e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable ins	surance contract?	89 f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. I organization, or a fund maintained by a sponsoring organization, have excess business holding	gs at any time during			*
the year?		<b>89 g</b>	<u> </u>	<u>X</u>
90a List the states with which a copy of this return is filed NOTE				
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90Ь	i	0
91a The books are in care of ► LAURA FOREMAN Telephone nu	mber ► 615-591	-6957	1	<u>_</u>
Located at > 1210 BRADLEY DRIVE FRANKLIN TN	mber ► 615-591 ZIP + 4 ► 3	7069	Y	<del></del>
h At any time during the calendar year, did the organization have an interest in or a signature of	r other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securilles account, or other fin	ancial account)?	91 b	3 4	X
See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Formancial Accounts.				
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Form 990 (2007) NASHVILLE YOUTH FO		INC		62-0984	
Part VI Other Information (continu			-	•	Yes No
c At any time during the calendar year, did		maintain an office of	outside of the Ur	nited States?	91 c X
If 'Yes,' enter the name of the foreign co					
92 Section 4947(a)(1) nonexempt charitable					
and enter the amount of tax-exempt inter	est received or a	ccrued during the ta	x year	92	N/A
Part VII Analysis of Income-Producing				f: 510 512 514	Γ
	Unrelated bu	usiness income	Excluded by se	ection 512, 513, or 514	(E)
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	· (D) Amount	Related or exempt function income
93 Program service revenue:  a				•	
a b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts		136.		_	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory				,	
101 Net income or (loss) from special events				_	77,914.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
с					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		136.			77,914.
105 Total (add line 104, columns (B), (D), a	nd (E))			······ <u></u>	78,050.
Note: Line 105 plus line 1e, Part I, should equa	al the amount on	line 12, Part I.			
Part VIII Relationship of Activities to	o the Accomp	lishment of Ex	empt Purpos	ses (See the instru	ictions.)
Line No. Explain how each activity for which of the organization's exempt purpo	income is report	ed in column (E) of	Part VII contrib	uted importantly to the	accomplishment
THE ACTIVITIES LISTED					CUUTITE VOITE
	TRYING TO R		TARMID LOL	C TOOTH THAT NA	PHATTIE IOOIU
FOR CHRIST, INC. ARE	INTING TO N	Encir.	·		<del></del>
		<del></del>	• • • • • • • • • • • • • • • • • • • •		<del></del>
Part IX Information Regarding Tax	able Subsidia	ries and Disrec	arded Entiti	es (See the instru	ctions )
(A)	(B)	(C		(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interes	Nature of a	activities	Total income	End-of-year assets
N/A	<del></del>	t			
		k l	-		
		k		· <del></del>	
		È .			
Part X Information Regarding Tra			onal Benefit	Contracts (See th	e instructions.)
a Did the organization, during the year, receive any fun					Yes X No
<b>b</b> Did the organization, during the year, pay			•		<del>-</del>
Note: If 'Yes' to (b), file Form 8870 and For					

Pai	Information Regarding Transfers To organization is a controlling organization	and From Controlled E	ntities. Complete only if ton 512(h)(13)	the
106		a controlled entity as defined	in section 512(b)(13) of the Cod	Yes No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а		-		
b		-		
С		-		
	Totals			
107	Did the reporting organization receive any transfers f	from a controlled entity as de	fined in section 512(b)(13) of the	Yes No
	(A) Name, address, of each controlled entity	(B) Employer identification Number	(C) Description of transfer	(D) Amount of transfer
а		-		
b		-		
С				
	Totals			
108	Did the organization have a binding written contract i annuities described in question 107 above?	n effect on August 17, 2006,	covering the interest, rents, roya	Yes No alties, and X
Plea Sign Here	Signature of officer	return, including accompanying schedu officer) is based on all information of Vice Charen.	8-24-6 Date	_
Paid Pre- pare Use Only	Firm's name (or yours if self-employed), Fight Self-employed), Fight Self-employed, Fight Sel		20   08   employed ►   X	Preparer's SSN or PTIN (See General instruction X) N/A
BAA	FRANKLIN, TN 37067-5	U / O	Phone no. ► (6:	15) 794-8881 Form 990 (2007)

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

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

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

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Supplementary Information — (See separate instructions.)

