

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)

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

OMB No. 1545-0047

**2007****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

**A For the 2007 calendar year, or tax year beginning** , **and ending**

**B Check if applicable:**  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C Name of organization**  
**YOUTH ENCOURAGEMENT SERVICES, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**521 MCIVER STREET**  
 City or town State or country ZIP + 4  
**NASHVILLE TN 37211-2322**

**D Employer identification number**  
**62-0570681**

**E Telephone number**  
**(615) 315-5333**

**F Accounting method:** ☒ Cash ☐ Accrual  
☐ Other (specify) ▶

**G Website:** ▶ **www.youthencouragement.org**

**H and I are not applicable to section 527 organizations.**  
**H(a) Is this a group return for affiliates?** ☐ Yes ☒ No  
**H(b) If "Yes," enter number of affiliates** ▶  
**H(c) Are all affiliates included?** ☐ Yes ☐ No  
 (If "No," attach a list. See instructions.)  
**H(d) Is this a separate return filed by an organization covered by a group ruling?** ☐ Yes ☒ No  
**I Group Exemption Number** ▶

**J Organization type (check only one)** ☒ 501(c)(3) ( ☐ 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K Check here** ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,444,018**

**M Check** ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	0		
	b	Direct public support (not included on line 1a)	1b	1,020,050		
	c	Indirect public support (not included on line 1a)	1c	0		
	d	Government contributions (grants) (not included on line 1a)	1d	0		
	e	Total (add lines 1a through 1d) (cash \$ 1,020,050 noncash \$ 0)	1e		1,020,050	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		0	
	3	Membership dues and assessments	3		0	
	4	Interest on savings and temporary cash investments	4		121	
	5	Dividends and interest from securities	5		0	
Revenue	6a	Gross rents	6a	750		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c		750	
	7	Other investment income (describe ▶ OTHER )	7		9,814	
	8a	Gross amount from sales of assets other than inventory	(A) Securities 0 8a	(B) Other 148,738		
	b	Less: cost or other basis and sales expenses	0 8b	70,455		
	c	Gain or (loss) (attach schedule)	0 8c	78,283		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d		78,283	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	264,545		
Revenue	b	Less: direct expenses other than fundraising expenses	9b	53,006		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		211,539	
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less: cost of goods sold	10b	0		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		0	
	11	Other revenue (from Part VII, line 103)	11		0	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,320,557	
	Expenses	13	Program services (from line 44, column (B))	13		643,143
		14	Management and general (from line 44, column (C))	14		199,135
		15	Fundraising (from line 44, column (D))	15		73,546
16		Payments to affiliates (attach schedule)	16		0	
17		Total expenses. Add lines 16 and 44, column (A)	17		915,824	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		404,733	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		768,252	
	20	Other changes in net assets or fund balances (attach explanation)	20		0	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,172,985	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2007)

(HTA)

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	23 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	24 0	0		
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 66,996	50,322	11,575	5,098
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
<b>c</b>	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)	25c 0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	26 248,527	188,367	44,625	15,535
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	27 0			
<b>28</b>	Employee benefits not included on lines 25a - 27	28 47,065	33,830	6,618	6,618
<b>29</b>	Payroll taxes	29 24,215	18,630	4,143	1,442
<b>30</b>	Professional fundraising fees	30 0			
<b>31</b>	Accounting fees	31 13,511		13,511	
<b>32</b>	Legal fees	32 0			
<b>33</b>	Supplies	33 82,631	72,920	7,829	1,882
<b>34</b>	Telephone	34 0			
<b>35</b>	Postage and shipping	35 5,662	2,548	566	2,548
<b>36</b>	Occupancy	36 0			
<b>37</b>	Equipment rental and maintenance	37 0			
<b>38</b>	Printing and publications	38 34,832	11,599	11,599	11,634
<b>39</b>	Travel	39 33,129		23,190	9,939
<b>40</b>	Conferences, conventions, and meetings	40 0			
<b>41</b>	Interest	41 8,540		8,540	
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	42 50,551	50,551	0	0
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	See attached statement	43a 300,165	214,376	66,939	18,850
<b>b</b>		43b 0	0	0	0
<b>c</b>		43c 0	0	0	0
<b>d</b>		43d 0	0	0	0
<b>e</b>		43e 0	0	0	0
<b>f</b>		43f 0	0	0	0
<b>g</b>		43g 0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 915,824	643,143	199,135	73,546

