990

Return of Organization Exempt From Income Tax

2004

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

For the 2004 calendar year, or tax year beginning , and ending Please Employer identification no. C Name of organization Check if applicable: use IRS 62-1533562 Address change label or YOUNG LEADERS COUNCIL E Telephone number Name change print or 615-259-9038 type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return See 260 2200 HILLSBORO ROAD Accounting method: X Cash Final return Specifi Accrual Other (specify) City or town, state or country, and ZIP + 4 Amended return Instruc-NASHVILLE TN 37212 Application pending tions. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to section 527 organizations. Yes X No H(a) Is this a group return for affiliates? trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ▶ WWW.YLCNASHVILLE.ORG H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? Organization type (check only one) \blacktriangleright |X| 501(c) (3) \lt (insert no.) | 4947(a)(1) or | 527 (If "No," att. a list. See instr.) K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. H(d) Is this a separate return filed by an The organization need not file a return with the IRS; but if the organization received a organization covered by a group ruling? Form 990 Package in the mail, it should file a return without financial data. Some states Group Exemption Number ▶ M Check ▶ if the organization is not required require a complete return. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 92,681 to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 71,176 Direct public support Indirect public support b 1h Government contributions (grants) С Total (add lines 1a through 1c) (cash \$ 71,176 noncash \$ 71,176 d 1d Program service revenue including government fees and contracts (from Part VII, line 93) 21,359 2 2 3 Membership dues and assessments 3 Interest on savings and temporary cash investments 136 4 4 5 Dividends and interest from securities 5 Gross rents 6a Less: rental expenses h 6h Net rental income or (loss) (subtract line 6b from line 6a) С 6c Other investment income (describe) 7 Gross amount from sales of assets other (A) Securities (B) Other than inventory 8a Less: cost or other basis and sales expenses 8b Gain or (loss) (attach schedule) Net gain or (loss) (combine line 8c, columns (A) and (B)) d 8d Special events and activities (attach schedule). If any amount is from gaming, check here ▶ │ Gross revenue (not including \$ contributions reported on line 1a) 9a Less: direct expenses other than fundraising expenses 9b Net income or (loss) from special events (subtract line 9b from line 9a) c 9c Gross sales of inventory, less returns and allowances 10a 10a Less: cost of goods sold 10b b 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 92,681 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 47,800 13 Program services (from line 44, column (B)) 13 31,268 Management and general (from line 44, column (C)) 14 3,903 15 Fundraising (from line 44, column (D)) 15 Payments to affiliates (attach schedule) 16 16 Total expenses (add lines 16 and 44, column (A)) 82,971 17 17 Excess or (deficit) for the year (subtract line 17 from line 12) 9,710 18 18 54,220 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 19 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 63,930

				uired for section 501(c)(3)	
Functional Expenses and section 49	47(a)(1) none	xempt charitable trusts bu			ons.)
Do not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
6b, 8b, 9b, 10b, or 16 of Part I.			services	and general	
22 Grants and allocations (attach schedule)) 22				
(cash \$ cash \$ 23 Specific assistance to individuals	· 				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc.	25	33,000	33,000		
26 Other salaries and wages	·· 				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	2,525	2,525		
30 Professional fundraising fees	30				
31 Accounting fees	31	795		795	
32 Legal fees	32				
33 Supplies	33	1,980		1,980	
34 Telephone	34	2,165		2,165	
35 Postage and shipping	35	2,542	1,406	737	3.9
36 Occupancy	36	7,375		7,375	
37 Equipment rental and maintenance	. 37	125		125	
38 Printing and publications	. 38	7,489		3,985	3,50
39 Travel	39				
40 Conferences, conventions, and meetings		14,395	10,869	3,526	
41 Interest			·		
42 Depreciation, depletion, etc. (attach schedule)		1,060		1,060	
43 Other expenses not covered above (itemize):a		0.500		0 500	
b See Statement 1		9,520		9,520	
<u> </u>					
d	1 1				
44 77 116 11 11 11 11 11 11 11 11 11 11 11 11	1 1				
44 Total functional expenses (add lines 22 - 43). Organization:		82,971	47,800	31,268	3,90
completing columns (B)-(D), carry these totals to lines 13 Joint Costs. Check if you are following SOP 98-2.	-13 44	02/3/1	17,000	31,200	3,50
Are any joint costs from a combined educational campaign	and fundrai	sing solicitation report	ed in (B) Program se	rvices?	► Yes X N
		; (ii) the amour			
(iii) the amount allocated to Management and genera\$			nt allocated to Fundraisi		 '
Part III Statement of Program Service A	ccomplis				
What is the organization's primary exempt purpose?		\			Program Service
▶ RECRUIT, TRAIN AND PLACE YO	DUNG A	DULTS FOR N	ON-PROFIT	BOARDS	Expenses (Required for 501(c)(3)
All organizations must describe their exempt purpose achie	evements in	a clear and concise m	nanner. State the nun	nber	(4) orgs., & 4947(a)(
of clients served, publications issued, etc. Discuss achieve organizations and 4947(a)(1) nonexempt charitable trusts r	ments that a nust also er	are not measurable. (S hter the amount of grai	section 501(c)(3) and its and allocations to	(4) others.)	trusts; but optional for others.)
a See Statement 2					
			, , , , , , , , , , , , , , , , , , , ,		
		(Grants and allo	ocations \$)	47,80
b					
		(Grants and all	ocations \$)	
c					
		(Grants and all	ocations \$)	
d					
		(Grants and all)_	
e Other program services (attach schedule)		(Grants and all			48.00
f Total of Program Service Expenses (should equal lin	e 44, colum	n (B), Program service	es)	<u>, </u>	47,80

