990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-1150

2009 Open to Public Inspection

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Part	Acc	oresa ci						l ' '	62-175	7018
Section Sec			nde	print or Number and street (or P.O. box.	if mail is not delivered to st	reet address;	Room/suite	E Telephone	กษณฑอยู่เ	
Section SUTICIDS organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 590 or 990-EZ).							<u> </u>		615-596	-4 386
Section 501(c)(s) organizations and 4947(a)(f) measurable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Contrigued to a completed Schedule A (Form 990 or 990-EZ). H Clack ► _i it the organization is not completed Schedule A (Form 990 or 990-EZ). Society H Clack ► _i it the organization is not a section 508(a)(a) supporting organization and its gross receives are normally not more than \$25,000. A form 990-EZ or Form 990-EZ o	•.				nd ZiF + 4			F. Group Fr	ernotio	<u></u>
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Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L. Addines 5b. 8b. and 7b. to file 9 to determine gross sceepins 1 \$500.000 or mue, file Form 990-EZ				**************************************		~~~		normally not	more tha	n \$25 000 A
Additines 50, 80, and 7b, to line 9 to determine gross receipts, if \$50,000 or mule, flip Form 990 instead of Form 990-EZ	Fo	rm 99	90-EZ or Form	990 return is not required, but if the	organization chooses to	o file a return.	be sure to file	a complete	eturn.	
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1									S	314210
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 5 Gross amount from sale of assets other than inventory 5 5 5 5 5 5 5 5 5									ns for	
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Pari	Statement of Program S	ervice Accomp	lishments (See the instru	ctions for Part III	.)		Expenses
What Desc	t is the organization's primary exert cribe what was achieved in carry	npt purpose?				501(c)	ed for section 3) and 501(c)(4)
manr	ner, describe the services provide program title.	d, the number of	persons benefited, and of	ther relevant infor	mation for		tations and section "Tylinists" optigns" ers
		D711	ildren (V. Oth genda) in after	reheal aroar ammi	an which		
28	Afterschool and summer program- focused on reading development. C	ouring the summer	PTM provided 8 weeks of a	cademic enrichme	nt for		
	75 children and youth. (Grants \$		ncludes foreign grants, cho		<u> </u>	28a	132690
29	Mentoring programsPTM matched Additionally, 35 junior high and hig				er		
	75 adult volunteers. (Grants \$		ncludes foreign grants, che		_	29a	7036
30	Calvin House-Over 40 junior high Bible studies, meals, and small gro retreats and participated in charact	up interaction. Thi	s group also went on quarte	atherings that feat rly overnight field	ured Irips and		
	(Grants \$		ncludes foreign grants, che	eck here	. ▶□	30a	54926
31	Other program services (attach so (Grants \$	chedule) . If this amount i	ncludes foreign grants, che	ck here	. ▶ □	31a	
32	Total program service expense				>	32	194652
	List of Officers, Directors,	Trustees, and Key	Employees. List each one ev	en if not compense	ited. (See the	instruc	tions for Part IV.)
	(a) Name and address		(b) fit e and average nours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employae benefit deferred compar	ns to plans &	(e) Expense account and other allowances
plea	se see attached	••••				!	
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Fall	Other Information (Note the statement requirements in the instructions for Part V.)							
		Yes No						
33	description of each activity							
34	Were any changes made to the organizing or governing documents? If "Yes." attach a conformed copy of the changes	33 🗸						
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.							
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a √						
b	if "Yes," has it filed a tax return on Form 990-T for this year?	35b ✓						
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes." complete applicable parts of Schedule N	36 ✓						
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	30.						
b	Did the organization file Form 1120-POL for this year?	276 /						
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	37b ✓						
b	If "Yes," complete Schedule L. Part II and enter the total amount involved	30a Y						
39	Section 501(c)(7) organizations. Enter:	† i						
а	Initiation form and applied and a public street and a second stree							
b	Groce receipts included as the O. to a tree to							
40a	Section 501(c)(3) organizations. Enter amount of the imposed on the association of the imposed on the section of the imposed on the imposed o							
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ : section 4912 ▶ : section 4955 ▶							
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior							
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40 b						
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.							
d								
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e ✓						
41	List the states with which a copy of this return is filed. ► Tennessee							
42a	The experience of the section of the	315-292-7846						
	Located at ► 4505 Harding Rd, Unit 113, Nashville, TN ZIP + 4 ►	37205						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	37203						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes No						
	If "Yes." enter the name of the foreign country: ▶	42b ✓						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	40-						
	If "Yes." enter the name of the foreign country: ▶	42c ✓						
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	▶□						
	and enter the amount of tax-exempt interest received or accrued during the tax year							
44	Did the presentation maintain and description of the second secon	Yes No						
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44						
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45 ✓						

	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.								
Sign Here	Sgnature of difficer Chan Sheppard, Executive Director Type or print name and title	\$ 12 10 Date							
Paid Preparer's	Preparer's signature	Date Check I Preparer's identifying number (See instructions) umproyed >							
Jse Only	yours it self-employed), address, and ZIP • 4	EIN >							
May the IR	S discuss this return with the preparer sho	wn above? See instructions ▶ ☐ Yes ☐ No							

Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Pres	ston Taylor Mi	inistries						li .		cation number
Par	t I Reas	on for Public (Charity Status (All	organiza	ations mu	ist com	ploto thi	62	<u>; </u>	1757018
The d	organization is	not a private fo	undation because it is	e /For lin	oo 1 thro	151 COIII	piete tni	s part.)	See instr	uctions.
1	A church,	convention of cl	hurches, or association	on of chu	rchae da	ugn 11, (cneck on	ly one b	ox.)	
2	☐ A school o	described in sec	tion 170(b)(1)(A)(ii). (/	Attach Sc	chedule E	scribed it	section	170(b)(1	I)(A)(i).	
	☐ A nospital	or a cooperative	B hospital service orga	enization	docariba		io- 470#	L1/41/41/	•••	
	hospital's	name, city, and	zation operated in co state:	njunction	with a h	ospital c	lescribed	in secti	on 170(b)	
5	An organiz	ation operated f	or the benefit of a col	lege or u	niversity	owned or	operate	d by a g	overnment	tal unit described i
6	🗆 A federal, :	state, or local go	overnment or governm	nental un	it describ	ed in se	476	\/L\/4\/A\		
7		auon inai norma	lly receives a substan	tial nart /	of its supp	ort from	a govern	mental u	(v). Init or from	n the general public
8										,
9	☐ An organiza	ation that normal	ed in section 170(b)(*	1)(A)(VI).	(Complete	e Part II.)				
	support fro	m gross investr	Ily receives: (1) more to ted to its exempt fund ment income and unr on after June 30, 1975	related h	usiness t	ceπain (exception	is, and (a	2) no more	
10 [☐ An organiza	ation organized	and operated exclusive	elv to te	et for out	tio oofst	· O			
11 [- 141 01901112	anon ordanized	BIIO ODBIZIEM AYCHIS	niahi far	the been	5:4 -£ 1-				
			nat describes the type	of supp	orting ord	anization	and co	molete li:	noe 11a th	(a)(2). See section
_	а 🗀 турі	ei Di	با (vpe ii ب	e IIIv	rna lil_Cur	antionally.				¬
e [☐ By checkin	g this box, I ce	filly that the organiza	ation is n		تناك لممال				Type III-Other
				er than or	ne or more	e publich	/ Support	ed organ	uy une or izatione d	more disqualitied
_			· ' '							
f	If the organization	nization received n, check this box	l a written determinat	tion from	the IRS	that it is	а Туре	I, Type	II, or Type	e III supporting
g	Since Augu- following pe	st 17, 2006, has	the organization acc	epted an	y gift or c	 contributi	on from a	 any of th	 ie	🗅
	.o.o.ii.iig po	30113;								
		Joiett, the gove	or indirectly controls, or indirectly controls, or indirectly controls.	ported o	one or tog	gether wi on?	th perso	ns descr	ibed in (ii)	Yes No
	(ii) A family	member of a pe	erson described in (i)	ahova2				• • •	• • •	11g(ii)
h	(III) A 35% (controlled entity	of a person described	d in (i) or	(ii) above	?				11g(iii)
	me of supported	Tollowing Inform	ation about the supp						• • •	
	organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) i	organization isted in your document?	the organicol. (i)	ou notify nization in of your port?	organiza (i) organ	Is the ation in col. hized in the I.S.?	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
								}		
				!					1 7	
									├ ──┤	
									├	
Total					-	77			4	
ivial		30.00			fig. (Sag v / 1	1 1 1 1 1	1		

Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2 (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 262833 322131 304756 237237 289561 1416518 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 262833 322131 304756 237237 289561 The portion of total contributions by each 1416518 person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 35 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 596987 Section B. Total Support 819531 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 262833 322131 304756 237237 289561 8 Gross income from interest, dividends, 1416518 payments received on securities loans. rents, royalties and income from similar Sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 18847 15097 11 Total support. Add lines 7 through 10 . 33944 Gross receipts from related activities, etc. (see instructions) 12 1450462 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 0 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 14 57 % 16a 33%% support test-2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box % b 33% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A.	Public Support	cked the box	on line 9 o	f Part I.)	09(4)(2)		
Calendar y	ear (or fiscal year beginning in)	▶ (a) 2005			Maria esta		
1 Gifts.	Grants and it is		(b) 2006	(c) 200	7 (d) 2008	(e) 200	9 (f) Total
	ship fees received. (Do not included a grants.")						
2 Gross rec	eipts from admissions, merchandis	Р					
furnished	services performed, or facilitie in any activity that is related to the on's tax-exempt purpose	S					
3 Gross rece	eipts from activities that are not ar rade or business under section 513	1					
4 Tax reven	ues levied for the organization's d either paid to or expended on						
rairiidiled	e of services or facilities by a governmental unit to the						
- guinzati	on williout charge				1		
/a Amounts i	d lines 1 through 5 ncluded on lines 1, 2, and 3 om disqualified persons						
exceed the	cluded on lines 2 and 3 received than disqualified persons that greater of \$5,000 or 1% of the						
annount off	ille 13 for the year						
8 Public sup	a and 7b						
line 6.)	port (Subtract line 7c from						
	tai Sunnort						
Calendar year (or fiscal year beginning in)	(-) 2227					
9 Amounts from	om line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(O. T
payments re rents, royalti	ne from interest, dividends, ceived on securities loans, es and income from similar					(e) 2009	(f) Total
b Unrelated bu section 511	isiness taxable income (less taxes) from businesses or June 30, 1975						
c Add lines 10a	and tol				1		
Net income activities no	from unrelated business to included in line 10b, ot the business is regularly						
Other income loss from the (Explain in Pa	e. Do not include gain or						
Total suppor	t (Add lines 0, 10- 11						
	ars. If the Form 990 is for the check this box and stop he	organization's	first, second	third fourth	- 770		1420
ction C. Com	putation of Public Supp	re		····	or ilith tax year	as a section	501(c)(3)
	Patation of Public Slinn	Ort Doroonte					•
Public suppor	rt percentage for 2009 (line 8 t percentage from 2008 Sch	3, column (f) div	rided by line	13, column (f))	15		
ction D. Com	t percentage for 2009 (line 8 t percentage from 2008 Sch putation of Investment I	edule A, Part II	I, line 15 .		16		%
Investment in	come percentage for anno ("	no 10	entage				%%
Investment inc	come percentage for 2009 (li	School - A	(f) divided b	y line 13, colu	mn (f)) . 17		%
331/2 % sunno	ort tests_2000 If the	ochedule A, P	art III, line 17		. 18		0/_
17 is not more	than 331/3 %, check this box	and stan have	neck the box	on line 14, and	line 15 is more	than 331/3 %	and line
33/3 % SUDDO	e than 33½%, check this box art tests—2008. If the organizatione than 33½%, check this bo		5	on quantes as	a publicly supp	orted organi	ration b
	dation. If the organization did						

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See install.
	Page Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part II, Line	10: Interest on Savings Account is \$1553 and net revenue from golf tournament and capture the flag
fundraisers	is \$13544

************	······································

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Preston Taylor Ministries** Inspection Employer identification number Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e 🗹 Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes VIII No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is (i) Name of individual (ii) Activity or entity (fundraiser) (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to custody or control of contributions? (vi) Amount paid to (or retained by) (or retained by) fundraiser listed in col. (i) from activity organization Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from Tennessee

P	art	Fundraising Events. Commore than \$15,000 on F	omplete if the organiz orm 990-EZ, line 6a.	ation answered "Yes" List events with gross	to Form 990, Part IV,	line 18, or	reporte	ed	
			(a) Event #1 Golf Tournament (event type)	(b) Event #2	(c) Other events	(d) To	otal events l. (a) through		
Revenue	1 2 3	Gross receipts	21811		(total number)				
	_	minus line 2)	21811						
	4	Cash prizes	0						
	5	Noncash prizes	1365			<u> </u>			
Ses	6	Rent/facility costs	2085					8740) 13071 ed more	
Direct Expenses	7	Food and beverages	5290			<u> </u>			
Direct	8	Entertainment							
	9	Other direct expenses							
	10 11	Direct expense summary. Add Net income summary. Combi	ne ime 3. column ich a	nd line 1()		(
Pa	rt II	Gaming. Complete if than \$15,000 on Form	ne organization ansv	vered "Yes" to Form	990, Part IV, line 19	, or repor	ted mo	3071 ore	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Tota col. (a) ti	d) Total gaming (add ol. (a) through col. (c))		
-Bè	1	Gross revenue							
nses	2	Cash prizes							
Expe	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
_	5	Other direct expenses .							
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	e de la companya de l			
	7	Direct expense summary. Add	lines 2 through 5 in co	olumn (d)		()	
	8	Net gaming income summary.	Combine line 1, colum	ın d, and line 7	<u> </u>				
9 a b	9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain:								
I0a b	We	ere any of the organization's ga	aming licenses revoked	l, suspended or termina	ated during the tax yea	ar? 10)a		
1 2	ls t	es the organization operate gathe organization a grantor, bermed to administer charitable g	ming activities with no reficiary or trustee of a	nmembers? trust or a member of a	a partnership or other	entity 1			
_				<u> </u>	<u> </u>	12	<u>د ا</u>		

Sche	edule G (Form 990 or 990-EZ) 2009		1	Page
13	Indicate the percentage of accidental to			No
a	Indicate the percentage of gaming activity operated in: The organization's facility	1.		
b	An outside facility	1		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
40.				İ
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	100		
C	If "Yes," enter name and address of the third party:			
	Name ▶			
		ŀ		
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶		aaan .	
	☐ Director/officer ☐ Employee ☐ Independent contractor	á		

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

17 Mandatory distributions:

Schedule G (Form 990 or 990-EZ) 2009