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

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

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

What is the organization's primary exempt purpose? <b>▶ AFTER SCHOOL CHILDRENS PROGRAMS</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p><b>a</b> <u>THREE INNER-CITY CENTERS PROVIDING SUPERVISED RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR INNER-CITY CHILDREN, GENERALLY AT NO COST TO THE CHILDREN OR THEIR FAMILIES</u></p> <p>(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	596,622
<p><b>b</b> <u>RESIDENTIAL CAMP PROVIDING SUPERVISED SUMMER CAMPING, RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR INNER-CITY CHILDREN AT NO COST TO THE CHILDREN OF THEIR FAMILIES</u></p> <p>(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	46,521
<p><b>c</b></p> <p>(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	0
<p><b>d</b></p> <p>(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	0
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	0
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) <b>▶</b>	<b>643,143</b>

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	182,760	<b>45</b>	478,878
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47 a</b> Accounts receivable . . . . . <b>47a</b> 0			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>47b</b> 0	0	<b>47c</b>	0
	<b>48 a</b> Pledges receivable . . . . . <b>48a</b> 0			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>48b</b> 0	0	<b>48c</b>	0
	<b>49</b> Grants receivable . . . . . <b>49</b>			
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>50a</b>	0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . . <b>51a</b> 0			
	<b>b</b> Less: allowance for doubtful accounts . . . . . <b>51b</b> 0	0	<b>51c</b>	0
	<b>52</b> Inventories for sale or use . . . . . <b>52</b>			
	<b>53</b> Prepaid expenses and deferred charges . . . . .	6,605	<b>53</b>	6,605
	<b>54 a</b> Investments—publicly-traded securities. . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	144,221	<b>54a</b>	179,882
	<b>b</b> Investments—other securities (attach schedule). . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54b</b>	0
<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . . <b>55a</b> 921,367				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>55b</b> 354,023	568,772	<b>55c</b>	567,344	
<b>56</b> Investments—other (attach schedule) . . . . .	0	<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment: basis . . . . . <b>57a</b> 0				
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . . <b>57b</b> 0	0	<b>57c</b>	0	
<b>58</b> Other assets, including program-related investments (describe <input checked="" type="checkbox"/> DEPOSITS ) . . . . .	0	<b>58</b>	0	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	902,358	<b>59</b>	1,232,709	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	134,106	<b>60</b>	31,004
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	0	<b>64b</b>	28,720
	<b>65</b> Other liabilities (describe <input type="checkbox"/> ) . . . . .	0	<b>65</b>	0
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	134,106	<b>66</b>	59,724	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	677,572	<b>67</b>	648,377
	<b>68</b> Temporarily restricted . . . . .	85,680	<b>68</b>	519,608
	<b>69</b> Permanently restricted . . . . .	5,000	<b>69</b>	5,000
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	768,252	<b>73</b>	1,172,985	
<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	902,358	<b>74</b>	1,232,709	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	1,118,460
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	178,825
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify): <u>NET ASSETS RELEASED FROM RESTRICTION</u> <u>FUNDRAISING EXPENSES</u>	<b>b4</b>	156,878
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	335,703
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	782,757
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify): <u>RESTRICTED CONTRIBUTIONS</u>	<b>d2</b>	537,800
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	537,800
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,320,557

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,147,655
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	178,825
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify): <u>FUNDRAISING ACTIVITIES</u>	<b>b4</b>	53,006
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	231,831
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	915,824
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify):	<b>d2</b>	0
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	915,824

