## Form **990-EZ**

Department of the Treasury

Internal Revenue 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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form

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

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

OMB No 1545-1150

2007

**Open to Public Inspection** 

Ar	or the	2007 calendar	rear, or tax year beginning \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		, 200/
В	Check If ap			ıployer id	entification number
	Address c		188 Youth Empowerment Through Arts to Humanitie 7	フェル	662611
	Name cha			lephone n	<del></del>
<b>Z</b>	Initial retu	ım <b>typ</b> ı	.	. •	
	Terminatio	on See			149-8140
	Amended		critic City or town, state or country, and ZIP + 4	oup Exem	nption
	Applicatio	on pending tion	-   1/1/1   1/-4   -   -   4/4   1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	ımber .	· » N/A
•	Section		anizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting		Cash Accrual
		<u>a</u>	completed Schedule A (Form 990 or 990-EZ). Other (spec		
_			H Check		-
	<b>Nebsit</b>		www. artsempoweryouth.org is not requi		
J	Organiz	zation type (chec	k only one)— 🛣 501(c) ( 🐧 ) ◀ (insert no ) 🔲 4947(a)(1) or 🔲 527 │ Schedule B	(Form 99	0, 990-EZ, or 990-PF).
			zation is not a section 509(a)(3) supporting organization and its gross receipts are normally r	iot more t	han \$25,000 A return is
			ganization chooses to file a return, be sure to file a complete return.	. <b>▶</b> \$	
			to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ		
Pa	irt I	Revenue, E	cpenses, and Changes in Net Assets or Fund Balances (See page 55	of the i	nstructions.)
	1	Contributions.	gıfts, grants, and similar amounts received	. [1]	10910
	_		ce revenue including government fees and contracts	2	74480
	2	•	• •	3	0,10,1
	3	•	dues and assessments	4	<u> </u>
ŀ	4	Investment in	come	·   4	<u> </u>
l	5a	Gross amount	t from sale of assets other than inventory <u>5a</u> <u>O</u>	†	
ĺ	b	Less: cost or	other basis and sales expenses		
			om sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	6
힐	C	, ,	·	•	
ᇎ	6		and activities (attach schedule). If any amount is from <b>gaming</b> , check here ▶ □		
Revenue	а		e (not including \$ of contributions	1	
<u>~</u>		reported on li	ne 1)	<b> </b> '	
	b	Less: direct e	xpenses other than fundraising expenses		_
	C		r (loss) from special events and activities. Subtract line 6b from line 6a	6c	0
1	70		f inventory, less retente and allowances		
- 1	7a			_	
	b	Less: cost of	goods sold i	70	$\wedge$
	С		r (loss) from tages of inventory. Subtract the 7b from line 7a	. <u>7c</u>	
	8	Other revenue		) 8	0
	9	Total revenue	e. Add lines $\{1, 2, 3, 4, 5c, 6c, 7c, \text{ and } \{2, 2, \dots, 1, \dots, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,$	<b>9</b>	45399
	10	Grants and su	milar amounts paid () (General Education Communication Com	10	
				11	7
.,	11	•	to or for members	12	D
penses	12		r compensation, and employee benefits	. —	12500
Ë	13	Professional f	ees and other payments to independent contractors	13	13500
<u> </u>	14	Occupancy, r	ent, utilities, and maintenance	. 14	3600
Ä	15	Printing, publi	cations, postage, and shipping	. 15	8277
U		Other expens	es (describe > Equipment Rental + Durchase, Insurance, Advertising	) 16	13831
Č	17	Total expens	es. Add lines 10 through 16	<b>→</b> 17	39208
	18		ficit) for the year. Subtract line 17 from line 9	18	6191
Met (Assets)	19	•	fund balances at beginning of year (from line 27, column (A)) (must agree with	th	P110
AS			gure reported on prior year's return)	19	5401
et	20		s in net assets or fund balances (attach explanation)	. 20	0
Ž:	21		fund balances at end of year. Combine lines 18 through 20	▶ 21	11592
			eets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990		
F.	rt II	20.000			(B) End of year
			(See page 55 of the mediations)		
22 23 23	Casl	_	investments		2 11592
£23	Land	d and buildings	·		3 0
24	Othe		ribe ▶)	<u>/ 2</u>	4 0
25		•	6193	2	5 11592
					6 1
26 27	I Old	al liabilities (de: assets or fund	balances (line 27 of column (B) must agree with line 21)		7 11592
			rwork Reduction Act Notice, see the separate instructions. Cat No 10642		Form <b>990-EZ</b> (2007)
ror	Privac	y Act and Pape	rwork Reduction Act Notice, see the separate instructions. Cat No 106421		FORM 330-LE (2007)