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

	Note:	Where required, attached schedules and amounts wit	thin the o	description	(A)		(B)
					Beginning of year		End of year
	45	Cash-non-interest-bearing			27,907		38,541
	46	Savings and temporary cash investments			21,640	46	21,776
			1 1				
	47a	Accounts receivable	47a				
	b	Less: allowance for doubtful accounts	47b			47c	
	48a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees, and key	y employ	yees			
Α		(attach schedule)		, ,		50	
s	51a	Other notes and loans receivable (attach					
s		schedule)	51a				
е	b	Less: allowance for doubtful accounts	51b			51c	
t	52	Inventories for sale or use				52	
s	53	Prepaid expenses and deferred charges				53	
	54	Investments-securities		► Cost FMV		54	
		Investments-land, buildings, and					
		equipment: basis	55a	8,130			
	Ь	Less: accumulated depreciation (attach					
	-	schedule) See Statement 3	55b	4,517	4,673	55c	3,613
	56	Investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment: basis	57a				
		Less: accumulated depreciation (attach	0.0				
	"	schedule)	57h			57c	
	58	Other assets (describe	(0.5)			58	
				- '		-00	
	59	Total assets (add lines 45 through 58) (must equal li	ne 74)		54,220	59	63,930
	60	Accounts payable and accrued expenses				60	
Ŀ	61	Grants payable				61	
ı a	62					62	
b	63	Deferred revenue Loans from officers, directors, trustees, and key emp				W2	
i	03		• .			63	
l i	640	schedule) Tax-exempt bond liabilities (attach schedule)				64a	
ť	1 .					64b	
i	65	Other liabilities (describe	·			65	
e	65	Other liabilities (describe		— ' h		65	
S	66	Total liabilities (add lines 60 through 65)			0	66	0
_		anizations that follow SFAS 117, check here ► X	and com	nolete lines		00	
	l Oigi	67 through 69 and lines 73 and 74.	and con	ipioto iiitos			
NF	67				49,220	67	63,930
eu					5,000		03,930
t n	00	Temporarily restricted			3,000	t t	
d	69	Permanently restrictedanizations that do not follow SFAS 117, check here	·			69	
A	1			allu			
s E s a	1	complete lines 70 through 74.					
e I	1 ''					70	
t a		Paid-in or capital surplus, or land, building, and equip			· · · · · · · · · · · · · · · · · · ·	71	
s r	1	Retained earnings, endowment, accumulated income				72	
0 e		Total net assets or fund balances (add lines 67 three	ougn 69	or lines			
rs	1	70 through 72;		.41	E4 000		62 020
		column (A) must equal line 19; column (B) must equ			54,220		63,930
	74	Total liabilities and net assets / fund balances (ad	a lines 6	6 and 73)	54,220	74	63,930

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.

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?

If "Yes," attach schedule-see page 28 of the instructions.