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name SEE Str ATTACHED	Title BOARD			
City ST ZIP	Hr/WK 2 hrs per wk	0	0	0
Name CHRIS BARNHILL Str 3158 BRIMSTEAD D	Title EX DIR			
City FRANKLIN ST TN ZIP 37064	Hr/WK 40	55,330	0	11,666
Name N/A Str	Title			
City ST ZIP	Hr/WK			
Name N/A Str	Title			
City ST ZIP	Hr/WK			
Name N/A Str	Title			
City ST ZIP	Hr/WK			
Name N/A Str	Title			
City ST ZIP	Hr/WK			
Name N/A Str	Title			
City ST ZIP	Hr/WK			
Name N/A Str	Title			
City ST ZIP	Hr/WK			
Name N/A Str	Title			
City ST ZIP	Hr/WK			
Name N/A Str	Title			
City ST ZIP	Hr/WK			

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

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <b>21</b>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . . <b>75b</b>		X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . . <b>75c</b> If "Yes," attach a statement that includes the information described in the instructions.		X
<b>d</b> Does the organization have a written conflict of interest policy? . . . . . <b>75d</b>	X	

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)**

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				
Name <u>N/A</u> Str _____ City <u>ST</u> ZIP _____				

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

	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . . <b>76</b>		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. . . . . <b>77</b>		X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . <b>78a</b>		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year? . . . . . <b>78b</b>	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . . <b>79</b>		X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . . <b>80a</b>		X
<b>b</b> If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . . <b>81a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . . <b>81b</b>		X

**Part VI Other Information (continued)**

		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>	178,825
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b>	X
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A
<b>85</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members?	<b>85a</b>	N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	N/A
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	N/A
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: a Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: a Gross income from members or shareholders	<b>87a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>	X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>	X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	X
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> TN		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>	24
<b>91 a</b>	The books are in care of <input type="checkbox"/> Name CHRIS BARNHILL Telephone no. <input type="checkbox"/> (615) 315-5333 Located at <input type="checkbox"/> 521 MCIVER ST City ST ZIP + 4 <input type="checkbox"/> 37211-2322		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/>	<b>91b</b>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ ☒

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** N/A**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	121	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	750	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	9,814	
100 Gain or (loss) from sales of assets other than inventory			18	78,283	
101 Net income or (loss) from special events			07	211,539	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		300,507	0
105 Total (add line 104, columns (B), (D), and (E))					300,507

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

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

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

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

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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI**

**Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				Yes	No
					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>				0	

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.				Yes	No
					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
<b>Totals</b>				0	

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?				Yes	No
					X

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date		
	Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	
		9/24/2008		P00237318	
	Firm's name (or yours if self-employed), address, and ZIP + 4	BETTS AND RUBIO, PLLC 2220 EIGHTH AVE SOUTH, NASHVILLE, TN 37204		EIN	62-1866112
			Phone no.	615-297-8502	

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

Department of the Treasury  
Internal Revenue Service

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

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

**Supplementary Information—(See separate instructions.)**

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

OMB No 1545-0047

**2007**

Name of the organization

YOUTH ENCOURAGEMENT SERVICES, INC.

Employer identification number

62-0570681

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶ 0

**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 page 2 of the 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 ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

(HTA)

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

Yes No

<b>1</b> 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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
<b>2</b> 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.)			
<b>a</b> Sale, exchange, or leasing of property?	2a		X
<b>b</b> Lending of money or other extension of credit?	2b		X
<b>c</b> Furnishing of goods, services, or facilities?	2c		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM	2d	X	
<b>e</b> Transfer of any part of its income or assets?	2e		X
<b>3 a</b> 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
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b		X
<b>c</b> 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	3c		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
<b>b</b> Did the organization make any taxable distributions under section 4966?	4b		X
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶			
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
<b>f</b> 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 ▶			
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
<b>Total</b>					0

