Form **990-ÊZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

4 Investment income 5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) c Separal events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$ reported on line 1) b Less. direct expenses other than further amount is grown gaming, check here b Less cost of goods sold c Gross sprofit or (loss) from special events fight activities (Butting Blogging from Inte 7a) 8 Other revenue (describe > 9 Total revenue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe > Set Statement 1) 16 Grossions 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Its, 249. 20 Other changes in rice assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Cother assets of fund balances at end of year. Combine lines 18 through 20 21 Cash, savings, and investments 22 Cother assets of fund balances at end of year. Combine lines 18 through 20 23 Cother assets of fund balances at end of year. Combine lines 18 through 20 24 Other assets of fund balances at end of year. Combine lines 18 through 20 25 Cother assets of fund balances at end of year. Combine lines 18 through 20 26 Cother assets of fund balances at end of year. Combine lines 18 through 20 27 Cash, savings, and investments 28 Cother assets of fund balances at end of year. Combine lines 18 through 20 29 Cother changes in red assets or fund balances at	Α	For th	ne 2009 ca	lendar	year, or tax year	beginning	7/01	, 2009	, and en	ding	6/30		, 20	010	
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Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		1			_	of inventiony (St	bract-line 7	b from line 7a)		,		-	-		··
Total expenses. Add lines 10 through 16 Net assets or fund balances at end of year. Combine lines 18 through 20 Part Description Des		ŀ		•				~== <u> </u>				-′ —			
11 Benefits paid to or for members 12 98, 924. 12 98, 924. 13 Professional fees and other payments to independent contractors 13 845. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 575. 16 Other expenses (describe > See Statement 1 1 1 1 17 Total expenses. Add lines 10 through 16 17 151, 179. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -23, 665. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 15, 249. 20 Other changes in net assets or fund balances (attach explanation) 20 1 -8, 416. Part Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 23 24 24 25 25 4, 322. 20 Total assets 15,249 25 4, 322. 21 Cash assets (describe > See Statement 2 1,966. 24 1,448. 25 Total assets 15,249 25 4,322.		9_	Total reve	enue A	dd lines 1, 2, 3,	4, 5c, 6c, 7c, a	nd 8							127	7,514.
12 98, 924. 13 15 15 15 15 15 15 15		10			•	(attach schedu	le)					_			
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 845. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 575. 16 Other expenses (describe See Statement 1 1 1 1 1 1 1 17 Total expenses. Add lines 10 through 16 18 -23,665. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -23,665. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 15,249. 20 Other changes in net assets or fund balances (attach explanation) 20 21 -8,416. Part 1 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 2,874. 22 Cash, savings, and investments 23 22 2,874. 23 Land and buildings 23 24 25 4,322. 24 Other assets (describe See Statement 2 1,966. 24 1,448. 25 Total assets 15,249. 25 4,322.	E	11										_			
13 Professional fees and other payments to independent contractors 14	X	1										_		98	
14 Occupancy, ferit, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 575. 16 Other expenses (describe > See Statement 1 17 151,179. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -23,665. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 15,249. 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 20 Part 18 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 23 24 27,874. 25 24 27,874. 25 36 37,249. 25	Ë					·	ndent contra	actors				_			<u>845.</u>
16 Other expenses (describe > See Statement 1 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part III Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part III.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments Land and buildings 23 United Statement 2 24 Other assets (describe > See Statement 2 25 Total assets 15,249, 25 4,322.	Ş	1	•		•							_			
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part	Š														
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part		I _									——·)	_			
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) Cash, savings, and investments Land and buildings Other assets (describe See Statement 2) Total assets. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year in page with end-o	_	 													
figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20 Part III Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) Cash, savings, and investments Land and buildings Other assets (describe See Statement 2) Total assets. 19 15,249. 20 21 -8,416. (A) Beginning of year (B) End of year 13,283. 22 2,874. 23 1,448.		18	Excess or	r (defici	t) for the year (S	Subtract line 17	from line 9)					1	8	-23	3,665.
Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20 Part III Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) Cash, savings, and investments Land and buildings Other assets (describe See Statement 2) Total assets Other assets. Other assets.	NS	19	Net asset	s or fur	nd balances at be	eginning of year	r (from line 2	27, column (A))	(must a	gree w	nth end-of-	year 🗐	_	1 1	240
21 Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe See Statement 2) 25 Total assets 16 Total assets 17 Jeff. 24 1,448.	TE					•						<u> </u>	_+	<u></u>	5,249.
Part Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.) (A) Beginning of year (B) End of year 13,283. 22 2,874. 23 Land and buildings 24 Other assets (describe See Statement 2 1,966. 24 1,448. 25 Total assets. 15,249. 25 4,322.	Ś	:1										_			0 416
(See the instructions for Part II.) (A) Beginning of year (B) End of year 13, 283. 22 2,874. 23 Land and buildings 24 Other assets (describe ► See Statement 2) 1,966. 24 1,448. 25 Total assets 15,249. 25 4,322.	D								20	(1)	F: 000				
22 Cash, savings, and investments 13,283. 22 2,874. 23 Land and buildings 23 24 Other assets (describe ► See Statement 2) 1,966. 24 1,448. 25 Total assets 15,249. 25 4,322.	3	ar(;II)	Bala	nce 5				3) are \$1,250,00	or mo						
23 Land and buildings 24 Other assets (describe ► See Statement 2) 1,966. 24 1,448. 25 Total assets 15,249. 25 4,322.	22) Coc	h co		•	structions for Pa	art II.)			(A) t					
24 Other assets (describe ► See Statement 2 1,966. 24 1,448. 25 Total assets. 15,249. 25 4,322.					ivesiments		•			<u> </u>	13,				2,014.
25 Total assets. 15, 249. 25 4, 322.				-	na ▶ Saa S+	atement ?		`		<u> </u>				-	1 449
					76 3C	acement Z		_/ ·	• • •	<u> </u>					
26 Total liabilities (describe ► See Statement 3) 0. 26 12,738.					ribe > See S	Statement	3)	•		13,				2,738.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 15, 249. 27 -8, 416.								/ with line 21)		<u> </u>	15				
BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Form 990-EZ (2009)									- <u></u> -			1			

