

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

DEC 2014 10:23 AM

Applicant/Program: Learning for Life Lincoln Chapter, Inc.

Executive Summary of Request: \$32,657

The Learning For Life Lincoln Chapter Incorporated is requesting money for their NOVA Program. As you know the vision of Learning for Life is to provide engaging and relevant PreeK-12 solutions that make positively impact academic performance, social and emotional maturity, character development, and career education for all students. Learning for Life also strives to be the foremost co-educational youth program for character and career development. Learning for Life has been adopted by more than 17,000 schools and organizations worldwide and serves over 1.5 million youth annually and currently in the Louisville Metro area assist youth in your districts. The total NDF request for the NOVA program is \$32,657 and will assist to operate the program at two locations associated with the identified Community Centers/Associated Schools for the 2014/2015 School Year. The goal is to fund at least 70 high risk/high resiliency youth (36 per location).

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

6 District #  Primary Sponsor Signature \$3,500 Amount 2014 Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
CM James is on board with no check signing privileges

Approved by:

_____ Appropriations Committee Chairman _____ Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

OFFICE OF METRO COUNCIL CLERK
REVIEWED
DATE 12-12-14 TIME 11:33am

NDF NON-PROFIT APPLICATION CHECKLIST

Question	Yes/No/NA
Legal Name of Applicant Organization: <i>Learning for Life LinkedIn Chapter Inc</i>	
Program Name: <i>Learning for Life Tutoring</i> Request Amount: <i>32,657</i>	
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
Request form: Is the funding proposed less than or equal to the request amount?	yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	yes
Application Page 1: Is the application properly signed and dated by authorized signatory?	yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	NO
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	NO
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 	yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	NO
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	yes
Operating Budget: Is the organization's current fiscal year operating budget included?	yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	yes
Board Members: Is the entity's board member list (with term length/term limits) included?	yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	NO
Annual Audit: Is the most recent annual audit (if required by organization) included?	NO
Rent Requests: Is a copy of signed lease included?	NO
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	yes
IRS Form W-9: Is the IRS Form W-9 included?	yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	yes
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	yes
Prepared by: <i>Allison Oliver</i>	
Date: <i>12/8/2014</i>	



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Learning for Life Lincoln Chapter Incorporated	
<small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: PO Box 43368, Louisville KY 40253, 12001 Sycamore Station Place, Suite A, Louisville KY 40299			
Website: www.learningforlife.org & www.LFLlincolnchapter.org (in development)			
Applicant Contact:	Cynthia Miles Brown	Title:	Director of Development
Phone:	502-400-5558	Email:	cynthia.brown@lflmail.org
Financial Contact:	Wayne Floyd	Title:	Financial Manager
Phone:	502-368-9745	Email:	wayne.floyd@lflmail.org
Organization's Representative who attended NDF Training: Cynthia Miles Brown			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	California Community Center & Parkhill Community Center		
Council District(s):	6 and surrounding (4,5,1,3)	Zip Code(s):	40210 and surrounding (40211, 40203, 40208, 40216, etc.)
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: NOVA Program			
Total Request: (\$)	\$32,657	Total Metro Award (this program) in previous year: (\$)	\$0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	not applicable	Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Applicant's Initials



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Learning for Life offers support to schools and community-based organizations in their efforts to prepare youth to successfully manage the complexities of contemporary society and to enhance young peoples' self-confidence, motivation, and self-esteem. The local chapter of Learning for Life serves youth and families in 64 counties throughout Kentucky, Indiana, Illinois and Tennessee.

The Mission of Learning for Life is to develop and deliver engaging, research based academic, character, leadership and career focused programs aligned to state and national standards that guide and enable all students to achieve their full potential. Learning for Life aspires to enable young people to become responsible individuals by teaching positive character traits, career development, leadership and life skills. All Learning for Life programs are open to youth and adults without restriction based on color, race, religion, gender, sexual orientation, ethnic background, disability, economic status or citizenship. Minimum age requirements do apply pertaining to the specific program.

The Vision of Learning for Life is to provide engaging and relevant PreK-12 solutions that positively impact academic performance, social & emotional maturity, character development, and career education for all students. Learning for Life strives to be the foremost co-educational youth program for character and career development.