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

Name of the organization Employer identification number NASHVILLE YOUTH FOR CHRIST, INC 62-0984130 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense to employee benefit plans and deferred employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation None Total number of other employees paid over \$50,000 Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See 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 Total number of others receiving over \$50,000 for professional services. Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services....

a	Statements About Activities (See 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 > \$ N/A  (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		Х
	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.)			
á	Sale, exchange, or leasing of property?	2a		X
t	Lending of money or other extension of credit?	2b		X
	Furnishing of goods, services, or facilities?	2c		х
•	See Form 990, Part V			<u> </u>
	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	
•	Transfer of any part of its income or assets?	2e		<u> </u>
3	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
Ŀ	Did the organization have a section 403(b) annuity plan for its employees?	3ь		Х
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3с		Х
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
<b>4</b> a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	<b>4</b> a		х
Ŀ	Did the organization make any taxable distributions under section 4966?	4b	N	YA_
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N	/A
c	Enter the total number of donor advised funds owned at the end of the tax year			N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
ç	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►			0.
-				

NASHVILLE YOUTH FOR CHRIST, INC

Schedule A (Form 990 or 990-EZ) 2007

62-0984130

Page 2

I certify that the organization is not a private		<u> </u>	licable boy )						
_		•	medale box.,	•					
5 A church, convention of churches, o	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. Sec	tion 170(b)(1)(A)(iii).	•	s e swe No. 2					
8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).									
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state >									
10 An organization operated for the be (Also complete the Support Schedu	nefit of a college or univer lie in Part IV-A.)	sity owned or operated by a	a governmer	ntal unit. Section	on 170(b)(1)(A)(iv).				
11 a An organization that normally received Section 170(b)(1)(A)(vi). (Also comp	ves a substantial part of its plete the Support Schedul	s support from a governmer e in Part IV-A.)	ntal unit or fr	om the genera	al public.				
11 b A community trust. Section 170(b)(1	)(A)(vi). (Also complete th	ne Support Schedule in Part	t IV-A.)						
12 X An organization that normally received from activities related to its charitabe from gross investment income and corganization after June 30, 1975. See	le. etc. functions — subject	t to certain exceptions, and	(2) no more	e than 33-1/3%	of its support				
An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:									
Туре І Туре ІІ	Type III-Function	nally Integrated	Type III-	-Other					
(a) Name(s) of supported organization(s)	Provide the following information above (a) (b) Name(s) of supported Employer identification		(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support				
			Yes	No					
			<u> </u>						
					·				
Total					0.				
_	and to hank for a self-	L. Castian EDO(-)(4) (C	1A		<del></del>				
14 An organization organized and opera	ated to test for public Safe	iy. Section Sus(a)(4). (See			990 or 990-EZ) 2007				