Form	990-EZ (2009) NASHVILLE YOUTH	FOR CHRIST, INC			<u>2-098</u>	34130 Page 2
Par	III. Statement of Program Ser	rvice Accomplishments	(See the instruction	ns.)	J	Expenses
What i	s the organization's primary exempt purpose? See	e Statement 4			(Reg	uired for section c)(3) and (4)
Desc	ribe what was achieved in carrying out the	e organization's exempt purp	oses. In a clear and co	ncise manner,	orgai	nizations and section (a)(1) trusts, optional
desci	tibe the services provided, the number of am title	persons benefited, or other i	relevant information for	eacn	4947	(a)(1) trusts, optional thers)
					10.0	
20	<u>See_Statement_5</u>	~			4	
		~			4	
					4	
	(Grants \$ 35,000.) If the	iis amount includes foreign gr	ants, check here	<u> </u>	28 a	
29						
					7	
	(Grants \$) If the	is amount includes foreign gr	ants check here		1 29 a	
30	<u> </u>				4	
30				-	1	1
					4	
					T 20 -	
		nis amount includes foreign gr	rants, check here		30 a	
31	Other program services (attach schedule	-			1	
		nis amount includes foreign gr	rants, check here		31 a	
	Total program service expenses (add I				32	<u></u>
Par	t IV List of Officers, Directors					
	(-> >)	(b) Title and average hours	(c) Compensation (If	(d) Contribution	is to	(e) Expense account and other allowances
	(a) Name and address	per week devoted to position	not paid, enter -0)	deferred compens	ans and Sation	and other allowances
TOL	N FOREMAN	Vice Chair	0.	derent de compens	0.	0.
	~	VICE CHAIL	0.		٥.	1
	0 BRADLEY DRIVE	ļ				Į.
	NKLIN, TN 37069					
	EN_LANDERS_	CHAIRMAN OF BD	0.	1	0.	0.
_113	SEABOARD LANE] 0				Ĺ
FRA	NKLIN, TN 37067		}			
CRA	IG STANLEY	Secretary	0.		0.	0.
	6 BRENTHAVEN DRIVE	i ō				}
	NTWOOD, TN 37027					
	ON BURGESS	BOARD MEMBER	0.		0.	0.
		1 _	0.		٥.	0.
	FORTRESS BLVD. #4B	1 0				
	FREESBORO, TN 37128					ļ <u></u>
	IRA FOREMAN	Treasurer	0.		٥.	0.
121	0 BRADLEY DRIVE) 0		}		
FRA	NKLIN, TN 37069					
JAN	IES SHEFFER	Executive Direc	23,800.		0.	18,200.
	RED MAPLE COURT	1 0	·			
	DERSONVILLE, TN 37075	1	İ	į		
	DD SNEED	BOARD MEMBER	0.		0.	0.
	1 WITTINGHAM DRIVE		1		٠.	1
		1		}		
	NTWOOD, TN 37027	DOADD WEWEN	 	 		+
	MCCOMB	BOARD MEMBER	0.	}	0.	0.
	VALLEYBROOK DRIVE] 0	•			
HEN	DERSONVILLE, TN 37075	<u> </u>				<u> </u>
JOE	HUTTS	BOARD MEMBER	0.		0.	0.
504	MIDWAY CIRCLE] o		1		
	NTWOOD, TN 37027	1		}		
						
