Form 990-EZ

Department of the Treasury Internal Peverue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sprasciery organizations of dozer advised funds and controlling organizations as defend in section 517(b)(13) must the Form 990. All other organizations with gross receipts less than \$500.000 and total asserts 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 subsity state reporting requirements.

2009

CASS No. 1545-1150

Open to Public Inspection

Form 990-EZ (2009)

Bother Control (1997) Brain Control (1997)	Α	For the 2009 calendar year, or tax year beginning . 2009, and ending		•
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NachyTLLE, TN 37215-9231 615-386-0108 F Group Exemption Agricultural Species process Agricultural Species Agricultural Sp		illerte chance Notice D. O. D.O.Y. 150221		
# Section 501(c/kg) organizations and 4947(s/t) nonexempt charitable trusts # Section 501(c/kg) organizations and 4947(s/t) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). # Website: # \$MM_TYRS. ORG Tacesemul tabus (clark et equ.) X1 (50(c) (3) * (next tex) 157 Tacesemul tabus (clark et equ.) X1 (50(c) (3) * (next tex) 157 Tacesemul tabus (clark et equ.) X1 (50(c) (3) * (next tex) 157 X Check * If the organization is not a section 509(s/d) supporting organization and its gross recorbs are normally not note than \$25,500,500 or more. In the organization is not required to stack Schedule B (Form 990, 990, 990, 900, 900, 900, 900, 900		Install return bypo. NASHVILLE, TN 37215-9231	-	
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*Section 501(c/kg) organizations and 4947(a/kg) nonexempt charitable trusts was attach a completed Schedule A (Form 990 or 990-EZ). Website: - \$\frac{\text{seed}}{\text{total}}\$ \text{ completed Schedule A (Form 990 or 990-EZ).} Tacesterni status (text) seek, reg \$\text{ [X]}\$ \text{ (Site)} (3) - \text{ (newt in)} \ \text{ [Site)} (3) - \text{ (newt in)} \ \text{ [Site)} (3) \text{ (newt in)} \ \text{ (newt in)}		I Italiani I	F Group i	Exemption
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8, 231. 18 8, 231. 18 19 19 19 19, 999. 19 19,	_		<u> </u>	
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 19, 999. 20 Other changes in net assets or fund balances (attach explanation) 20 21 28, 230. 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 (Cash, savings, and investments (A) Beginning of year (B) End of year 21		18 Excess or (deficit) for the year (Subtract line 17 from line 9)		
Tell 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 II Balance Sheets. If Total assets on line 25. column (B) are \$1.250,000 or more, tile 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) 10, 423. 24 7, 996. 25 Total assets 26 Total liabilities (describe * SEE STATEMENT 3) 1, 568. 26 1, 401. 27 Net assets or fund balances (tine 27 of column (B) must agree with line 21) 19, 999. 27 28, 230.	N S	19 Not recate as fixed between the	18	8,231.
Part	ξÈ	figure reported on prior year's return)	rear	
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 Cash, savings, and investments (A) Beginning of year (B) End of year	5		1.3	19,999.
Cash Salance Sneets If Total assets on line 25. column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		21 Net assets of fund balances at end of year. Combine times 19 through 20		
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3 27 Not assets or fund balances (line 27 of column (6) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions (A) Beginning of year (B) End of year 11, 144, 22 21, 635. 27 10, 423, 24 7, 996. 28 29, 631. 29 1, 567, 25 29, 631. 20 1, 568, 26 1, 401. 20 2, 230.	Pa	If II Balance Sheets, If Total assets on line 25, column (B) are \$1,250,000 or more, the Form 200	-121	28,230.
22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 2 25 Total assets 26 Total liabilities (describe > SEE STATEMENT 3 27 Not assets or fund balances (line 27 of column (8) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions		(See the instructions for Part II.)	nstead of	Form 990-E2
23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2 25 Total liabilities (describe ► SEE STATEMENT 3 26 Total liabilities (describe ► SEE STATEMENT 3 27 Not assets or fund balances (line 27 of column (8) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions 11,144, 22 21,635. 23 27,996. 21,567, 25 29,631. 1,568, 26 1,401.		Cash, savings, and investments		
24 Other assets (describe > SEE STATEMENT 2) 10,423. 24 7,996. 25 Total liabilities (describe > SEE STATEMENT 3) 21,567. 25 29,631. 27 Not assets or fund balances (line 27 of column (8) must agree with line 21) 19,999. 27 28,230.		Land and buildings		21,635.
26 Total liabilities (describe - SEE STATEMENT 3 27 Not assets or fund balances (line 27 of column (8) must agree with line 21) 19,999. 27 28,230.		Cities assets (describe > SEE STATEMENT 2		
27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 1,568. 26 1,401. BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions 28, 230.	<i>2</i> 2		67 25	
BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. 19, 999. 27 28, 230.	20 27		68 25	
One For Privacy act and Paperwork Reduction Act Notice, see separate instructions.	DAA		99 27	
	OAA	For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	(4)	