Yes X

Form 990 (2004)

Part VII	Analysis of Income-Pro	l						E12 or 514	(E)
	gross amounts unless otherwise			business inco		(C)	by sec. 512		Related or
indicated.	service revenue:	Busine	A) iss code	(B) Amoun	ı þ	exclusion	(D) Amo	unt	exempt function income
	TICIPANT PROGRAM	FEES				-			21,359
f Medicare	e/Medicaid payments								
	d contracts from government agend								
	ship dues and assessments					7.4		126	
	on savings and temporary cash inv					14		136	
	s and interest from securities	1000000000000							
	al income or (loss) from real estate								
	inced property								
	-financed property								
	al income or (loss) from personal p							<u></u>	
99 Other inv	vestment income	on inventory							
	(loss) from sales of assets other the								
	me or (loss) from special events $_{\cdot\cdot\cdot}$ rofit or (loss) from sales of inventor								
102 Gross pr103 Other re		y				-			
	CELLANEOUS					$\overline{1}$		10	
									
_		1		-					
е									
	(add columns (B), (D), and (E))				0			146	21,359
105 Total (a	dd line 104, columns (B), (D), and ((E))						>	21,505
	plus line 1d, Part I, should equal t			· • · · · · · · · · · · · · ·	· · · · · · · · · · ·				
Part VIII	Relationship of Activition	es to the Accomplis	hment	of Exemp	ot Purp	oses (See pag	e 34 of th	ne instructions.)
Line No.	Explain how each activity for whi	ch income is reported in co	olumn (E)	of Part VII o	contribute	d impor	tantly to the	accomplis	hment
	of the organization's exempt purp	ooses (other than by provid	ding fund	s for such pu	ırposes).				
93a	PROGRAM FEES ARE	·,,-)	
	OFFSET COSTS INC	CURRED TO ADM	INIST	ER THE	PRO	GRAM			
		'lala Carla dalla da a	I D		-1 = . 414	/0		24 - 545	* - 1 - 1 1
Part IX	Information Regarding T	(B)	and D	(C)	a Entit	ies (Se	e page (D)	34 of the	instructions.)
Name, ad	dress, and EIN of corporation.	Percentage of	Ν	ature of activ	vities		Total inco	ome	End-òf-year
N/A	ship, or disregarded entity	ownership interest							assets
N/ P		%						-	
		/o %							
	-	%							
Part X	Information Regarding T		d with F	Personal F	Renefit	Contr	acts (See	nage 34 of	the instructions)
	the organization, during the year, r								
	the organization, during the year, p							iii comi act:	Yes X No
• •	res" to (b), file Form 8870 and Form	• •	nancony,	on a person	ur bonom	contrac			[] 163 [22] 140
	Under penalties of perjury, I declare the		. including	accompanying	n schedule	s and stat	ements and	to the hest o	f my knowledge
	and belief, it is true, correct, and com								
Please								1	_
Sign	Signature of officer							Date	
Here									
	Type or print name and title.						 	_	
							Check if	1	Preparer's SSN or PTIN
Daid	Preparer's				Date		self- employed	▶ □	(See Gen. Instr. W)
Paid Proparer's	signature						<u></u>		<i>,</i>
Preparer's									
Hee Oak	Firm's name (or yours Pur	year Hamilton	n Hau	sman &	WOO	d, P	LC	EIN	<u>62-0788068</u>
Use Only	if self-employed),	Box 190663			Woo	d, P	LC	Phone	<u> 62-0788068</u>
Use Only	if self-employed),	Box 190663		sman &	WOO	d, P	LC	Phone	<u>62-0788068</u> 15-259-9038

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2004

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Employer identification number

YOUNG LEADERS COUNCIL			2-1533562	
Part I Compensation of the Five Highest Paid			ors, and Trust	ees
(See page 1 of the instructions. List eac	h one. If there are none, e	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 empl. ben. plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over				
Part II Compensation of the Five Highest Paid (See page 2 of the instructions. List each				nter "None.")
(a) Name and address of each independent contractor paid	d more than \$50,000	(b) Type of se	ervice	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for				
professional services				