Pai	Support Schedule	(Complete only if you	checked a box on line	10, 11, or 12.) <i>Use a</i>	ash method of acc	ounting.
	e: You may use the worksheet in the					
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2006	<b>(b)</b> 2005	(c) 2004	<b>(d)</b> 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	105,783.	69,383.	70,731.	83,996	329,893.
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, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975.			-		0.
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.					0.
23	Total of lines 15 through 22	105,783.	69,383.	70,731.	83,996	
24	Line 23 minus line 17	105,783.	69,383.	70,731.	83,996	
25_	Enter 1% of line 23	1,058.	694.	707.	840	
	Organizations described on lines Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	name of and amount contril or 2003 through 2006 exceed mounts	outed by each person (other led the amount shown in lin	e 26a. Do not file this list	or publicly with your	
	Total support for section 509(a)(1)		olumn (e)		▶ 26	ic
d	Add: Amounts from column (e) fo			19		
_	Public support (line 26c minus line	22	<del></del>	26b		ie .
	Public support percentage (line 2					
27	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts received	12: 16. and 17 that were	received from a 'disor	ualified person, prepa	are a list for your re	ecords to show the
	such amounts for each year: (2006)0.	(2005)	0(2004)	0	(2003)	
	For any amount included in line 1 to show the name of, and amount \$5,000. (Include in the list organiz After computing the difference be differences (the excess amounts)	t received for each ye cations described in lir tween the amount rec for each year:	ar, that was more than nes 5 through 11b, as seived and the larger a	n the larger of (1) the well as individuals.) I amount described in (	amount on line 25 Do not file this list 1) or (2), enter the	for the year or (2) with your return. sum of these
	(2006)0.	(2005)	0. (2004)	0	(2003)	0.
c	(2006)0 .  Add: Amounts from column (e) fo 17	r lines: 15	329,893.	16	<del></del> 1	
	17	20	d line 27h Astal	21	0 27	329,893.
d	Public support (line 27c total minu	u. an	u iine Z/D total	· · · · · · · · · · · · · · · · · · ·	<u>0.</u> ≥27	7d 0. 7e 329, 893.
e f	Total support for section 509(a)(2)	) test: Enter amount fi	rom line 23. column (e	≘)►  271	329,893.	323,093.
	Public support percentage (line 2					'g 100.00 %
	Investment income percentage (li					'h 0. %
28	Unusual Grants: For an organizat list for your records to show, for e nature of the grant. Do not file thi	each year, the name o	if the contributor, the	date and amount of the	nts during 2003 three grant, and a brid	ough 2006, prepare a ef description of the

.000	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			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		31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			
	Does the organization maintain the following:			
;	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
1	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		
4	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
	Does the organization discriminate by race in any way with respect to:  a Students' rights or privileges?	33a		
ŧ	Admissions policies?	33 b		
ď	Employment of faculty or administrative staff?	33 c		
ď	d Scholarships or other financial assistance?	33 d		
•	Educational policies?	33 e		
f	Use of facilities?	33 f		
ģ	g Athletic programs?	33 g		_
ł	n Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		-
b	Has the organization's right to such aid ever been revoked or suspended?	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	] ]		

50	HAVE A (FORM 990 or 99	0-EZ) 2007 NASHV	LLLE YOUTH FOR	CHRIST, II	NC		62-0	984	4130 Page 6
	TVI-A Lobbying I			rities (See inst Form 5768)	tructions	.)			N/A
Che	ck ► a    if the organ	ization belongs to an af	filiated group. Check	< ► b if yo	u check	ed 'a' and '	limited	cont	rol' provisions apply.
		Limits on Lobbying	g Expenditures amounts paid or incurre			( Affiliate	a)		(b) To be completed for all electing
-26									organizations
36 37			opinion (grassroots lob						
38			slative body (direct lobb			•	<del></del>		
39			37)				<u> </u>		
40	Total exempt purpose								
41			t from the following tab		40	V ×-4.		788 <b>2</b> 888	
7,	If the amount on line 40		lobbying nontaxable a						., .
	Not over \$500,000	•••							
	Over \$500,000 but not over \$1			and the second s					
	Over \$1,000,000 but not over !				41	k. 188. o. i.			**
	Over \$1,500,000 but not over \$				7.			*****	
	Over \$17,000,000								
42	Grassroots nontaxable				42	· · · · · · · · · · · · · · · · · · ·	O	SSK66-34	20 to 100 to
43	Subtract line 42 from lin		•						
44	Subtract line 41 from lin				<del></del>	_			
	Caution: If there is an a	amount on either line 43	or line 44, you must file	e Form 4720.					
	(Some organ	nizations that made a se	Averaging Period ection 501(h) election do the the instructions for line	o not have to co	on 501 mplete	(h)			
			Lobbying Expend	ditures During 4	-Year A	veraging P	eriod		
	Calendar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2006	(c) 2005		•	d) 104		(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
	Grassroots lobbying expenditures								
		only by organizations that	it did not complete Part	Vi-A) (See inst			ı	r	N/A
Jurin atterr	g the year, did the orgar pt to influence public op	nzation attempt to influe inion on a legislative ma	atter or referendum, thr	ough the use of	incluain ;	y any	Yes	No	Amount
	•	-				ŀ		$\dashv$	
	Volunteers Paid staff or manageme					1			
	Media advertisements		•						
	Mailings to members, le								
	Publications, or publishe								
	Grants to other organiza					- 1			
	Direct contact with legis								
	Rallies, demonstrations,								
i	Total lobbying expenditu								
	If 'Yes' to any of the abo	ove, also attach a stater	nent giving a detailed d	escription of the	lobbyir	ng activities	•		