Form 990-EZ (2009) TOUCHSTONE YOUT				1316818 Page
Part III Statement of Program Se		s (See the instruction	ons.)	Expenses Required for section
What is the organization's primary exempt purpose? <u>SE</u> Describe what was achieved in carrying out I describe the services provided, the number of program title.	E STATEMENT 4 he organization's exempt pur if persons benefited, or other	poses. In a clear and co relevant information for	oncise manner.	Required for section 01(c)(3) and (4) required in section 947(a)(1) trusts; optional or others.)
28 SEE STATEMENT 5				or others.)
				l
(O A T				
(Grants \$) If t	his amount includes foreign g	rants, check here	······· <u>*</u> 3	28a 27,012.
	his amount includes foreign g	rants, check here		29 a
30				
(Grants \$) If t	his amount includes foreign g	rants, check here		30 a
31 Other program services (attach schedul	e)			
32 Total program service expenses (add i	his amount includes foreign gines 28a through 31a)	iants, check here	······	31 a 27,012.
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	e even if not compe	ensated. (See the instrs.)
(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 banefit plans i deferred compensation	(e) Expense account and other allowances
JIM WEBER 946 BATTLEFIELD DRIVE	PRESIDENT		5,18	3. 0.
NASHVILLE, TN 37204	40.00			
MELONY PUGH-WEBER	SECRETARY	8,654.	5,18	2. 0.
946 BATTLEFIELD DRIVE	40.00		J, 10.	2.
NASHVILLE, TN 37204				
WILLIAM & JACQUELINE HAYNES 1093 OLD DICKERSON RD	DIRECTOR		B (0. 0.
GOODLETTSVILLE, TN 37072				Ì
GREG SENEFF	TO TRILL SUR	0.		ō. <u> </u>
2905 SELENA DR	0 1 1 1	-	·	· ·
NASHVILLE, TN 37211 JEFF LARGE	DIDECTOR			
3113 WINDEMERE CIRCLE	DIRECTOR	0.	C	0.
NASHVILLE, TN 37214				ļ
NILES BOROP III	DIRECTOR	0.	C	0.
113 BELLEVUE DR S NASHVILLE, TN 37205	0			
	}			
,				
				
BAA	**			
DAA	TEEA0812L 01/	30/10		Form 990-E7 (2000)

Form 990-EZ (2009)