There are seven Component Services within Learning for Life:

School-Based Programs: (in-school and after school curriculum with supplemental activities)

1. Seekers Program (Early Childhood – 2nd Grade)
2. Discoverers Program (3rd Grade – 4th Grade)
3. Challengers Program (5th Grade – 6th Grade)
4. Builders Program (7th Grade – 8th Grade)
5. Navigators Program (9th Grade – 9th Grade)
6. Champions Program (Special Needs Youth)

Work-Based Program: (School to work transition)

7. Exploring Program and Middle School Exploring

Component Services outline above:

- Focus on character and career education
- Assist in the development of social and life skills
- Assist in character development
- Promote resiliency skills
- Promote the development of soft skills (power-skills)
- Facilitate in the formulation of positive personal values
- Include interactive curriculum, individual and group learning opportunities
- Are age appropriate and grade specific
- Are designed to make academic learning fun and relevant to real-life situations

As a result, the positive character traits and skills learned by participation in Learning for Life not only make students more confident and capable, but also give them an invaluable understanding of how things work in the real world. All of which prepares youth to make ethical decisions that will help them achieve their full potential.

Additional Value-Added Services include:

- Leadership Development Guidebook for Teenage Youth
- Drug Prevention Education Program for K-6th Grade
- Kid Serve Community Service Learning Program designed to raise awareness about social problems that kids can address in their community.

Learning for Life has been adopted by more than 17,000 schools and organizations worldwide and serves over 1.5 million youth annually.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The NOVA Program will operate during the 2014-2015 School Year, 3 to 4 days a week dependent upon school/community center and school calendar. The Fall Semester will start September 8th. NOVA provides a safe and productive after-school opportunity for youth to learn and thrive. It is an after-school tutoring and character education program for high-risk/high-resiliency elementary school students identified in partnership with Metro Parks Community Centers and associated neighborhood Schools.

NOVA provides adult-supervised guidance to assist with homework, offers a fun, interactive experience through play, group activities, multi-media curriculum, and self-discovery that will enhance participants' understanding of life-skills, ethical decision making and values such as citizenship, teamwork, honesty and personal achievement. NOVA supports daily in-School classroom core-curriculum...

CONTINUED.....

See next pages for complete response and supplemental supporting materials.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

The grant amount requested for consideration by NDF is anticipated at \$32,657 and will assist to operate the NOVA Program at two locations associated with the identified Community Centers/Associated Schools for the 2014-2015 School Year. It is the goal that funding will serve a total of approximately 70 high-risk/high-resiliency youth (goal is 36 per location).

Anticipated expenditures include personnel costs of \$23,280. Anticipated funding will be allocated for seven part-time contracted Direct Contact Personnel who will run the day-to-day activities with the youth. These individuals will have background checks, are teachers already in the public school system who would like extra funds to work with at-risk students, and/or they will be adults who work directly with the participating community centers. Oversight will be provided by the local Learning for Life Lincoln Chapter Inc.'s Learning for Life Director. The Learning for Life Director's oversight cost is not associated with this grant request.

Combined office supplies costs are anticipated at \$298 and consist of typical expendable supplies such as folders, pens, copies, paper, etc.

Program Supplies totaling an anticipated \$6,679 include items such as craft/science supplies, anti-bullying materials, pre/post evaluations, substance abuse prevention coursework and other materials required by the adult supervisors to administer the program.

Small Equipment is anticipated at \$1,000 and includes projectors and printers. Laptops were donated during the 2013-2014 school from another source, so are not part of the small equipment required within this budget.

The "Other" category anticipated at \$1,400 includes registration fees for the youth participants and adult supervisors. These registration fees register all youth and adults as participants in the learning for life program and allow each access to the web-based online learning applications and curriculum. This includes all curriculum, supplemental safety, learning videos, etc. Also in this category is internet access at each location. As it was unsure if internet access should be included in the "telephone" category of the budget, it was placed in this category so it was sure to be included in qualified budgetary usage. Also listed in "other" are screens to use in conjunction with the projectors identified in the small equipment category.

Please note in the attached "Budget: Other" list, provided as requested, that funding is not requested from Metro NDF to support items such as recognition items, but are indicated within the list.

Section 4: Program/Project Narrative

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The NOVA Program will operate during the 2014-2015 School Year, 3 to 4 days a week dependent upon school/community center and school calendar. The Fall Semester will start September 8th. NOVA provides a safe and productive after-school opportunity for youth to learn and thrive. It is an after-school tutoring and character education program for high-risk/high-resiliency elementary school students identified in partnership with Metro Parks Community Centers and associated neighborhood Schools.

NOVA provides adult-supervised guidance to assist with homework, offers a fun, interactive experience through play, group activities, multi-media curriculum, and self-discovery that will enhance participants' understanding of life-skills, ethical decision making and values such as citizenship, teamwork, honesty and personal achievement. NOVA supports daily in-School classroom core-curriculum by being easily embedded into one or more core curriculum subjects with an emphasis on English/Language Arts and Social Studies content standards. This assists district development guidelines and alignment with state and national standards. The program provides youth caring, trained, adult role models, practical instruction in homework, basic social survival skills, a group of friends of which to belong, and a set of values to guide everyday living.