Pa	rt III Statement of Program Service Accomplish	ments (See page 60	of the instruction	ns.)		Expen	ses	
Wh:	at is the organization's primary exempt purpose?	rovide arts p	rograms for	York		ured fo (4) org		
What is the organization's primary exempt purpose? to provide acts programs for youth Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,								ions ists:
des	cribe the services provided, the number of persons benefited	i, or other relevant info	rmation for each p	rogram title.		nal for		
28	The Southern Girls, Rock & Rall Can	in appredada	week of o	nonverte				
20	music and arts education for 80	Loon of a Co	le who me	Es Cours of				
	at a showcase at the end of the	Teensuger gr	15W. 50. F.X1.	TELL NEVERLY.			_	_
	(Grants \$ ) If this amount includes f	oreign grants check	horo	▶ □	28a	12	$\mathcal{H}$	C
	The Youth Culture & Arts Center							
29	Alaman Colon And HA of I. In	providure ar	1.5. WEZWICK					
•	after School for 40 students,	•••••						
	(Grants \$ ) If this amount includes f	orojan granta ohook	horo		29a	34	132	P
					2.50		<i>,</i> <u> </u>	
30		<del>-</del>	•••••					
•								
	/O				20-			
	(Grants \$ ) If this amount includes f Other program services (attach schedule)	oreign grants, check	riere	. • ⊔	30a			
	. •				04			
	(Grants \$ ) If this amount includes f				31a	<i>i</i> [~ /	~ T	<del>,</del>
	Total program service expenses. Add lines 28a through				32		38	
Pa	rt IV List of Officers, Directors, Trustees, and Key Emplo	yees (List each one ever B) Title and average	(C) Compensation	(D) Contribution			zilons. Expens	
	(A) Name and address	hours per week	(If not paid,	employee benefit	plans &	acco	ount an	ıd
		devoted to position	enter -0)	deferred compen	isation	other a	allowan	ces
	See Attachment				- 1			
<b></b>					- 1			
				]	1			
					· .			
						<del> ,</del>		
Pa	rt V Other Information (Note the statement req	<u>uirement in Genera</u>	I Instruction V.)				Yes	No
33	Did the organization make a change in its activities or r	methods of conducting	a activities? If "Y	es." attach a				1
••	detailed statement of each change					33		<u>_X</u>
34	Were any changes made to the organizing or governing	documents but not	reported to the IF	RS? If "Yes."				\ <u></u>
•	attach a conformed copy of the changes					34		<u> </u>
35	If the organization had income from business activities, such as	s those reported on line	s 2 6, and 7 (amor	a others), but i	not			
	reported on Form 990-T, attach a statement explaining your re							
2	Did the organization have unrelated business gross inco				and		ł	
	proxy tax requirements?					35a		X
h	If "Yes," has it filed a tax return on Form 990-T for this					35b		
~ 36	Was there a liquidation, dissolution, termination, or sub-	•						V
<b>.</b>	statement				. u	36		Х
37a	Enter amount of political expenditures, direct or indirect,							!
	Did the organization file Form 1120-POL for this year?				_	37b		X
	Did the organization life Form 1120-FOE for this year?  Did the organization borrow from, or make any loans to,							
Joa	any such loans made in a prior year and still unpaid at					38a		X
				l stairir .				
0	o If "Yes," attach the schedule specified in the line 38 in		100	ь				i
20	involved		· · · ·			1		
39	501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line	٥	39	a				
	<ul> <li>Initiation fees and capital contributions included on line</li> <li>Gross receipts, included on line 9, for public use of clul</li> </ul>		39			1		