For	m 990-EZ (2009) TOUCHSTONE YOUTH RESOURCE SERVICES, INC. 62-131681	8	Р	age 3
P	art V Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME		6
			Yos	No
33	3 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
3:	5 If the organization red income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 950-T, attach a statement explaining why the organization did not report the income on Form 950-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice			
	reputing, and proxy tax requirements:	35a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	ļ	
36	5 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		v
37	7a Enter amount of political expanditures, direct or indirect, as described in the instructions. > 37a 0.	30		X
	b Did the organization file Form 1120-POL for this year?	37b		Х
38	Ba Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such foans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		x
	bif 'Yes,' complete Schedule L, Part II and enter the total			
39	amount involved. 38b N/A Section 501(c)(7) organizations, Enter:			
	a initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year uniform			
	section 4911 > 0.; section 4912 > 0.; section 4955 > 0.			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I.	40ь		x
	c 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 4330 0.	400		
	(#R) [3] [4]			
	by the organization. At any time during the tax year, was the organizations. At any time during the tax year, was the organization party to a prohibited tax shelter transaction? If "Yes," complete Form 8885-T. If the states with which a copy of this return is fried to INNE.			
41	List the states with which a copy of this return is fried NNE	40e		<u>X</u>
42	a The organization's			
	books are in care of > JIM WEBER tocated at > 946 BATTLEFIELD NASHVILLE TN ZIP + 4 > 37204	6-01	.08	
	SWARD AND SATTLEFTELD NASHVILLE TN 2IP + 4 > 37204			
1	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)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country:		\dashv	<u></u>
		- {		
	See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.2	42c		х
	If Yes,' enter the name of the foreign country: >	<u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	~	Пи	/A
	and enter the amount of tax-exempt interest received or accrued during the tax year.		_	/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	$\neg \Gamma$	res i	No.
	Is any related arganization a controlled and the same and	14	+	<u>x</u>
BAA	350°CL	15		<u>X_</u>
	Form	990-E	Z (20	0 9)

Form 99	0-EZ (2009) TOUCHSTONE YOUTH R	ESOURCE SERVICE	s. INC.	62-1316	818	F	age
Part V		s and section 4947	7(a)(1) nonexemp	t charitable trusts only le trusts must answer	y. All se questio	ction ns	1
46 Die	I the organization engage in direct or indire	ect political campaign a	ctivities on behalf of o	or in apposition to candidate	35	Yos	No
	I the organization engage in direct or indire public office? If 'Yes,' complete Schedule						X
	I the organization engage in lobbying activ				47		X
	the organization a school as described in s I the organization make any transfers to a				48 49a		X
	Yes, was the related organization a section				49b		┢
	mplete this table for the organization's five ployees) who each received more than \$1						I
	(a) Name and codress of each employee paid more than \$100,000	(b) Tale and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	perise nt and	3
NONE							
f To	al number of other employees paid over \$	100,000					
51 Co	mplete this table for the organization's five inpensation from the organization, if there	is none, enter Mone.		rs who each received more	than \$10	0.000	of
None	(a) Hame and interess of each independent con-	nacker paid more than \$100,000	7	Jab) Type of service	(c) Comp	**********	<u>a</u>
NONE							
			1				
d Tol							
u 100	al number of other independent contractors	s each receiving over \$1	00,000	•			
	Under penalties of paraty, I geology that Litave exem	ined this return, including acces	postura Whohles are stay	Mante and to the best states			
Sign	Under penalties of paracy, I declare that Universe earn true, correct, and complete. Declaration of prepare (other then efficien) is fased on a	Il miornation of which prepar	anents, and to the best of my shoots fer has any knowledge	rdge and bel	ef, it as	
Here	Signature of others		·	Date			

► JIM WEBER
Type or print name and title. PRESIDENT Check it Preparer's Identifying Number self-employed P P00548652 Paid etsû Pre-Firms pane (or years it self- employed).

CLISTER, and ZIP - 4 ADDITIONAL PROPERTY OF THE PROP parer's Use <u>► 26-1740643</u> Elli Only From co. > (615) 377-3123 | X| Yes | No | Form 990-EZ (2009) May the IRS discuss this return with the preparer shown above? See instructions

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.