Targeted 2nd, 3rd, and 4th grade children are those who live under conditions conducive to crime, delinquency, drug addiction, and dysfunctional behavior but nonetheless have the spark of potential to succeed, thus high-risk/high-resiliency. Youth enter the program with little to no understanding of teamwork or cooperation, little preparation for learning, and oftentimes little interactive parental care. Recommendations from the Family Resource Coordinator/s identify the specific youth who are the best suited for the program.

NOVA will operate after school, approximately 110 days of the school year, for three hours each day. Each day will consist of:

- a healthy after-school snack/meal
- supervised creative play with a purpose
- homework assistance
- supplemental activities which include activities focused around the following:
 - S.T.E.A.M --Science, Technology, Engineering, Arts and Math
 - Resistance Skills--Drug Recognition and Prevention, Bullying and Cyber Intimidation Identification and Prevention
 - Life Skill Applications – real-world applications of academic curriculum
 - Grade-specific Character Education Curriculum focused on nine core modules of Respect, Responsibility, Honesty/Trust, Caring/Fairness, Perseverance, Self-Discipline, Courage, Citizenship, and Life Skills.

Additionally, take-home interactive activities are designed to create discussion and action between the participant and their parent/guardian. These activities are used on a limited basis dependent upon homework of students and what's required by school coursework to take home. NOVA is designed to make the participant's take-home schoolwork load lighter, not be a burden on the child or the parent/guardian.

The funding requested through this grant will sponsor two (2) locations, with an anticipated 36 youth at each location. The zip codes of the youth served in the 2013-2014 school year were: 40203, 40208, 40210, 40211, 40212, 40215, 40219 and 40210. It is anticipated that youth from similar and surrounding zip codes will participate for 2014-2015.

Additional Sample Supporting Materials included:

- Sample Lesson Plans:
 - Like Skills – Personal Safety – 4th Graders
 - Responsibility –Making Good Decisions – 2nd Graders
 - Substance Abuse – Harmful Effects of Drugs – 3rd Graders

THEME: PERSONAL SAFETY

LIFE SKILLS

GRADE: FOURTH

Core Curriculum: Supplements health and safety

Focus: Personal safety, critical thinking

Overview: *Learning for Life* is deeply concerned about the general welfare of our nation's children. There are many challenges that confront today's youth, and child abuse is one of these. Child abuse is a fact in our society and a matter of great concern for most parents. Fortunately, child abuse is preventable. Teachers and parents can help their children master prevention strategies.

Goals: Students will be able to recognize situations that can lead to abuse and to practice how to handle them.

Materials: Pencil and paper

Family/Home Activity: The family/home activity can also be found in the student workbook and is for each student to take home to do with their parent/guardian.

Lesson Plan

Tell students: *Unfortunately, there are people in the world who abuse children. You can decrease your chances of being abused by learning personal safety skills that will help you to say "NO" when you are in potentially harmful situations. Today we will review some of these safety skills.*

Youth Protection Strategies

There are three underlying principles to effective youth protection:

- The child needs to be able to **recognize** the situations that may result in abuse.
- The child needs to be able to assert the right to **resist** the abuser.
- The child needs to be able to **tell an adult** when he or she has encountered abuse and to feel confident that the adult will take actions to prevent further abuse.

Recognize Situations

Traditionally, children have been told of the risks associated with strangers. As we have come to learn, *child abuse is committed most often by a person who is known to the child*, often in a position of authority over the child. Therefore, if we teach only to be wary of strangers, we are not protecting our children as

completely as we must. The exercises in this lesson will help to prepare students to identify situations requiring caution.

Resist the Abuser

Interviews with child molesters document that when children resist advances made by the molester, the molester will usually abandon further attempts with that child. A relatively low incidence of child molestation involves the use of physical force. Children need to be trained to "yell" when inappropriately approached by anyone—friend, relative, or stranger.

Tell an Adult

Children need to be taught to tell their parent, teacher, or other adult whenever they encounter questionable situations or attempted abuse. Since adults do not always listen when a child talks to them, the child needs to be told to keep on telling until someone listens.

Sometimes, a child may not be able to talk about what has happened, but will communicate in other ways. For example, the child may go out of the way to avoid being alone with a particular person, such as a baby-sitter. This is a kind of communication to which parents and teachers need to be sensitive as it may be an indicator of abuse.