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	482,880	505,453	528,652	423,380	1,940,365
<b>16</b> Membership fees received					0
<b>17</b> 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
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	53,682	25,331	11,739	3,857	94,609
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	180,029	153,853	189,446	130,794	654,122
<b>23</b> Total of lines 15 through 22	716,591	684,637	729,837	558,031	2,689,096
<b>24</b> Line 23 minus line 17	716,591	684,637	729,837	558,031	2,689,096
<b>25</b> Enter 1% of line 23	7,166	6,846	7,298	5,580	
<b>26</b> Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 0
d Add: Amounts from column (e) for lines:	18	19			26d 0
	22	26b			26e 0
e Public support (line 26c minus line 26d total)					26f 0.00%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
(2006)	(2005)	(2004)	(2003)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines:	15	1,940,365	16		27c 1,940,365
	17		20		27d 0
d Add: Line 27a total			and line 27b total		27e 1,940,365
e Public support (line 27c total minus line 27d total)					27f 2,689,096
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 72.16%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 3.52%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)(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	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....	31	
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .	33a	
b	Admissions policies? . . . . .	33b	
c	Employment of faculty or administrative staff? . . . . .	33c	
d	Scholarships or other financial assistance? . . . . .	33d	
e	Educational policies? . . . . .	33e	
f	Use of facilities? . . . . .	33f	
g	Athletic programs? . . . . .	33g	
h	Other extracurricular activities? . . . . .	33h	
	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? . . . . .	34a	
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	35	

**Part VI-A****Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

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

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI-B****Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

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

- a Volunteers . . . . .
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .
- c Media advertisements . . . . .
- d Mailings to members, legislators, or the public . . . . .
- e Publications, or published or broadcast statements . . . . .
- f Grants to other organizations for lobbying purposes . . . . .
- g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i Total lobbying expenditures (Add lines c through h.) . . . . .

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0





Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds . . . . .		
Line 1b - Direct public support		
1 Contributions . . . . .	1,020,050 1	
2 Membership dues and assessments (contributions from the public) . . . . .	2	
3 Commercial co-venture . . . . .	3	
4 Special events contributions (Line 9 - Special Events) . . . . .	0 4	
5 . . . . .	5	
6 . . . . .	6	
7 . . . . .	7	
8 . . . . .	8	
9 . . . . .	9	
10 Total . . . . .	1,020,050 10	0
Line 1c - Indirect public support . . . . .		
Line 1d - Government contributions (grants) . . . . .		

[illegible]

Line 9 (990) - Special Events and Activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	GOLF & DINNER				
1a Number of special events	2				
2 Gross receipts	264,545				2 264,545
3 Less contributions					3 0
4 Gross revenue	264,545	0	0	0	4 264,545
5 Less direct expenses	53,006				5 53,006
6 Net income or (loss)	211,539	0	0	0	6 211,539

**Part II, Line 43 (990) - Other Expenses**

300,165

214,376

66,939

18,850

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	OTHER	68,162	17,060	44,652	6,450
2	SCHOLARSHIPS AND AWARDS	8,473	8,473		
3	REPAIRS AND MAINTENANCE	25,522	22,182	3,340	
4	UTILITIES	78,713	68,918	9,795	
5	BASKETBALL PROGRAM	2,042	2,042		
6	BUS/VAN OPERATION	26,083	26,083		
7	ADVERTISING & PROMOTION	13,079	4,265		8,814
8	EMPLOYEE RELATED EXPENSES	1,250		1,250	
9	CAMP	5,723	5,723		
10	CHRISTMAS STORE	13,747	13,747		
11	INSURANCE	57,137	45,649	7,902	3,586
12	DUES AND SUBSCRIPTIONS	234	234		
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Part IV, Line 54a (990) - Investments - Publicly-Traded Securities**

Check one box below to indicate how securities are reported:

☐ Cost☒ End of year market value (FMV)

				0	144,221	179,882
Securities at end of year		Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV	
1	CAP TRUST ENDOWMENT ACCOUNT			144,221	179,882	
2				0	0	
3				0	0	
4				0	0	
5				0	0	
6				0	0	
7				0	0	
8				0	0	
9				0	0	
10				0	0	
11				0	0	
12				0	0	
13				0	0	
14				0	0	
15				0	0	
16				0	0	
17				0	0	
18				0	0	
19				0	0	
20				0	0	

Part IV, Line 64b (990) - Mortgages and Other Notes Payable

0 0 28,720

	Lender's name	Check if lender is a business	Security provided	Original amount	Balance due beginning of year	Balance due end of year	Date of note	Maturity date
1	BANK		CASH			28,720		10/1/2008
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