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orm	990-EZ (20Q9) NASHVILLE YOUTH FOR CHRIST, INC 62-0984130		Pa	age 3
	t V . Other Information (Note the statement requirements in the instrs for Part V.) See State	teme	nt	6
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		Х
	each activity	-		<u>X</u>
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T,			÷.(
	attach a statement explaining why the organization did not report the income on Form 990-T			
•	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	l		
•	reporting, and proxy tax requirements?	35 a		X
Ė	off 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		Х
27.	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	- 5) r 2	*
			2	
Ľ	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			لسنا
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
	olf 'Yes,' complete Schedule L, Part II and enter the total	ŧ.	ŝ.	
•	amount involved 38b N/A	<u>.</u>	* *	
39	Section 501(c)(7) organizations Enter		er.	Schward
	i Initiation fees and capital contributions included on line 9	~ - 1	· - 3	A James and James and Specific or the
	Gross receipts, included on line 9, for public use of club facilities N/A	~	2	
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	460.		
702		筝	7 7	
	section 4911 ► <u>0.</u> , section 4912 ► <u>U.</u> , section 4955 ► <u>U.</u>	امستشف	·······	
t	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	J		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х
	· · · · · · · · · · · · · · · · · · ·	***	^ _~*	17 74
(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.	1		
		* 1	h - 1	-
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		م. _{سر »}	· E =
_	· · · · · · · · · · · · · · · · · · ·	i= .	🛷	-e"
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	*********	X
41	List the states with which a copy of this return is filed None			
•	Election ballot man million a copy of and retain to mod			
A2.	. The organization's			
42 6	n The organization's books are in care of ► LAURA FOREMAN Telephone no. ► 615-59	1-69	957	
	Located at ► 1210 BRADLEY DRIVE FRANKLIN TN ZIP + 4 ► 37069			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
•	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign country.	2	**	إ
		**	Ą.	2.12
		2 1		3.4
		, - , j		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	_]		7 72
		42 -		X
(At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		_^_
	If 'Yes,' enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.	ı	▶ □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
~	of Form 990-EZ	44		X
4-				Γ
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	1	x
	room 550 must be completed instead of Form 550°LZ	~~	L	<u> </u>