When a Child Discloses Abuse

If your student becomes a victim of abuse, your initial reaction can be very important in helping him or her through the ordeal. The following guidelines may help you.

- Don't panic or overreact to the information disclosed by the child.
- Don't criticize the child or claim that the child misunderstood what happened.
- Do respect the child's privacy and take the child to a place where the two of you can talk without interruptions or distractions.
- Do reassure the child that he or she is not to blame for what happened. Tell the child that you appreciate being told about it and that you will help make sure it will not happen again.
- Do encourage the child to tell the proper authorities what happened but try to avoid repeated interviews, which can be very stressful for the child.
- Do consult the parents about the need for counseling to assist the child.

Finally, if abuse happens, do not blame the child. Individuals who victimize children are not readily identifiable; they come from all walks of life and all socioeconomic levels. Often, they present a nice image—they go to church and are active in the community. The molester is skilled at manipulating children, often by giving excessive attention, gifts, and money. Remember, most abuse occurs in situations in which the child knows and trusts the adult.

Activity 1: Have the class discuss the following situations. When they have found some satisfactory solutions, have several groups role-play each of the situations.

Saying “NO” to someone you know and love who:

- Touches you in a way that feels uncomfortable
- Offers you money or gifts to let them touch you
- Asks you to keep a “secret” about something that makes you uncomfortable

Activity 2: Discuss the following situations and have students role-play what they would do if:

- Someone were following you home from school.
- You were lost at a shopping mall.
- You were on your way home alone and saw your front door slightly open when no one was supposed to be home.
- A friend's older brother started to touch you in ways that didn't feel right.
- You received an obscene phone call.
- Your baby-sitter asked you to take your clothes off so you could play a fun game that would be a secret.

Activity 3: Tell students: *Many times, when something bad happens to us, we forget that there are people who really care about us who can help us.*

Make a list of people you could tell or places you could go if you think someone did something to harm you. Include the names, addresses, and phone numbers of these people or places. Keep the list in a safe, handy place.

Reflection: As we address the basic rules for child safety, it is important to realize that traditional cautions about “strangers” are not sufficient. Child abusers are usually known to the child. Ask students: *When are some times that you should say “NO!” to someone you know and love? Who are some people we can turn to for help if we are being abused by someone we know? By someone we don't know? What should you do when inappropriately approached by a friend, relative, or stranger? (Yell) What are some ways that you can protect yourself as far as the clothing you wear? If you are in a public place and get separated from the person you are with, what should you do?*

Recognition: See “Classroom Instructions,” page 5, for information regarding recognitions.

FAMILY/HOME ACTIVITY

Theme: Personal Safety Grade: Fourth

Dear parent/guardian, here is a character-building activity to do with your child as part of the school's Learning for Life program. It reinforces the Learning for Life lesson that was taught in the classroom.

Goal: Your child will learn to recognize situations that can lead to abuse and to practice how to handle them.

Activity: Song or a rap

Materials: "Safety Rules" worksheet

Directions: Have your child write a song or a rap emphasizing one of the safety rules from the Safety Rules sheet. Tell them to be prepared to present to the class.

Safety Rules

Always remember the following safety rules:

- If you are in a public place and get separated from your parent (or authorized guardian), do not wander around looking for him or her. Go to a police officer, a checkout counter, the security office, or the lost-and-found area, and quickly tell that you have been separated from your parent or guardian and need help.
- Do not get into a car or go anywhere with any person unless you have your parent's permission.
- If someone follows you on foot or in a car, stay away from him or her. You do not need to go near the car to talk to the person inside.
- Adults and older youth who are not in your family and who need help (such as finding an address or locating a lost pet) should not ask children for help; they should ask other adults.
- You should use the buddy system and never go anywhere alone.
- Always ask your parent's permission to go somewhere, especially into someone else's home.
- Never hitchhike.
- Never ride with anyone unless you have your parent's permission.
- No one should ask you to keep a special secret. If this happens, tell your parent or teacher.
- If someone wants to take your picture, tell your parent or teacher.
- No one should touch you on the parts of your body covered by a bathing suit (unless it is your doctor while treating you or during a physical examination), nor should you touch anyone else in those areas. Your body is special and private.
- You have the right to say "No!" to someone who tries to take you somewhere, touches you, or makes you feel uncomfortable in any way.
- Never go with a stranger, even if they know your name (did they get it off your T-shirt?) or they tell you your mom told them to get you.