Employer Identification number

Schedule A (Form 990 or 990-EZ) 2009

Department of the Tressury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

2009

		RESOURCE SERV						62-1	31681	8		
Part I	Reason for P	ublic Charity Stat	tus (All organization	s must	comp	lete thi	s part	.) See	instruc	tions		
The organi	zation is not a p	invate foundation bec	ause it is: (For lines 1 th	rough 11	l. check	only on	e box.)	-				
1 1/	A church, conver	ition of churches or as	ssociation of churches do	scribed	in socti	on 170(L	XAXIX	1).				
2 ∐ 4	school describe	ed in section 170(b)(1	XAXII). (Attach Schedule	e E.)								
3 4	hospilal or coo	perative hospital serv	ice organization describe	d in sec	tion 170	КУТХА	Xiii).					
4 L A	A medical resear	ch organization opera	ted in conjunction with a	hospita	l describ	ed in se	ection 1	70(b)(1)	(A)(III). E	nter the bo	soital	.'s
n	ame, city, and s	itate:									-	
`	A CLOST I MANUTAL	(Complete Fall II.)	it of a college or univers						al unit de	scribed in	sectio	on –
6 4	lederal, state,	or local government o	r governmental unit desc	ribed in	section	170(b)(1)(A)(v).					
		Carlo Manh Complete	a substantial part of its Part II.)			jovernm	ental ur	nit or fro	m the ge	ineral publi	c desc	cribed
8 4	community trus	il described in section	170(b)(1)(A)(vi). (Comp	lete Pari	t II.)							
9 ∐ 6 '' — '	in organization thi om activities relatives the 30, 1975. Se une 30, 1975. Se	at normally receives: (1 led to its exempt function ie and unrelated busing se section 509(a)(2). () more than 33-1/3 % of its ons — subject to certain ex ness taxable income (less (Complete Part III.)	s support ceptions, s section	t from co , and (2) n 511 tar	ntribution no more k) from l	ns. mem than 33 busines	bership i I-1/3 % d ses acqu	lees, and if its supp uired by	gross receip ort from gro the organiz	ots iss ation :	after
10 A	n organization o	rganized and operate	d exclusively to test for p	oublic sa	ifety. Se	e sectio	n 509/a	YΔN.				
11 1 IA	n organization o	enanizad and anarala	d exclusively for the ben described in section 509 lization and complete line		_				arry out t 1 509(a)(3	he purpose 3). Check t	s of o	ine or x that
a	Type I	b Type I	ization and complete lini	es rie u	nrough I	in.				•		
			c Type croanization is not control on one or more publicly	illed dire	nctionalis	y integra ndirectly	ited ' by one	e ar more	∐ b !supsib s	Type III— itied perso	Other	r her
						1	A W					1
	icen tills box	* * * * * . * * * * * * * * * * * * * * * * . * * * * * *	etermination from the IRS		/25 II	_ 13 FEL				organizatio	n,	Г
g S	ince August 17.	2006, has the organiz	ation accepted any gift	Contr	dution i	or any	of the f	following	Dersons			
_			controls to the male of the supply of the su	Ħ		•			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
(1)	a person wn below the a	O directly or indirectly	controls to horally	toljethe	r with p	ersons d	lescribe	d in (ii)	and (iii)		193	140
(ii) a family mar	wher of a nercon diff	spinited of san Zason?	•••	• • • • • •	• • • • • • •				11 g (i)		
			cribe (10-11) above (••			· · · · · · · · · ·	11 g (ii)		
h Pr	ovide the follow	ing information should	accrescribed in (i) or (ii) a	ibove?	• • • • • • •	• • • • • • • •				11 g (iii)		
mta	me of Supported	(ii) EIN	the supported organizati	cns.								
•	Organization	in) env	(iii) Type of organization (described on lines 1-9 above to IRC section (see Instructions))	Organiza (i) liste	Is the con in col. orieng iment?	the create	rou really rization in (1) of ropost?	COLDUCA	s the ion in col. lod in the S.?	(vii) Amoun	ol Sup	port
		<u> </u>		Yes	No	Yes	No	Yes	No			
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Total												—
BAA For Priva	icy Act and Paperw	ork Reduction Act Notice,	see the Instructions for Form	990 or 99	O-EZ.		S	chedule	A (Form	990 or 990	LEZV '	2000