[illegible]

Part IV-A, Line b(4) (990) - Reconciliation of Rev per Audited Financial Stmts

		156,878
Other		Amount
1	NET ASSETS RELEASED FROM RESTRICTION	103,872
2	FUNDRAISING EXPENSES	53,006
3		
4		
5		
6		
7		
8		
9		
10		



Part IV-A, Line d(2) (990) - Reconciliation of Rev per Audited Financial Stmts

		537,800
	Other	Amount
1	RESTRICTED CONTRIBUTIONS	537,800
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part IV-B, Line b(4) (990) - Reconciliation of Exp per Audited Financial Stmts**

		53,006
Other		Amount
1	FUNDRAISING ACTIVITIES	53,006
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VII, Line 99 (990) - Other Investment Income

0

9,814

0

Description of Income		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
1	OTHER			14	9,814	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

**Part IV-A, Line 22 (Sch A (990/990-EZ)) - Other Income**

Description		(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
1	GOLF TOURNAMENT AND DINNER	180,029	153,853	189,446	130,794	654,122
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
Total of Other Income		180,029	153,853	189,446	130,794	654,122

## Department of State

## APPLICATION TO RENEW REGISTRATION OF A CHARITABLE ORGANIZATION

Division of Charitable Solicitations and Gaming

William R. Snodgrass Tennessee Tower  
 312 Eighth Avenue North, 8th Floor  
 Nashville, TN 37243  
 (615) 741-2555; Fax (615) 253-5173

**INSTRUCTIONS:** Please type or print all items on this form which are applicable to your organization. If you are unable to answer in the space provided, you may attach additional sheets. **Indicate that an item does not apply by placing N/A by its number.**

The amount of the filing fee is as follows:

Organization's Gross Revenue	Filing Fee
\$0-\$48,999.99 .....	\$100.00
\$49,000.00-\$99,999.99 .....	\$150.00
\$100,000.00-\$249,999.99 .....	\$200.00
\$250,000.00-\$499,999.99 .....	\$250.00
\$500,000.00-ABOVE .....	\$300.00

A **NONREFUNDABLE** registration fee must accompany this application.

See REVERSE side for additional instructions.

**OFFICE USE ONLY**

Reg. No.

Date Rec'd.

Registration  
Expiration  
Date:

Fee Pd.

Rec. No.

1. Name of organization: YOUTH ENCOURAGEMENT SERVICES, INC.

If name has changed, please indicate: \_\_\_\_\_

FEIN: 62-0570681 Accounting period end date: m/d/y 12/31/2007Has the accounting period changed since your last registration? Yes ☐ No ☒ If yes, please indicate: \_\_\_\_\_2. Do you solicit contributions under any other name(s)? Yes ☐ No ☒ If yes, list names used and attach the document authorizing such use.

3A. Principal Office Address or Name and Address of Person Having Custody of Financial Records

(Street) 521 MCIVER STREET(City) NASHVILLE (State) TN (Zip) 37211-2322

If principal address has changed from above, please indicate:

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

3B. Mailing / Contact Address:

(Contact Name/Title) CHRISTOPHER BARNHILL, EXC. DIR.(Org. Name) YOUTH ENCOURAGEMENT SERVICES, INC.(Address) 521 MCIVER STREET(City) NASHVILLE (State) TN (Zip) 37211-2322

If mailing address has changed, please indicate:

(Contact Name) \_\_\_\_\_

(Street) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_ (Zip) \_\_\_\_\_

4. Telephone Number: (615) 315-5333 Fax Number: (615) 315-5344 Email Address: JESSICA@YOUTHENCOURAGEMENT.ORG

If information in number 4 has changed, please indicate in provided area below.

