

# 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)

**2004**

**Open to Public Inspection**

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 2004, and ending 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>PRESTON TAYLOR MINISTRIES</u>	<b>D</b> Employer identification number <u>62:1757018</u>
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address); Room/suite <u>PO Box 90442</u>	<b>E</b> Telephone number <u>(615) 596-4386</u>
	City or town, state or country, and ZIP + 4 <u>NASHVILLE, TN 37209</u>	<b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

**G** Website: ▶ www.ptmweb.ik.org

**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 ▶

**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 Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<u>225,106</u>	
	<b>b</b> Indirect public support	<b>1b</b>	<u>-</u>	
	<b>c</b> Government contributions (grants)	<b>1c</b>	<u>40,000</u>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>155,556</u> noncash \$ <u>69,550</u> )	<b>1d</b>		<u>265,106</u>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<u>-</u>
	<b>3</b> Membership dues and assessments	<b>3</b>		<u>-</u>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<u>57</u>
	<b>5</b> Dividends and interest from securities	<b>5</b>		<u>-</u>
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<u>-</u>
<b>7</b> Other investment income (describe ▶ )	<b>7</b>		<u>-</u>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>		
	(B) Other	<b>8b</b>		
		<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		<u>-</u>
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	<u>18,547</u>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<u>6,827</u>	
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		<u>11,720</u>
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		<u>-</u>
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<u>-</u>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<u>276,883</u>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (E))	<b>13</b>		<u>59,450</u>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<u>39,288</u>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<u>22,543</u>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		<u>-</u>
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<u>121,280</u>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<u>155,603</u>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>30,895</u>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		<u>-</u>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<u>186,498</u>

**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 page 22 of 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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22	-		
23	Specific assistance to individuals (attach schedule)	23	-		
24	Benefits paid to or for members (attach schedule)	24	-		
25	Compensation of officers, directors, etc.	25	75,380	32,763	24,309
26	Other salaries and wages	26	16,316	10,316	
27	Pension plan contributions	27	-		
28	Other employee benefits	28	-		
29	Payroll taxes	29	8,462	6,346	1,058
30	Professional fundraising fees	30	-		
31	Accounting fees	31	-		
32	Legal fees	32	71	-	71
33	Supplies	33	8,646	5,213	3,433
34	Telephone	34	1,024	342	341
35	Postage and shipping	35	837	-	419
36	Occupancy	36	2,929	977	976
37	Equipment rental and maintenance	37	2,221	590	1,631
38	Printing and publications	38	3,605	721	1,442
39	Travel	39	-		
40	Conferences, conventions, and meetings	40	3,077		3,077
41	Interest	41	-		
42	Depreciation, depletion, etc. (attach schedule)	42	2,125	2,125	
43	Other expenses not covered above (itemize): a Volunteering Screening	43a	56	56	
	b Vehicle Insurance	43b	1,364	1,364	
	c Directors Insurance	43c	1,167	1,167	
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	121,280	59,450	39,288

Joint Costs. Check  if you are following SF 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 \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <i>to provide afterschool and mentoring program</i>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a After school program - 60 children in at-risk community participate daily in reading programs as well as homework assistance programs. On average, 70% of children improve by more than one grade level. (Grants and allocations \$ N/A)	42,994
b Lunchmate program - 60 children have lunchmate mentors who eat weekly with them in their school cafeteria. (Grants and allocations \$ N/A)	5,732
c Springbreak in the Marketplace - 30 students participated in over 100 job-shadowing experiences during their Spring Break. (Grants and allocations \$ N/A)	2,866
d Summer Program - 60 children take part in Bible Study, reading, and enrichment activities for 9 weeks during the summer. (Grants and allocations \$ N/A)	7,857
e Other program services (attach schedule) (Grants and allocations \$ N/A)	-
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	59,450