Schedule A (Form 990 or 990-EZ) 2009

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

BAA

Par	III Support Schedule for	r Organization	is Described I	u 26cfion 20s	ηα)(Δ)		
	(Complete only if you chec	ked the box on a	ne 9 of Part I.)				
_	tion A. Public Support	() 2005	4) 0000	(-) 2007	(d) 2008	(e) 2009	(n Total
1	membership fees received. (Do not include 'unusual grants.')	(a) 2005	(b) 2006	(c) 2007	(a) 2005	(8) 2009	() 10(6)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities turnished in a activity that is related to the organization's lax-exempt purpose.						
	Gross receipts from activities that are not an unrelated trada or business under section \$13						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified						
ì	persons. o 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.						
(: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)				MA		
Sec	tion B. Total Support		- a		3		
Cale	ndar year (or fiscal yr beginning in) -	(a) 2005	(P)-3005- A	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6,		B TO THE	ħ.			
102	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	C\					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (resm 3, Rc, II, see 12)						*******
14	First five years. If the Form 990	is for the organiza	ation's first, secor	nd, third, fourth,	or tifth tax year as	a section 501(c)(3)
Sec	organization, check this box and tion C. Computation of Put	Stop nere	Organia de				>
	Public support percentage for 20			12			
16	Public support percentage from 2	OP (IIIIE 6, COMIII 2008 Sabodulo A	n (i) divided by Hr	e 13. column (1)) 	15	<u>%</u>
Sec	tion D. Computation of Investigation	estment Incor	ne Percentage	<u> </u>		16	- %
	Investment income percentage for				·ma (f))	17	<u>-</u>
18	Investment income percentage (r	rom 2008 Schedul	la A Part III lina	u by me 13, com 17	amm (1)3		%_
	33-1/3 support tests - 2009. If the o more than 33-1/3%, check this bo	ton hits nortextocase	check the how on t	ina 14 and line 15	is more than 22 1/2	%, and line 17 is not	<u>%</u>
b	33-1/3 support tests - 2008. If this not more than 33-1/3%, check	ne organization dir	d oot check a hov	on line 14 or 19	a si Af and line el	ora iban 22.1/20/	and line 18
20	Private foundation. If the organiz	ation did not che	ck a box on line	14. 19a. or 19b. (check this box and	sup instructions	.

						11011777	SECULIA	e cepu	TCFC	TNC	62-13	316818	Pag	<u>e 4</u>
Schedule A	4 (Form 99	or 99 <u>0-E</u>	Z) 2009	TOUC	HS TONE	YOUTH	RESOURCE to provide Provide an	E SERV	nlanati	one re	ouired b	v Part II.	line 10:	
Part IV	Supple	nental l	iformat	ion. Co	mplete	this par	t to provio	e the ex	pianau	al info	rmation.	See ins	tructions.	
	Part II,	line 17a	or 17b;	and Pa	art III, Ii	ne 12. i	rovide an	y outer a	dulitor	-	11110000			
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chedule B	(Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of .	of Part II
ame of organi	ONE YOUTH RESOURCE SERVICES, INC.	6	2-13168	18
	Noncash Property (see instructions.)			
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or est (see instruc	imate) tions)	(d) Date received
	N/A			
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or est (see instru	imate) :tions)	(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (see instru	timate) ctions)	(d) Date received
(a) No. from Part I	Description of noncash property given	(c) FMV (or es (see instru	timate) ctions)	(d) Date received
	A Company of the Comp	1		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (see instru	stimate) ections)	(d) Date received
			_	
		j		
		s		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or es (see instri	stimate) ictions)	(d) Date received
		_		
		\$		
BAA	Sche	dule B (Form 9	90, 990·E.	Z, or 990-PF) (2009