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 X 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a 49 b b If 'Yes.' was the related organization a section 527 organization?

	nplete this table for the organization's five bloyees) who each received more than \$10				
(4	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None					
- 					
	al number of other employees paid over \$1				
51 Com	nplete this table for the organization's five npensation from the organization. If there is	s none, enter 'None '	ndependent contracto	·	
None	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compensation
d Tota	al number of other independent contractors	each receiving over \$	00,000	-	
Cian	Under penalties of perjury, I declare that I have examinue, correct, and complete Declaration of purparer (ines his return, including according than officer) is based on a	mpanying schedules and sta all information of which prep	tements, and to the best of my knarer has any knowledge	owledge and belief, it is
Sign Here	Signature of Officer ANRA U. FOR	REMAN	REASURE	Date	
Paid	Type or print name and title Preparer's Signature MFT ODE TO MITTER	I Smiley C	PA Date 127/	Self-	eparer's Identifying Number ee instructions) 00827895
Pre- parer's Use	Firm's name (or yours if self-employed), SMILEY CPAS SMILEY CPAS 1650 MURFREESBO	RO RD STE 100		employed 21 1	62-1295723
Only		067-5078		Phone no ► (61:	

BAA

Form **990-EZ** (2009)

SCHEDULE A. (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name o	of the organization							Employer	dentificati	on number	
_NAS	HVILLE YOUTH FO	OR CHRIST, INC		_				62-09	84130		
Parl	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See in	structi	ons	
The c	organization is not a pri	vate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1	A church, conventi	on of churches or ass	ociation of churches desi	cribed in	section	170(b)((1)(A)(i)				
2	A school described	I in section 170(b)(1)(A)(ii). (Attach Schedule l	Ξ)							
3	A hospital or coope	erative hospital service	e organization described	ın sectio	on 170(t)(1)(A)(i	iii).				
4		·	d in conjunction with a h					0(b)(1)(A	(iii) En	ter the hos	pital's
	name, city, and sta	-	·	·							
5	An organization op 170(b)(1)(A)(iv).	erated for the benefit Complete Part II)	of a college or university					nmental	unit des	cribed in s	ection
6 7	An organization that		governmental unit descri substantial part of its su art II.)					t or from	the gen	neral public	described
8	A community trust	described in section	170(b)(1)(A)(vi). (Comple	te Part I	1)						
9	from activities relate	ed to its exempt function	more than 33-1/3 % of its is - subject to certain excess taxable income (lessomplete Part III.)	entions a	and (2) n	o more t	han 33-	1/3 % of	its sunno	ort from ares	35
10	An organization or	ganized and operated	exclusively to test for pu	ublic safe	ety See	section	509(a)	(4).			
11	more publicly supp	orted organizations of of supporting organiz	exclusively for the bene- described in section 509(zation and complete lines	a)(1) or s 11e thi	section rough 11	509(a)(2 Ih	2) See	of, or car section !	ry out th 509(a)(3)). Check th	ne box that
	a Type I	b Type II		l – Fund	-	_			d 🔝	Type III-	
е	By checking this be than foundation ma 509(a)(2)	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in sec	disquali tion 509	fied perso (a)(1) or so	ns other ection
f	If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	oorting c	organization	٠, 🗌
g	Since August 17, 2	2006, has the organiza	ition accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	? .	
											Yes No
	(i) a person who	o directly or indirectly	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a	ınd (III)	11 g (i)	, 1
	_	nber of a person desc	=							11 g (ii)	-
	` ,	•	n described in (i) or (ii) a	hove?						11 g (iii)	+
h		<u>-</u>	the supported organization							1.9()	
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) lister gove	Is the tion in cold in your erning ment?	the organ	rou notify iszation in (i) of upport?	(vi) Is organizati (i) organiz U S	on in col	(vii) Amoun	t of Support
				Yes	No	Yes	No	Yes	No		
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Total							-m (3)	7	~ &, · · · · · · · · · · · · · · · · · ·		