Par	t V	Other Information (Note the statement requirement in General Instruction V.) (Continued)			
40a		c)(3) organizations. Enter amount of tax imposed on the organization during the year under: ion 4911 ▶		г <u>. ;</u>	
b		c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b	Yes	No
С		r amount of tax imposed on organization managers or disqualified persons during year under sections 4912, 4955, and 4958		:	
d	Enter	r amount of tax on line 40c reimbursed by the organization		:	
e	transa	rganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter saction?	40e		X
41 42a	List the back	the states with which a copy of this return is filed. Tennessee  books are in care of  Kelley Anderson  ted at  ZEN Public Sq., Murfresborg, TN  ZIP + 4  ZIP + 4	84 130	9-8 - 1	3140 561
	over account "Ye See that an	ny time during the calendar year, did the organization have an interest in or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial bunt)?  es," enter the name of the foreign country:  the instructions for exceptions and filing requirements for Form TD F 90-22.1.  ny time during the calendar year, did the organization maintain an office outside of the U.S.?  es," enter the name of the foreign country:	42b 42c	Yes	No X
43		ion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>▶</b> □
Plea Sign Here	1	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the band belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer  **Elly Anderson, Executive Director**  Type or print name and title  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the band belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer  **Elly Anderson, Executive Director**  Type or print name and title	has an	y know	
Paid Prepa	arer's	Preparer's signature Date Check if self-employed ▶ ☐	r PTIN (S	ee Gen	Inst X)
Use (		Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no ▶ ( )			
		Fo	m <b>99</b> (	)-EZ	(2007)

### 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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service	► MUST be completed by ti	ne above organizations and a	attached to their Fo	rm 990 or 990-EZ	
Name of the organization	1			Employer identification	
Youth En	mpowerment Thro ensation of the Five High	ugh Arts & Hu	manitles	77:0662	610
Part I Comp	ensation of the Five High	est Paid Employees O	ther Than Offic	ers. Directors. a	nd Trustees
(See p	age 1 of the instructions. I	List each one. If there ar	e none, enter "N	None.")	
<del></del>	s of each employee paid more	(b) Title and average hours	1	(d) Contributions to	(e) Expense
	an \$50,000	per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	account and other allowances
Alm a	<del> </del>			deterred compensation	allowalices
IVOIX		1			
•••••		[			
	·				
				•	
***************************************					
Total number of other en	nployees paid over \$50,000 .		o , (, )	*	0
Part II-A Comp	ensation of the Five High	est Paid Independent C	Contractors for	Professional Se	rvices
	age 2 of the instructions. Lis				
· · · · · · · · · · · · · · · · · · ·	dress of each independent contracto	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	of service	(c) Compensation
	•	• • • • • • • • • • • • • • • • • • • •	(=) -),==		(-,
/U.DIN	<b>L</b>				
,			-		
	s receiving over \$50,000 for		*		
professional services	<u> </u>		} '		
Part II-B Compo	ensation of the Five High	est Paid Independent C	ontractors for	Other Services	
(List ea	ach contractor who perforn	ned services other than r	orofessional serv	rices, whether inc	lividuals or
	f there are none, enter "No			·	
(a) Name and ad	dress of each independent contractor	r paid more than \$50,000	(b) Type	of service ·	(c) Compensation
A/m	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	.,,,,,		
14.019	<u> </u>				
					· · · · · · · · · · · · · · · · · · ·
				<u>.</u>	
***************************************					
Total number of other	contractors receiving over				

\$50,000 for other services . . . . . .