BAA

	700 FE (2009)		Pa		1 of Part III
chedule B (FC	orm 990, 990-EZ, or 990-PF) (2009)				dentification number
OUCHSTON	E YOUTH RESOURCE SERVICES,	INC.	- 4	62-13	r (10)
art III E	x <i>clusively</i> religious, charitable, etc ganizations aggregating more tha	n \$1,000 for the year.(Co		through (e) and the	following line entry.)
Fo	or organizations completing Part III, enter to intributions of \$1,000 or less for the year. (I	ital of exclusively religious, character this information once — :	aritable, etc, see instruction	s.) 🟲 \$	N/1
(a) co	(b)	(c)		•	d) iii is bold
No. from	Purpose of glft	Use of gift		Description of	how gift is held
N.	/A				
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relati	ionship of transfero	r to transferee
-					
-					7.B
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift			(d) f how gift is held
	Transferee's name, addres:	(e) Transfer of gift	1566	is ship of transfero	or to transferee
-	Fransieree's name, address	s, and zir + 4		- 10	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Description o	(d) If how gift is held
			1		
		(e) Transfer of gift			
-	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transfer	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Description o	(d) of how gift is held
-		(e) Transfer of gift			
	Transferee's name, addres	ss, and ZIP + 4	Rela	rtionship of transfer	or to transferee
BAA			Sche	dule B (Form 990, 99	90-EZ, or 990-PF) (20

0000	FEDERAL STATEMENTS	PAGE 1
2009	TOUCHSTONE YOUTH RESOURCE SERVICES, INC.	62-1316818
	ND PROMOTION	847. 473.
BENEVOLENCE BOOKS & SUBSC CIVIL GROUPS CONTINUING ED DEPRECIATION INSURANCE INTERNET SERV	CRIPTIONS OUCATION VICE & PHONE	43. 194. 1,355. 510. 2,557. 759. 2,214. 192. 647.
MEALS & ENTER MISCELLANEOUS OFFICE EXPENS REGISTRATION REPAIRS & MA	RES REAINMENT S SES FEES INTENANCE TOTAL	82. 1,878. 100. 60. 10. 123.
STATEMENT 2 FORM 990-EZ, I OTHER ASSET	PART II, LINE 24 SEIVABLE SO O. \$ 400. 6,173.	ENDING
ACCOUNTS REC FURNITURE AN INVENTORIES MACHINERY AN MISCELLANEOU	ID EQUIPMENT 3.190.	202 286 6,101 344 1,063 7,996
STATEMENT 3 FORM 990-EZ, TOTAL LIABILI	PART II, LINE 26	ENDING
ACCOUNTS PAYPOLL TAX	(ABLE AND ACCRUED EXPENSES \$ 858. \$ 710. \$ 1,568. \$	
STATEMENT 4 FORM 990-EZ, ORGANIZATIO	PART III N'S PRIMARY EXEMPT PURPOSE	
SPREAD & EN	COURAGE GROWTH IN THE GOSPEL OF JESUS CHRIST	

FEDERAL STATEMENTS

PAGE 2

TOUCHSTONE YOUTH RESOURCE SERVICES, INC.

62-1316818

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TO PROVIDE PASTORAL COUNSELING AND ONE-ON-ONE SUPPORT TO YOUTH IN NASHVILLE AND AT VARIOUS CHURCH EVENTS.

TO SPEAK, TEACH, AND PERFORM WHOLESOME CONTEMPORARY CHRISTIAN MUSIC IN CHURCH AND NON-CHURCH SETTINGS, WITH THE PURPOSE OF EVANGELISM, ENCOURAGEMENT, & CHALLENGE TO YOUTH FOR FURTHER COMMITMENT.

12 INDIVIDUALS WERE COUNSELED IN 2009. 160 STUDENTS WERE COUNSELED THROUGH PARTICIPATION IN CHARACTER EDUCATION PROGRAM AT STRATFORD HIGH SCHOOL.

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