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

5. Have you added any Chapters, Branches or Affiliates in Tennessee since your last registration? Yes ☐ No ☒ If yes, list name and address: \_\_\_\_\_Are you registering and reporting the financial activities of these organizations? Yes ☐ No ☐ N/A

(NOTE: a chapter, branch, or affiliate that solicits or receives contributions from any source other than the parent organization or a governmental agency must register independently and pay its own filing fee)

6. Have you amended the organizational documents submitted with your initial registration? Yes ☐ No ☒ If yes, attach a copy of the amendment(s).7. Has your tax exempt status been revoked by the Internal Revenue Service since your last registration? Yes ☐ No ☒

8. Is the organization registered in any other state? Yes ☐ No ☒ If yes, attach a list of other states.
9. Have you been enjoined by any court from soliciting contributions since your last registration? Yes ☐ No ☒ If yes, attach copy of court order.
10. Attach a list of the name, title, and address of each officer, director, and trustee. (list principal salaried officer first)
11. List the name and address of individual(s) who have final responsibility for the custody of contributions:  
 (Name) CHRIS BARNHILL (Street) 521 MCIVER STREET (City) NASHVILLE (State) TN (Zip) 37211
12. List the name and address of individual(s) who have responsibility for the final distribution of contributions:  
 (Name) SEE BOARD LIST & 990 (Street) (City) (State) (Zip)
13. Has any officer, director, manager, operator or principal been the subject of an injunction, judgment or administrative order or been convicted of a felony? Yes ☐ No ☒ If yes, attach copy of court order.
14. Describe the purpose of the organization:  
 PROVIDE PROGRAMS TO BENEFIT INNER-CITY CHILDREN
15. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "professional fundraiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), attach a list including their names, addresses (street and P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Additionally, submit a true copy of any contract with the listed entity.

## SIGNATURE SECTION

**THIS DOCUMENT MUST BE SIGNED BY TWO SEPARATE AUTHORIZED OFFICERS. THE NOTARY MUST VERIFY EACH SIGNATURE.** I / We certify that the statements in this registration statement and all supplemental forms, documents and continuation sheets are true and correct. We understand that this registration will be accepted only if the requirements of the charitable solicitation laws are met. We agree to cooperate fully with any requests by the Secretary of State to inspect the records of this organization in order to ascertain compliance with the statute and all pertinent rules and regulations. We are aware that we are subject to punishment if any of the statements we provide are false.

<table style="width: 100%; border-bottom: 1px solid black;"> <tr> <td style="width: 70%;">Signature of Authorized Officer</td> <td style="width: 30%;">Date</td> </tr> <tr> <td>CHRIS BARNHILL</td> <td></td> </tr> <tr> <td colspan="2">Print Name</td> </tr> <tr> <td colspan="2">EXECUTIVE DIRECTOR</td> </tr> <tr> <td colspan="2">Title</td> </tr> </table> <div style="text-align: center; margin: 10px 0;">NOTARY SEAL</div> <p>Sworn to and subscribed before me at:</p> <hr/> <p>County / State</p> <p>This _____ day of _____ 200_____</p> <hr/> <p>Signature of Notary Public</p> <p>My Commission Expires: _____</p>	Signature of Authorized Officer	Date	CHRIS BARNHILL		Print Name		EXECUTIVE DIRECTOR		Title		<table style="width: 100%; border-bottom: 1px solid black;"> <tr> <td style="width: 70%;">Signature of Authorized Officer</td> <td style="width: 30%;">Date</td> </tr> <tr> <td>RICHARD W. BETTS</td> <td></td> </tr> <tr> <td colspan="2">Print Name</td> </tr> <tr> <td colspan="2">TREASURER</td> </tr> <tr> <td colspan="2">Title</td> </tr> </table> <div style="text-align: center; margin: 10px 0;">NOTARY SEAL</div> <p>Sworn to and subscribed before me at:</p> <hr/> <p>County / State</p> <p>This _____ day of _____ 200_____</p> <hr/> <p>Signature of Notary Public</p> <p>My Commission Expires: _____</p>	Signature of Authorized Officer	Date	RICHARD W. BETTS		Print Name		TREASURER		Title	
Signature of Authorized Officer	Date																				
CHRIS BARNHILL																					
Print Name																					
EXECUTIVE DIRECTOR																					
Title																					
Signature of Authorized Officer	Date																				
RICHARD W. BETTS																					
Print Name																					
TREASURER																					
Title																					