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

Schedule A (Form 990 or 990-EZ) 2004

ched	le A (Form 990 or 990-EZ) 2004 YOUNG LEADERS COUNCIL	62-1533562		F	age
	Statements About Activities (See page 2 of the instructions.)		Yes	No
 	During the year, has the organization attempted to influence national, state, or local legis	lation, including any			
	attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter				
	or incurred in connection with the lobbying activities > \$ (M				3,5
	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 comp				
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a	detailed description of			
2	the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the f	ollowing acts with any			
-	substantial contributors, trustees, directors, officers, creators, key employees, or membe				
	with any taxable organization with which any such person is affiliated as an officer, direct				
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed				
	transactions.)				
					,
a	Sale, exchange, or leasing of property?		2a		X
b	Lending of money or other extension of credit?		2b		X
C	Furnishing of goods, services, or facilities? Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Sec	Part V Form 990	2c 2d	x	⊢≏
d	Payment of compensation (or payment or reimoursement of expenses it more than \$1,000)? Dec	e rare v, reim 330	- Zu	- 22	\vdash
e	Transfer of any part of its income or assets?		2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach a	n explanation of how			
	you determine that recipients qualify to receive payments.)		3a		Σ
b	Do you have a section 403(b) annuity plan for your employees?		3b_		2
la	Did you maintain any separate account for participating donors where donors have the ri	ght to provide advice			
	on the use or distribution of funds?		4a		2
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation se	ervices?	4b		2
Pa	TIV Reason for Non-Private Foundation Status (See pages 3 th	rough 6 of the instructions.)			
he o	rganization is not a private foundation because it is: (Please check only ONE applicable t	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).				
3	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).	24.74.74.74.79			
9	A medical research organization operated in conjunction with a hospital. Section 170	J(b)(1)(A)(iii). Enter the hospital's name, city	' ,		
	and state ►				
0	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.)				
1a	An organization that normally receives a substantial part of its support from a govern	nmental unit or from the general public. Section	on		
1b	170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in	in Part IV-A)			
2	An organization that normally receives: (1) more than 33 1/3% of its support from co				
_	receipts from activities related to its charitable, etc., functions-subject to certain exce				
	its support from gross investment income and unrelated business taxable income (le		4		
	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the S	,	u		
3	An organization that is not controlled by any disqualified persons (other than founda	•			
	described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they				
	section 509(a)(3).)				
	Provide the following information about the supported organ				
	(a) Name(s) of supported organization(s)	· · · · · · · · · · · · · · · · · · ·) Line		
			from a	bove	
4	An organization organized and operated to test for public safety. Section 509(a)(4).	(See page 5 of the instructions.)			
-					

Schedule A (Form 990 or 990-EZ) 2004 YOUNG LEADERS COUNCIL Part W-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. (a) 2003 (e) Total Calendar year (or fiscal year beginning in) (b) 2002 (c) 2001 (d) 2000 Gifts, grants, and contributions received. (Do 44,902 51,862 214,538 82,112 35,662 not include unusual grants. See line 28.) 18,570 13,750 12,750 10,250 55,320 16 Membership fees received . 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 0 organization's charitable, etc., purpose Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired 196 386 803 744 2,129 by the organization after June 30, 1975 Net income from unrelated business 0 activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 The value of services or facilities furnished to the organization by a governmental unit wilhout charge. Do not include the value of services or facilities generally furnished to the 0 public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 100,878 49,798 58,455 62,856 Total of lines 15 through 22 100,878 49,798 58,455 62,856 271,987 24 Line 23 minus line 17 1,009 498 629 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 26a 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 118,040 26b 271,987 Total support for section 509(a)(1) test: Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 18 _____2, 129 22 120,169 26d e Public support (line 26c minus line 26d total) 151,818 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 55.8181% 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: N/A (2003) (2002) (2001) 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 11, 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 N/A amounts) for each year: (2003) (2002) (2000)Add: Amounts from column (e) for lines: 27c d Add: Line 27a total. and line 27b total 27d e Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) % Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws. Yes 29 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, 30 programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 31 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? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? Educational policies? 33e Use of facilities? 33f Athletic programs? Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? 34a Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. 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