Caler begir	tion A. Public Support							
4	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		i					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				-			
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						* * * * * * * * * * * * * * * * * * * *	
6	Public support. Subtract line 5 from line 4						- 2	
Sec	tion B. Total Support	* ** **	He was a water of	- 10 Co 1	, ,			
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10					1 1 min 1 m	7 (
12	Gross receipts from related activ	vities, etc (see in	structions)			L	12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 50)1(c)(3)	>
	tion C. Computation of Pu			11 polymon (6)			14	
15	Public support percentage for 20 Public support percentage from			ne 11, column (I)		├	14 15	<u>%</u>
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pu	d not check the bo blicly supported o	ox on line 13, and organization.	d the line 14 is 33	-1/3 % or mo	re, checl	this box
b	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pul	i not check a box blicly supported o	on line 13, or 16 organization.	a, and line 15 is 3	3-1/3% or mo	re, chec	k this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-	and-circumstance	is' test, check this	box and stop he	re. Explain in	Part IV	% how ►
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test The organ	es' test, check this ization qualifies a	s box and stop he s a publicly suppo	re. Explain in orted organiza	Part IV tion.	how the
18	Private foundation. If the organi	zation did not che	eck a box on line,	. 13, 16a, 16b, 17	a, or 17b, check t	his box and s	ee instru	ictions.

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)

Calendar year (or fixal a) relegangy (i) Calendar year (or fixal a) relegangy (ii) Calendar year (or fixal a) Calendar year (or fixal year) Calendar year (or fixal ye	Sec	tion A. Public Support_						
2 Gross recepts from admissions, merchandus sold facilities furnished in a activity that is related to the organization's fax-exempt upon a control of the c	Calen	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2 Gross recepts from admissions, merchandus sold facilities furnished in a activity that is related to the organization's fax-exempt upon a control of the c	1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	69,383.	105,783.	141,398.	65,470.	99,656.	481,690.
3 dross recepts from achieves that are not an unrelated trade or business under section 513 **Tax reversions** **Tax reversi	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						0.
organization's benefit and either paid to or expended on its behalf The value of services or governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included an lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2, and 3 received from other than disqualified persons b Amounts included on lines 2, and 3 received from other than disqualified persons c Add lines 7a and 7b 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	3	not an unrelated trade or business						
facilities furnished by a governmental unit to the organization without charge of the organization of the organization of the organization of the organization of public Support Percentage for Total Add Ines 1 from Public Support Percentage 12 Other income Do not include gain or 10ss from the sale of graph or 15th organization of public Support Percentage 15 Public support receivage from 2009 (tine 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage for 2009 (tine 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2009 (tine 10c, column (f) divided by line 13, column (f)) 19 Assumption that is a support received or specification of the sale of graph of the	4	organization's benefit and either paid to or expended on						0.
7a Amounts included on lines 1 2 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year 2 c Add lines 7a and 7b	5	facilities furnished by a governmental unit to the						0.
7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of 1 the state of	6	Total. Add lines 1 through 5	69,383.	105,783.	141,398.	65,470.	99,656.	481,690.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, or yearlies and income forms smillar sources b Unrelated business laxable income (less section 5) 11 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from interest business a karable income (less section 5) 11 taxes) from businesses a sectivates and income from the business is regularly carried on 120. The form 1990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section D. Computation of Public Support Percentage 19 a 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 15 is more than 33-1/3%, check this box and stop here. The organization value files as a publicity supported organization is not than 33-1/3%, check this box and stop here. The organization of unal files in son time than 33-1/3%, check this box and stop here. The organization qualifies as a publicity supported organization is not than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicity supported organization.	7 a	2, 3 received from disqualified			0.	0.	0.	0.
Section B. Total Support Calendar year (or fiscal yr beginning in) > A 2005	b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) 9 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 (59, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 69, 383. 105, 38	c							
Section B. Total Support Section B. Total Support			- 1 6 4			* -4 . 1	. 3 %	· · · · · · · · · · · · · · · · · · ·
Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activates not included inline 10b, whether or not the business as extincted on 1 include gain or loss from the sale of capital assets (Explain in Part IV). 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support, (add line 3, 10c, 11, and 12) 14 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) Section C. Computation of Public Support Percentage 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 100.0% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2008 Schedule A, Part III, line 15 19 a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.		• • •		* *	#- j./\$ j j	- 4 - 7 4 - 1		481,690.
Calendar year (or fiscal yr beginning in) P (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total P Amounts from line 6 (59, 383. 105, 783. 141, 398. 65, 470. 99, 656. 481, 690. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income form similar sources but income (less section 511 taxes) from businesses acquired after June 30, 1975 (c) Add lines 10a and 10b (d) 10 (d)	Sec		<u></u>		<u> </u>	<u></u>		
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, (add line) 10, 10, 11, 11, 11, 11, 11, 11, 11, 11,			(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
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is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		more than 33-1/3%, check this b 33-1/3 support tests – 2008. If t	oox and stop here. the organization di	. The organization d not check a bo	n qualifies as a p x on line 14 or 19	ublicly supported a. and line 16 is i	organization more than 33-1/3%	X = X and line 18
		is not more than 33-1/3%, check	k this box and sto j	p here. The orgar	nization qualifies a	as a publicly supp	orted organization	` : H