**Department of State**

Division of Charitable Solicitations & Gaming  
 William R. Snodgrass Tennessee Tower  
 312 Rosa L. Parks Avenue, 8th Floor  
 Nashville, TN 37243  
 (615) 741-2555 FAX (615) 253-5173

**SUMMARY OF FINANCIAL ACTIVITIES  
 OF A  
 CHARITABLE ORGANIZATION**

**INSTRUCTIONS:** A charitable organization must use this form to report financial activities for its most recently completed fiscal year. Amounts entered below must correspond with entries on the organization's Internal Revenue Service Form 990. This completed financial statement must be signed by two (2) separate authorized officers in the presence of a Notary Public and filed with the Secretary of State along with the application for registration or exemption request form. A copy of the filed IRS Form 990, and any other forms required to be filed with the IRS, must accompany this form unless the organization is not required to file such form. Organizations with gross revenue in excess of five hundred thousand dollars (\$500,000) must also submit an audit prepared by an independent public accountant or certified public accountant.

**Name of Organization:** YOUTH ENCOURAGEMENT SERVICES, INC.

**Address:** 521 MCIVER STREET **City:** NASHVILLE **State:** TN **Zip Code** 37211-2322

**Federal ID:** 62-0570681 **State ID:** \_\_\_\_\_ **Telephone:** (615) 315-5333

**Accounting Year End:** 2007-12-31 **Has your accounting year changed? Yes** \_\_\_\_\_ **No** x

**A. Gross Revenue**

1. Public Contributions .....	\$	<u>1020050</u>
2. Government grants .....	\$	<u>0</u>
3. Program service revenue .....	\$	<u>0</u>
4. Special events and activities .....	\$	<u>264545</u>
5. Gross sales of inventory .....	\$	<u>0</u>
6. Other Revenue .....	\$	<u>88968</u>
7. <b>Total Revenue</b> [add line 1 through line 6] .....	\$	<u>1373563</u>

**B. Expenses**

8. Total Program Expenses .....	\$	<u>643143</u>
9. Direct Expenses from Special Events. ....	\$	<u>53006</u>
10. Cost of goods sold .....	\$	<u>0</u>
11. Management and general expenses .....	\$	<u>199135</u>
12. Fund raising expenses. ....	\$	<u>73546</u>
13. Payments/services to affiliates. ....	\$	<u>0</u>
14. <b>Total Expenses</b> [add line 8 through line 13] .....	\$	<u>968830</u>
15. <b>Excess/Deficit for the year</b> [line 7 minus line 14] .....	\$	<u>404733</u>

**C. Changes in Net Assets or Fund balances**

16. Net assets/fund balances at beginning of year .....	\$	<u>768252</u>
17. Other changes in net assets or fund balances .....	\$	<u>0</u>
18. <b>Net assets/fund balances</b> [add line 15 through line 17] .....	\$	<u>1172985</u>
19. Total assets. ....	\$	<u>1232709</u>
20. Total liabilities .....	\$	<u>59724</u>
21. <b>Net assets/fund balances</b> [line 19 minus line 20] .....	\$	<u>1172985</u>

**D. Accounting Method Used:**

**CASH:** \_\_\_\_\_ **ACCRUAL:** x **OTHER:** \_\_\_\_\_

**SIGNATURE**

I/We certify that the information furnished in this summary and all supplemental forms, documents and continuation sheets is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Authorized Officer

CHRIS BARNHILL

\_\_\_\_\_  
Print Name

EXECUTIVE DIRECTOR

\_\_\_\_\_  
Title\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Chief Fiscal Officer

RICHARD W. BETTS

\_\_\_\_\_  
Print Name

TREASURER

\_\_\_\_\_  
Title\_\_\_\_\_  
Date

Notary Seal

SWORN TO AND SUBSCRIBED BEFORE ME AT:

\_\_\_\_\_  
City, State

This \_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission Expires: \_\_\_\_\_

Notary Seal

SWORN TO AND SUBSCRIBED BEFORE ME AT:

\_\_\_\_\_  
City, State

This \_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission Expires: \_\_\_\_\_