		Lobbying Expend	ditures by Election	a Public Charitia	c (Soo n	oggo O	of the inst	uctio	ne 1	
Рап	tvi-A	(To be completed						ucio N/A	115.)	
Check		if the organization belo							d cor	itrol" provisions apply.
Check	a_	Limits or	n Lobbying Expe	nditures	<u> </u>	i you cir	(a) Affiliated total		001	(b) To be completed for ALL electing organizations
			itures" means amounts			1				Organizations
36 To	tal lobbying	expenditures to influence	e public opinion (grass	roots lobbying)		36				
		expenditures to influence				37				
38 To	tal lobbying	expenditures (add lines	36 and 37)		 .					
		purpose expenditures								
		purpose expenditures (ad				40	200000000000000000000000000000000000000	***********		
41 Lo	bbying non	taxable amount. Enter the								
If t	he amount	t on line 40 is-	• •	ontaxable amount is-	_					
	t over \$500,0		* * *	on line 40						
		but not over \$1,000,000								
		0 but not over \$1,500,000				41			********	
		0 but not over \$17,000,000 .		of the excess over \$1,500	1					
	er \$17,000,0					40				
		ontaxable amount (enter 2								
		42 from line 36. Enter -0-				43				
44 Su	ibtract line	41 from line 38. Enter -0-	if line 41 is more than	line 38		44				
•			! 40! 44							
Ca	iution; if th	ere is an amount on eithe		aging Period Und		ion 50	1/b\	<u> </u>	*******	
		(Como organizati	ions that made a section	• •				colum	ne h	olow.
		(Some organizati		or lines 45 through 50				Coluit	1115 D	SIOW.
			See the instructions it	or lines 45 tillough 50 t	on page 11	Of the f	natiociona.)	-		
				Lobbying Expe	nditures D	Ouring 4	-Year Averagi	ing Per	riod	
Ca	alendar yea	ar (or	(a)	(b)	((c)		(d)	Ĭ	(e)
fis	cal year be	eginning in) 🕨	2004	2003	20	002	2	001		Total
		taxable amount						*********	*******	
		ing amount (150% of								
lin	e 45(e))							<u> </u>		
47 To	otal lobbying	g expenditures								
	,	<u></u>				-				
48 Gr	rassroots n	ontaxable amount								
49 G	rassroots c	eiling amount (150% of								
lin	ie 48(e))	<u></u>								
										-
		obbying expenditures	<u> </u>							
Par	rt VI-B		y by Nonelecting							
							A) (See pag	<u>je 11</u>	of th	ne instructions.)N/P
During	g the year,	did the organization attem	npt to influence nationa	al, state or local legisla	tion, includ	ling any		Yes	No	Amount
attem	pt to influer	nce public opinion on a leg	gislative matter or refe	rendum, through the u	se of:			103		Amount
	Volunteers									
b	Paid staff of	or management (Include o	compensation in exper	ises reported on lines	through h	ı.)				
		ertisements								
		members, legislators, or				<i>.</i>				
е	Publication	s, or published or broado	cast statements					<u> </u>		
		other organizations for lob					• • • • • • • • • • • • • • • • • • • •			
g	Direct cont	act with legislators, their	staffs, government offi	cials, or a legislative be	ody					
		monstrations, seminars, o		, lectures, or any other	means .				*****	
		ring expenditures (Add lin								
	If "Yes" to	any of the above, also att	tacn a statement givind	a detailed description	of the lobb	ovina ac	tivities.			

Pa		•	_		ns and Relationships With Noncharita	ble Ex	empt	ţ
				1 of the instructions.)	with any other organization described in section			
51	501(c) of the	Code (other than see	tion 501/c)/3) organizations) or in section 527,	relating to political organizations?			
_				oncharitable exempt organization			Yes	No
а						51a(i)	1.00	X
						a(ii)		X
						a(11)		
b	Other transa		•••			h (3)		x
						b(i)		X
	(ii) Purch	ases of assets from a	noncharitable	e exempt organization		b(ii)		-
	(iii) Renta	I of facilities, equipmer	nt, or other as	ssets		b(iii)		X
	(iv) Reimb	oursement arrangemen	nts			b(iv)	 	X
	(v) Loans	or loan guarantees				b(v)	-	X
						b(vi)		X
С							<u> </u>	X
d		-			nn (b) should always show the fair market value of	the		
	-		•		zation received less than fair market value in any			
	transaction	or sharing arrangemen	t, show in co	dumn (d) the value of the goods, o	ther assets, or services received:			
	(a)	(b)		(c)	(d)			
	Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and sharing	g arrange	ments	
N	/A							
				- 1				
	•							
		 						
			 			-		
		<u> </u>		· · · · · · · · · · · · · · · · · · ·				
		<u> </u>	1					
52a				d with, or related to, one or more to than section 501(c)(3)) or in section	ax-exempt organizations on 527? • A second organizations	- 🗌 ч	es 2	K No
<u>b</u>	If "Yes," co	mplete the following so	hedule:	r				
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship		_	
	N/A							
								