Schedule A	(Form	990 or	990-E	Z) 2	2009	NA	SHVI	LLE	YO	UTH	FOR	CHRI	ST,	INC			62-0	98 <u>413</u>	0 _	Page 4
Part IV	Supp	leme	ntal I	nfoi	rmat	ion.	Com	plete	thi	s pa	rt to	provid	le the	exp	lanation	s requ	iired b	y Part	II, line	10;
	Part	II, line	1/a	or	1/b;	and	Par	l III, I	ine	12.	Provi	de an	y otn	er ac	aditional	Intorn	nation	. See	instruct	ions.
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury

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

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

Open to Public Inspection

Name of the organization						Employer identifica	ation number
NASHVILLE YOUTH FOR (ישסדפיי דאיכי					62-098413	
Part 1 Form 990EZ filers are r	Complete if the organ	nization ar	nswered 'Y	'es' to Form 990, Part I	V, line	1	-
Indicate whether the organize Mail solicitations Internet and email solicitations	zation raised funds th			owing activities Check Solicitation of non- Solicitation of gove	governr	nent grants	
Phone solicitations				Special fundraising			
In-person solicitations							
2a Did the organization have we employees listed in Form 95 b If 'Yes.' list the ten highest	paid individuals or en	tities (func					
compensated at least \$5,00	0 by the organization						
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	<u> </u>			
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Total			>				
3 List all states in which the conficensing	organization is registe	red or lice	nsed to so	blicit funds or has been	notified	It is exempt fro	om registration
		_ _			-		
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Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

