

Return of Organization Exempt from Income Tax

2004

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning Jul 1, 2004, **and ending** Jun 30, 2005

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
Williamson County Youth, Inc.

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
626 Eastview Drive

City, town or country State ZIP code + 4
Franklin TN 37064

D Employer Identification Number
58-1525248

E Telephone number

F Accounting method: Cash Accrual
 Other (specify) _____

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

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

G Web site: ► N/A

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. ► 382,349.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	103,390.		
	b Indirect public support	1b	55,000.		
	c Government contributions (grants)	1c	27,031.		
	d Total (add lines 1a through 1c) (cash \$ 140,765. noncash \$ 44,656.)	1d		185,421.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		132,440.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		22.	
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a			
		8b			
		8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 0. of contributions reported on line 1a)			
		9a	64,466.		
		9b	21,950.		
		9c		42,516.	
See L-9. Stmt.					
	10a Gross sales of inventory, less returns and allowances	10a			
		10b			
		10c			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		360,399.		
EXPENSES	13 Program services (from line 44, column (B))	13		235,649.	
	14 Management and general (from line 44, column (C))	14		60,006.	
	15 Fundraising (from line 44, column (D))	15		16,278.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		311,933.	
NET ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		48,466.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		226,428.	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		274,894.	

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.

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
22	Grants and allocations (att sch) (cash \$ 31,825. non-cash \$)	31,825.	31,825.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages	164,466.	121,705.	32,893.	9,868.
27	Pension plan contributions				
28	Other employee benefits	9,064.	6,707.	1,813.	544.
29	Payroll taxes	13,121.	9,710.	2,624.	787.
30	Professional fundraising fees				
31	Accounting fees	11,791.	0.	11,791.	0.
32	Legal fees				
33	Supplies	6,573.	3,386.	3,004.	183.
34	Telephone	10,470.	7,748.	2,094.	628.
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance	4,957.	4,957.	0.	0.
38	Printing and publications				
39	Travel	1,958.	1,958.	0.	0.
40	Conferences, conventions, and meetings				
41	Interest	281.	0.	281.	0.
42	Depreciation, depletion, etc (attach schedule)	8,883.	6,662.	1,777.	444.
43	Other expenses not covered above (itemize):				
a	Insurance	14,679.	10,862.	2,936.	881.
b	Food and supplies	15,434.	15,434.	0.	0.
c	Child expense	9,612.	9,612.	0.	0.
d	Vehicle expense	3,123.	3,123.	0.	0.
e	See Other Expenses Stmt	5,696.	1,960.	793.	2,943.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	311,933.	235,649.	60,006.	16,278.

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 No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? The organization provides a temporary shelter for youth from middle
 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a	See statement.	(Grants and allocations \$ 185,421.)	235,649.
b		(Grants and allocations \$)	
c		(Grants and allocations \$)	
d		(Grants and allocations \$)	
e	Other program services	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		235,649.

Part IV Balance Sheets (See Instructions)

		(A)		(B)	
		Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
45 Cash — non-interest-bearing		34,648.	45	61,104.	
46 Savings and temporary cash investments		56,382.	46	12,373.	
ASSETS	47a Accounts receivable	47a 24,407.			
	b Less: allowance for doubtful accounts	47b	47c	24,407.	
	48a Pledges receivable	48a 55,000.			
	b Less: allowance for doubtful accounts	48b	48c	55,000.	
	49 Grants receivable		9,770.	49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)	51a		51c	
	b Less: allowance for doubtful accounts	51b			
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55a Investments — land, buildings, & equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments — other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57a 215,471.			
b Less: accumulated depreciation (attach schedule)	57b 87,063.	101,206.	57c	128,408.	
58 Other assets (describe >			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		257,884.	59	281,292.	
LIABILITIES	60 Accounts payable and accrued expenses		12,320.	60	6,398.
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe > <u>Line of credit</u>)		19,136.	65	
66 Total liabilities (add lines 60 through 65)		31,456.	66	6,398.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted		114,310.	67	219,894.
	68 Temporarily restricted		112,118.	68	55,000.
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		226,428.	73	274,894.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		257,884.	74	281,292.

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.

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	382,349.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	STMT \$ 21,950.		
	Add amounts on lines (1) through (4)	b	21,950.
c	Line a minus line b	c	360,399.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	360,399.

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

a	Total expenses and losses per audited financial statements	a	333,883.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	STMT \$ 21,950.		
	Add amounts on lines (1) through (4)	b	21,950.
c	Line a minus line b	c	311,933.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	311,933.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see 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 and deferred compensation	(E) Expense account and other allowances
Betsy Adgent 123 Lewisburg Avenue Franklin, TN 37064	Director / President As	0.	0.	0.
Cathy Davis 846 Lewisburg Pike Franklin, TN 37064	Director / Treasurer As	0.	0.	0.
Ginny Henderson-Womack 129 Bluebell Way Franklin, TN 37064	Director As	0.	0.	0.
Parrish Stanton 5115 Maryland Way Brentwood, TN 37027	Director As	0.	0.	0.
Andrew Meldrum 1357 Saybrook Crossing Thompson Station, TN 37179	Director As	0.	0.	0.
See List of Officers, Etc. Statement		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes,' attach schedule - see instructions.