			··	 	 			

Fcderai Statements

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	otal enses	Program Service	Mgt & General	Fund- Raising
	\$ \$:	\$	\$
Expenses				
DUES AND SUBSCRIPTIONS	809		809	
CONTRACT LABOR	5,446		5,446	
PROPERTY TAXES	9		9	
FEES	495		495	
INSURANCE	500		500	
COMPUTER EXPENSE	1,870		1,870	
COPIES	141		141	
MARKETING	 250		250	
Total	\$ 9,520 \$	0	\$ 9,520	\$ 0

Statement 2 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

TRAINING PROGRAM-PARTICIPANTS RECEIVE LEADERSHIP TRAINING AND ARE PLACED AS INTERNS ON NON-PROFIT BOARDS, DIRECTORSHIPS AND WORKING COMMITTEES (64 PARTICIPANTS IN 2004)

62-1533562

Federal Statements

Statement 3 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	E	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
FURNITURE & EQUIPMENT	\$	2,618 \$:	\$ 2,618 \$	•
COMPUTER		1,680	1,386	1,680	1,680
COMPUTER		2,125	1,275	2,125	1,700
COPIER	<u></u>	1,707	796	1,707	1,137
Total	\$	8,130 \$	3,457	\$ 8,130 \$	4,517

Federal Statements

Statement 4 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

	lame	A	ddress				
	City, St	ate, Zip	Title	Average Hours	Compensation	Benefits	Expenses
ELIZABETH CLARKE	NASHVILLE TN 37203	2525 WEST END AV	E, STE 950 SECRETARY	Volunteer	0	0	0
CATHERINE DENSON	NASHVILLE TN 37219	201 4TH AVE N	TREASURER	Volunteer	0	0	0
BOB LAWHON	NASHVILLE TN 37230	PO BOX 305110	CHAIR	Volunteer	0	0	0
LORI STONE	NASVHILLE TN 37212	1026 17TH AVE. S	VICE CHAIR	Volunteer	0	0	0
DIANE HAYES	NASHVILLE TN 37212	2200 HILLSBORO R	EXEC. DIRECT 3	0	33,000	0	0
BRANNAN ATKINSON	NASHVILLE TN 37203	2100 WEST END AV	BOARD MEMBER	Volunteer	0	0	0
PATRICK CONGER	NASHVILLE TN 37203	3325 WEST END AV	BOARD MEMBER	Volunteer	0	0	0
YOLANDA DARVILLE MICHAEL DRESCHER	NASHVILLE TN 37228	250 VENTURE CIRC	LE #667 BOARD MEMBER	Voluntee	0	0	0
SAMUEL FUNK	NASHVILLE TN 37247	729 CHURCH ST.	BOARD MEMBER STE 2000	Volunteer	0	0	0
MIKE HILL	NASHVILLE TN 37219	424 CHURCH ST., 5	BOARD MEMBER	Velonteer	0	0	0
TAMMY JOHNSTON	NASHVILLE TN 37219	414 UNION STREET	BOARD MEMBER	Volunteer	0	0	0
KIM PATTERSON	NASHVILLE TN 37239	5301 MARYLAND WAY	BOARD MEMBER	Volunteer	0	0	0
PAULA ROBERTS	NASHVILLE TN 37027	330 10TH AVE. NO	BOARD MEMBER	Volunteer	0	0	0
TRENT SULLIVAN	NASHVILLE TN 37203	1400 NASHVILLE C	BOARD MEMBER	Volunteer		0	0
HOLLY WINN	NASHVILLE TN 37219	ONE PARK PLAZA	BOARD MEMBER	Volunteen		0	0
KEVIN WITT	NASVHILLE TN 37203	304 DUNBAR COURT	BOARD MEMBER	Volunteer		0	0
DEREK YOUNG	FRANKLIN TN 37064	PO BOX 787	BOARD MEMBER	Voluntra	0	0	0
	LEBANON TN 37088		BOARD MEMBER	Volunteer	0	0	0

YOUNG LEADERS COUNCIL EIN: 62-1533562 12/31/2004

FORM 990, PART II - LINE 42 DEPRECIATION CALCULATION

METHOD USED: STRAIGHT LINE

PERIOD: 60 MONTHS

ASSET	DOP	COST	CALCULATION	DEPRECIATION
COMPUTER COMPUTER COPIER	10/11/1999 1/10/2001 8/21/2001	2,125.00	1680 / 60 X 10.5 2125 / 60 X 12 1707 / 60 X 12	294.00 425.00 341.40 1,060.40