R	. -	,	(a) Event #1 GOLF FUNDRAISE (event type)	(b) Event #2	(c) Other Events	(d) (Add	Tota col. (col	Even	ts ough
WCZM<	1	Gross receipts	45,554.					45,5	54.
E	2	Less Charitable contributions	3,000.					3,0	00.
	3	Gross income (line 1 minus line 2)	42,554.					<u>42,</u> 5	54.
	4	Cash prizes							
	5	Noncash prizes	413.					4	13.
D-RECT	6	Rent/facility costs	8,610.			-		8,6	10.
	7	Food and beverages	1,180.					1,1	80.
E X P	8	Entertainment							
EXPENSES	9	Other direct expenses	6,514.					6,5	14.
	11		column (d) and line 10	o' to Form 000 Po	t IV line 10 or re	orto.		16,7 25,8	37.
- ar	. 111	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered Te	s to Form 990, Pai	rt IV, line 19, or re	porte	u mc ——	ore tr	an
ボーンボンボ			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) (Add	col (gamı (a) thro (c))	ng Sugh
_ <u>E</u>	1	Gross revenue					<u>-</u>		
D X	2	Cash prizes					·		
DIRECT	3	Non-cash prizes						_	
S	4	Rent/facility costs) 			
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes% No%	Yes%				
!	7	Direct expense summary Add lines 2 thr	rough 5 in column (d)		•				
	8	Net gaming income summary Combine	lines 1, column (d) and	line 7		L			
9	Ente	er the state(s) in which the organization of	perates gaming activitie	es			-3880 (L	YES	NO
		ne organization licensed to operate gamino	g activities in each of th	nese states?			9a		
•					~		3 6		*
		e any of the organization's gaming license es,' explain	es revoked, suspended	or terminated during th	e tax year?	: - 	10a		
					~ 				
11 12		s the organization operate gaming activition or transfer or gamization a grantor, beneficiary or tr			or other entity formed t	0	11	il Pari	
	adm	ninister charitable gaming?	usiee of a trust of a frie	sor or a paratership t	- Janes enary formed t	٠	12		

chedule G (Form 990 or 990-EZ) 2009 NASHVILLE YOUTH FOR CHRIST, INC 62-09841	30		age
3. Indicate the percentage of coming peturity operated in		YES	N
3 Indicate the percentage of gaming activity operated in a The organization's facility 13a 8			
b An outside facility 13b %	- -		
4 Enter the name and address of the person who prepares the organization's gaming/special events books and records	-{		
The life hame and address of the person who prepares the organization's gammigrapoods of one soons and records		-	
Name •			
Address. •	æ		-
5a Does the organization have a contact 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 \$			
c If 'Yes,' enter name and address of the third party	, h		
		,	ľ
Name •	l " .	, .	ľ
	7].
AddressAddress		je je	2-
6 Gaming manager information		ı i	l
Gaming manager information	** **	7.	-
Name	2	<i>,</i> % •	*
	120	* = 1 ×	Š
Gaming manager compensation ► \$, T.		ľ
· · · · · · · · · · · · · · · · · · ·	,	, ,	
Description of services provided		, ž, 1	.
	*%	À,	
Director/officer Employee Independent contractor	- £×*5	1	
	1 10	` }	
Mandatory distributions	響・変	7 (
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		-
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	1	T
organization's own exempt activities during the tax year >\$	* **		

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NASHVILLE YOUTH FOR CHRIST, INC	62-098413
	\$ 6,136. 33. 10,007. 3,498. 2,637. 518. 7,313. 1,383. 222. 17,198. 1,313. 577. Total \$ 50,835.
Tot	Beginning Ending \$ 1,966. \$ 1,448 \$ 1,966. \$ 1,448
rued Expenses Tot	Beginning Ending \$ 0. \$ 12,738. cal \$ 0. \$ 12,738.
	NASHVILLE YOUTH FOR CHRIST, INC

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

Statement 5 Form 990-EZ, Part III, Line 28 **Statement of Program Service Accomplishments**

Nashville Youth for Christ; through its Campus Life, Teen Moms, and City Life ministries, provides a safe place for middle school and high school youth to gather where they can experience fun and fellowship within a context of faith while discussing the topics and trends that they are experiencing within their culture. Approximately three hundred teens were impacted by the ministry this culture. Approximately three hundred teens were impacted by the ministry this

2009

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Page 2

NASHVILLE YOUTH FOR CHRIST, INC

62-0984130

Statement 5 (continued)
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

year in an environment where the youth are accepted unconditionally and encouraged to live their lives from a biblical perspective.

Statement 6 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No