Pai	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		Х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	* *	****
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		*****
а	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
С	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	_	X
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		×
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	X
d	Enter the total number of donor advised funds owned at the end of the tax year		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		<u>0</u>
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pa	rt IV	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 o	f the instruct	tions.)
l ce	tify t	that the organization is not a privat	e foundation bec	ause it is. (Please check	only ONE ap	plicable box.)	
5		A church, convention of churches	, or association of	of churches Section 170	(b)(1)(A)(ı).		
6		A school. Section 170(b)(1)(A)(II). (A	Also complete Pa	art V.)			
7		A hospital or a cooperative hospit	al service organiz	zation. Section 170(b)(1)(	(A)(iu).		
8		A federal, state, or local government	ent or governmer	ntal unit. Section 170(b)(1	I)(A)(v).		
9		A medical research organization o and state ▶	•				
10		An organization operated for the be (Also complete the <b>Support Sched</b>		or university owned or op	perated by a go	overnmental un	it. Section 170(b)(1)(A)(ıv)
11a		An organization that normally receit 170(b)(1)(A)(vi). (Also complete the			ı governmenta	l unit or from th	e general public. Section
11b		A community trust. Section 170(b)	)(1)(A)(vi) (Also co	omplete the Support Scl	<b>hedule</b> in Part	: IV-A.)	
12	À	An organization that normally receifrom activities related to its charitation gross investment income an organization after June 30, 1975.	able, etc., function ad unrelated busi	ns—subject to certain ex ness taxable income (les	ceptions, and ss section 511	(2) no more the tax) from bus	nan 33%% of its support sinesses acquired by the
13		An organization that is not control requirements of section 509(a)(3)	Check the box the	nat describes the type of	f supporting o	rganization <sup>.</sup>	
		☐ Type II ☐ Type II	☐Type I	II-Functionally Integrate	ed [	Type III-Othe	er
		Provide the following infor	mation about th	e supported organizati	i <b>ons.</b> (See pag	e 8 of the inst	ructions.)
Na	ime(	(a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the se organization the sup organi	d) upported on listed in oporting zation's documents?	(e) Amount of support
					Yes	No	
						<del> </del>	
Tota	al .			<u> </u>		▶	
		<u> </u>		<u> </u>			
14		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4) (See	page 8 of the	instructions.)

Note	E: You may use the worksheet in the instructions	for converting fr	om the accrual to	o the cash metho	od of accounti	ng
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	1000	0	0	0	1000
16	Membership fees received	0	O	0	$\bot$	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	16800	D	0	0	16800
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	0	0	0	٥	0
19	Net income from unrelated business activities not included in line 18	0	٥	٥	0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	d	O	. 0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	O	0	0	0	0
22	Other income. Attach a schedule. Do not	0	٥	0	0	0
	include gain or (loss) from sale of capital assets					17940
23	Total of lines 15 through 22	17800	Q	0	0	17800
24	Line 23 minus line 17	1000	0		0	1000
25	Enter 1% of line 23	178	L	1 0	<u>'                                    </u>	26a
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	nn (e), line 24	► <u> </u> 2	:0a
b	Prepare a list for your records to show the nar governmental unit or publicly supported organization	zation) whose tota	al gifts for 2003 t	hrough 2006 exce	eeded the	26b
	amount shown in line 26a <b>Do not file this list w</b>	-			110011110	26c
C	Total support for section 509(a)(1) test: Enter II				► <u> </u> 2	
đ	Add: Amounts from column (e) for lines: 18			<del></del>		26d
_	Public support (line 26c minus line 26d total)					26e
f	Public support percentage (line 26e (numera	tor) divided by	ine 26c (denom	inator))		26f %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts include the name of, and	ded in lines 15, total amounts re	16, and 17 that v	were received	from a "disqualified
	(2006) 1000 (2005)		. (2004)		(2003)	
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	year, that was mo 5 through 11b, as the larger amoun	re than the larger well as individuals t described in (1)	of (1) the amount .) Do not file this li or (2), enter the s	on line 25 for t ist with your re sum of these d	the year or <b>(2)</b> \$5,000. e <b>turn.</b> After computing
	(2006) (2005)		. (2004)	0	(2003)	<i>Q</i>
С	Add: Amounts from column (e) for lines: 15		16 <b>O</b> 21 <b>_O</b>	<u> </u>		7c 17800
d	Add: Line 27a total	and line 27b tota	al <i>O</i>			27d / 000
е	Public support (line 27c total minus line 27d to				· · . · -	<sup>27e</sup> 16800
f	Total support for section 509(a)(2) test: Enter a			► 27f 17		
g	Public support percentage (line 27e (numera					27g <b>44</b> %
h	Investment income percentage (line 18, colu	ımn (e) (numera	tor) divided by I	ine 27f (denomir	nator)). 🕨   2	27h / 0/9