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .	24,803	45	62,315
	46	Savings and temporary cash investments . . . . .	6,092	46	56,758
	47a	Accounts receivable . . . . .	47a	47c	
	b	Less: allowance for doubtful accounts . . . . .	47b		
	48a	Pledges receivable . . . . .	48a	48c	
	b	Less: allowance for doubtful accounts . . . . .	48b		
	49	Grants receivable . . . . .		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a	Other notes and loans receivable (attach schedule) . . . . .	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, and equipment: basis . . . . .	55a	55c	
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b		
	56	Investments—other (attach schedule) . . . . .		56	
	57a	Land, buildings, and equipment: basis . . . . .	57a	57c	
	b	Less: accumulated depreciation (attach schedule) . . . . .	57b		
	58	Other assets (describe ► _____ )		58	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		59	186,498	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .		60	
	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 ► _____ )		65	
66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		66	—	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted . . . . .		67	N/A
	68	Temporarily restricted . . . . .		68	N/A
	69	Permanently restricted . . . . .		69	N/A
	<b>Organizations that do not follow SFAS 117, check here</b> ► <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds . . . . .	30,895	70	119,073
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	67,425
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72	—
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	30,895	73	186,498	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .	30,895	74	186,498	

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.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	N/A
b	Amounts included on line a but not on line 12, Form 990:	b	
	(1) Net unrealized gains on investments . . . \$		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants . . . \$		
	(4) Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	
d	Amounts included on line 12, Form 990 but not on line a:	d	
	(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	

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

a	Total expenses and losses per audited financial statements . . . ▶	a	N/A
b	Amounts included on line a but not on line 17, Form 990:	b	
	(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):		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b . . . . . ▶	c	
d	Amounts included on line 17, Form 990 but not on line a:	d	
	(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	

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.) *please see attached*

(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	(E) Expense account and other allowances

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 page 28 of the instructions.

**Part VI Other Information** (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		<input checked="" type="checkbox"/>
77	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.		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		<input checked="" type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
80a	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? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions . . . . . <b>81a</b>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
82a	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? . . . . .	<input checked="" type="checkbox"/>	
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>   \$17,350		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<input checked="" type="checkbox"/>
85	<i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members? . . . . .		<input checked="" type="checkbox"/>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .		<input checked="" type="checkbox"/>
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members . . . . . <b>85c</b>		
d	Section 162(e) lobbying and political expenditures . . . . . <b>85d</b>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .		<input checked="" type="checkbox"/>
h	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? . . . . .		<input checked="" type="checkbox"/>
86	<i>501(c)(7) orgs.</i> Enter: a Initiation fees and capital contributions included on line 12. . . . . <b>86a</b>		
b	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
87	<i>501(c)(12) orgs.</i> Enter: a Gross income from members or shareholders . . . . . <b>87a</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>		
88	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 . . . . .		<input checked="" type="checkbox"/>
89a	<i>501(c)(3) organizations.</i> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	<i>501(c)(3) and 501(c)(4) orgs.</i> 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 . . . . .		<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>N/A</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ <u>N/A</u>		
90a	List the states with which a copy of this return is filed ▶ <u>Tennessee</u>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) <b>90b</b>   <u>4</u>		
91	The books are in care of ▶ <u>CHAS SHEPPARD</u> Telephone no. ▶ <u>(615) 596-4386</u> Located at ▶ <u>3900 CLIFTON AVE</u> ZIP + 4 ▶ <u>37209</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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 . . .		57			
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events .					11,720
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)) . .					11,777
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					207,333

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of 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).
101	Self tournament allowed us to recruit volunteers, increase publicity for PTA, and raise funds to finance building renovation.

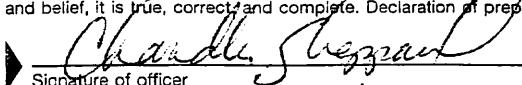
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(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
N/A	%			
	%			
	%			
	%			

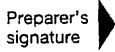
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (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).

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.

Please Sign Here:  Signature of officer Date 4/28/05

Chandler Sheppard / Executive Director Type or print name and title.

Paid Preparer's Use Only	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. V)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	