r di i Vii	Exempt Organizat	rding Frai tions (See	nsters To and Transactions a e instructions)	and Relationships With Noncha	ritable		_
51 Did to of th	he reporting organization e Code (other than section	directly or in	ndirectly engage in any of the followi	ng with any other organization describeding to political organizations?	l in section	501(	c)
a Tran	sfers from the reporting o	rganization	to a noncharitable exempt organizati	on of:	ſ	Yes	No
				••••	51 a (i)	165	X
(ii)	Other assets			******************************	a (ii)		X
	r transactions:			_	2 (11)		
(i) S	Sales or exchanges of ass	sets with a n	noncharitable exempt organization	· · · · · · · · · · · · · · · · · · ·	b (i)		X
					b (ii)		X
				• • • • • • • • • • • • • • • • • • • •	b (iii)		X
(iv)F	Reimbursement arrangem	ents			b (iv)		X
					b (v)		X
					b (vi)		X
					C C		X
d if the the g any t	answer to any of the abo oods, other assets, or se ransaction or sharing arra	ove is 'Yes.' rvices given angement, s	complete the following schedule. Co by the reporting organization. If the how in column (d) the value of the gi	lumn (b) should always show the fair mar organization received less than fair mar oods, other assets, or services received	rket value ket value ir	of	
(a) Line no.	(b) Amount involved	1	(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			s
N/A					_		
-							
		<u> </u>					
-		_	·				
		<del> </del>					
	· · · · · · · · · · · · · · · · · · ·				-		
			<del></del>				
		<del>                                     </del>	<del></del>	<del>                                     </del>			
					·		
	<del></del>	<del> </del>			<del></del>		
E2 a la lha	aranization directly or i	l ndivo akty affi	listed with or related to one or more	tay ayamat arganizations			
	ibed in section 501(c) of t s,' complete the following		her than section 501(c)(3)) or in sect	e tax-exempt organizations ion 527?	►  Yes	X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	ship		
N/A							

$\boldsymbol{\gamma}$	n	$\mathbf{a}$	_
Z	U	u	•

## Federal Statements

Page 1

NASHVILLE YOUTH FOR CHRIST, INC

62-0984130

Statement 1 Form 990, Part I, Line 9 Net Income (Loss) from Special Events

Special Events		Gross <u>Receipts</u>	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
GOLF FUNDRAISER LUNCHEON FUNDRAISER	Total	68,345. 27,970. \$ 96,315.	0. 0. \$ 0.	68,345. 27,970. \$ 96,315.	15,976. 2,425. \$ 18,401.	52,369. 25,545. \$ 77,914.

Statement 2 Form 990, Part II, Line 43 Other Expenses

		(A)	(B) Program	(C) Management	(D)
	_	Total	Services	& General	Fundraising
AUTO EXPENSE CAMP CAMPUS LIFE CONTINUING EDUCATION INSURANCE		279. 1,750. 11,747. 1,709. 7,593.	1,750. 11,747. 1,709. 7,593.	279.	
INTERNET TAXES-OTHER TEEN MOMS	Total 3	2,814. 320. 9,732. 35,944.	320. 9,732. 32,851.	2,814. \$ 3,093.	<u>\$ 0.</u>

Statement 3 Form 990 , Part III Organization's Primary Exempt Purpose

PROGRAMS AND SPECIAL EVENTS GEARED TOWARD EDUCATING THE YOUTH IN NASHVILLE, INCLUDING PROGRAMS FOR TEEN MOMS AND COLLEGE STUDENTS.

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category		Basis	Accum.  Deprec.	Book <u>Value</u>
Miscellaneous	\$	\$ 26,535.	\$ 24,051.	\$ 2,484.
	Total 3	\$ 26,535.	\$ 24,051.	\$ 2,484.