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.

Sche	dule A (Form 990 or 990-EZ) 2007		P	age 5
Pa	Private School Questionnaire (See page 9 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)		<del></del>	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33ь		

Pa	t VI-A Lobbying Expenditures by El (To be completed ONLY by ar					uctions.	)
Che	ck ▶ a ☐ if the organization belongs to an affilia					d control"	provisions apply.
	Limits on Lobbyi				Affiliate	(a) ed group tals	(b) To be completed for all electing
	(The term "expenditures" mea			26			organizations
36	Total lobbying expenditures to influence public			<u>36</u>			
37	Total lobbying expenditures to influence a legis	• •			+		<del></del>
38	Total lobbying expenditures (add lines 36 and	•			<del></del>		<del></del>
39	Other exempt purpose expenditures						
40	Total exempt purpose expenditures (add lines			-10	<u>†</u>		]
41	Lobbying nontaxable amount. Enter the amount		_				
		<b>obbying nontaxa</b> of the amount on					
	Not over \$500,000			0000	1		
	Over \$1,000,000 but not over \$1,000,000 . \$175,	•					
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•		I			
				i			
42	Grassroots nontaxable amount (enter 25% of I			140			
43	Subtract line 42 from line 36. Enter -0- if line 4	•		م ا			
44	Subtract line 41 from line 38. Enter -0- if line 4			44			
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 472	20.			
	(Some organizations that made a section See the instructions f	on 501(h) election or lines 45 throug		omplete all of t of the instructi	ons)		
	Calendar year (or	(a)	(b)	(c)	Τ (	(d)	(e)
	fiscal year beginning in) ▶	2007	2006	2005		004	Total
45	Lobbying nontaxable amount						
			,				
46	Lobbying ceiling amount (150% of line 45(e))			<del></del>	<u> </u>		
47	Total lobbying expenditures						
48	Grassroots nontaxable amount						
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Pa	t VI-B Lobbying Activity by Nonelectivity (For reporting only by organization)	cting Public Cations that did	<b>harities</b> not complete P	art VI-A) (Se	e page	14 of th	e instructions.)
Duri	ng the year, did the organization attempt to influ					es No	Amount
	npt to influence public opinion on a legislative r		-	_	Ĺ	63 140	Amount
а	Volunteers						i
b	Paid staff or management (Include compensati				L		
c	Media advertisements	· •	•		$igspace$	<u> </u>	ļ
d	Mailings to members, legislators, or the public				.		<u> </u>
е	Publications, or published or broadcast statem						
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, gov		_		.  -		
h					-		
i	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a state	gh <b>h.</b> ) tement aivina a d	etailed description		 a activitie	 es.	1

Sche	dule A	A (Form 990 or 990-EZ)	2007					F	age <b>7</b>
Pa	rt VI	Information Exempt Or	n Regarding T ganizations (Se	ransfers To and Transa e page 14 of the instruction	ctions and ns.)	Relationships W	/ith None	charit	table
51				indirectly engage in any of the 01(c)(3) organizations) or in sections				ed in s	ection
а	Tra	nsfers from the rep	orting organization	to a noncharitable exempt orga	anization of:			Yes	No
							51a(i)		X
	(ii)	Other assets .					a(ii)		X
b	Oth	er transactions:							
_	(i)	Sales or exchang	es of assets with a	noncharitable exempt organiza	tion		b(i)		X
	(ii)	-		ritable exempt organization			b(ii)		X
	(iii)		s, equipment, or otl	· •			b(iii)		X
	(iv)		rrangements .		• • • •		b(iv)		X
			<del>-</del>		• • • •		b(v)		×
	٠.	•		ship or fundraising solicitations			b(vi)		X
С				sts, other assets, or paid emplo			· c		×
d	If th	ne answer to any of ds, other assets, o	the above is "Yes," or services given by	complete the following schedule the reporting organization. If the column (d) the value of the good	Column (b) sh he organization	received less than fa			
	a)	(b)		(c)		(d)			
Line		Amount involved	Name of none	charitable exempt organization	Description of	transfers, transactions, ai	nd sharing arr	angeme	ents
				•					
			_						
					1				
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						<u> </u>	··		
					-:-				
				<del></del>					
		<u> </u>				<u> </u>			
						· · · · - · · · · · · · · · · · · ·			
	des	cribed in section 5		affiliated with, or related to, on other than section 501(c)(3)) or it				· X	No
		(a)		(b)		(c)			
		Name of organiz	zation	Type of organization		Description of relatio	nship ——————		
		-							
	_		-						
					1		-		
						-			
					1				
					<del>                                     </del>				

# Youth Empowerment Through Arts & Humanities EIN# 77-0662610

## Part IV List of Officers, Directors, and Key Employees

(A)Name Kelley Anderson 1515 Sherrill Blvd. Murfreesboro, TN 37130	(B)Title & Hours Spent Executive Director, 30 Hrs	(C)(D)(E)Compensation \$7500
Anna Fitzgerald 2007 Ragland Ave Murfreesboro, TN 37130	Program Director, 15 Hrs	<b>\$3000</b> .
Courtney Wood 1429 Rochester Dr. Murfreesboro, TN 37130	Program Director, 15 Hrs	\$3000
Kerry Knox 316 Lytle St, Ste 110 Murfreesboro, TN 37130	Chair, 5 Hrs	0
Mary Braun 2104 Dye Ct Brentwood, TN 37129	Vice-Chair, 5 Hrs	0
Erin Anfinson 4332 Shaklett Rd Murfreesboro, TN 37130	Secretary, 5 Hrs	0
Jessica Craycraft 900 E Main St Murfreesboro, TN 37130	Treasurer, 5 Hrs	0 .
Mark Brown 2635 Larch Tr. Bartlett, TN 38134	Director, 5 Hrs	0
Donald Fann P.O. Box 111 Woodbury, TN 37190	Director, 5 Hrs	0
Evan Hatch 420 East Burton St Murfreesboro, TN 37130	Director, 5 Hrs	0
Andrew Jacks 215 Eastland Ave Murfreesboro, TN 37130	Director, 5 Hrs	0 (continued on back)

Wendy Koenig 828 N. Maple St. Murfreesboro, TN 37130	Director, 5 Hrs	0
Gina Logue 3235 Brittain St. Shelbyville, TN 37160	Director, 5 Hrs	0
Cindy Phiffer 1011 Sunset Ave. Murfreesboro, TN 37129	Director, 5 Hrs	0
Kathleen Therrien 1122 Binford Ct. Murfreesboro, TN 37130	Director, 5 Hrs	0

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