THEME: MAKING GOOD DECISIONS

RESPONSIBILITY

GRADE: SECOND

Core Curriculum: Supplements social studies

Focus: Decision making, critical thinking

Overview: Making good, healthy decisions is an ability we must learn from positive role models who provide us with opportunities to learn and practice critical and creative thinking. We must also learn to ask questions to discover facts so we can make healthy choices for ourselves.

Goals: Students will learn the importance of making good decisions.

Materials: Drawing paper, markers or crayons

Family/Home Activity: The family/home activity can also be found in the student workbook and is for each student to take home to do with their parent/guardian.

Lesson Plan

Activity 1: Discuss the following with students: *What is a decision? Are there good decisions? Give some examples. Are there bad decisions? Give some examples. What are consequences? Give some examples of good consequences and bad consequences.*

Read and discuss the following scenarios with the students:

1. John plays outside and doesn't do his homework.
What are the consequences? How will John feel?
What would you do if you were John?
2. Derrick's best friend took some money from the teacher. Derrick knew this was wrong, but he doesn't want his friend to get into trouble.
What are the consequences if Derrick doesn't tell the teacher? What are the consequences if he tells the teacher? What would you do?
3. Latasha needs help in math, but she's too embarrassed to ask the teacher.
What will happen if Latasha doesn't get help?
What will happen if she talks to the teacher? What would you do?

Discuss with the students until you feel they understand the thinking process of deciding good and bad consequences—understanding what is being asked of us or what needs to happen; understanding what the good and bad consequences might be; learning

to ask questions to get further information to help us make a healthy decision.

Activity 2: Give students drawing paper and markers or crayons. Have them create two drawings—one of a situation in which they made a negative decision and one of a situation in which they made a positive decision.

After the students finish, have them share their drawings. Discuss how they felt after making a negative decision and what the consequences were, and how they felt after making a positive decision and what the consequences were. Using the students' drawings of positive decisions, you might create positive decision posters to remind students to always make positive, healthy decisions.

Reflection: Ask the students and discuss: *What did you learn? What did our drawings teach us? Why is it important to learn how to make positive decisions? What are some consequences to negative decisions? What are some consequences to positive decisions? What will you practice?*

Recognition: See "Classroom Instructions," page 5, for information regarding recognition.

FAMILY/HOME ACTIVITY

Theme: Making Good Decisions Grade: Second

Dear parent/guardian, here is a character-building activity to do with your child as part of the school's Learning for Life program. It reinforces the Learning for Life lesson that was taught in the classroom.

Goal: Your child will discover the importance of making good decisions. They will learn that making good, healthy decisions is an ability we can learn from positive role models.

Activity: Interview

Materials: Attached interview sheet, pencil, a family member

Directions: Have your child pick a family member and interview them about a decision they have had to make. They should use the attached "Decision Interview Sheet."

LESSON 6

At the conclusion of this lesson, students will communicate the harmful effects of illegal drugs and other substances.

Materials Needed: Whiteboard
Copy of Activity Sheet E for every student

Activity 1 As a review of the previous lesson, have students express that **illegal** drugs are those drugs that **cannot** be bought over the counter and are used **without** a doctor's prescription.

Activity 2 Project a copy of Activity Sheet E, "Dangerous Drugs Chart," or create a similar chart and label one column: **Depressants**

(If not projecting the activity sheet, create rows and label them "Examples," "Physical Effects," and "Consequences." Fill in accordingly as the lesson progresses. Have students fill in Activity Sheet E throughout class.)

	Examples	Physical Effects	Consequences	Other
Depressants				
Stimulants				
Other				

Ask students to propose a definition for "depressant." Explain that a depressant **slows down** or **depresses** the central nervous system. **Alcohol**, which was discussed in a previous lesson, is a depressant. Other depressants are **painkillers**, **sleeping pills**, and **tranquilizers** that **cannot** be bought over the counter and should only be used with a doctor's prescription and given to you by your parents. If too many depressants are taken at one time, the **overdose** can result in **death**.

Activity 3 At the top of the second column, write: **Stimulants**.

Ask students to propose a definition for "stimulant."

(As you discuss stimulants, write down the different types, their effects, and the consequences of using them in the correct section of the chart.)

Explain that a stimulant speeds up the body's work. An example of a stimulant is **cocaine**. **Crack**, a form of cocaine, is another stimulant. These illegal drugs cause **depression**, **fear**, and **anxiety**. **Amphetamines** are stimulants that are sometimes called speed, dexies, black mollies, or uppers. Amphetamines can cause **drug dependence**, **heart attacks**, and **death**. Heavy use of amphetamines can cause people to **become violent** and, possibly, **harm others**.

Another stimulant is **marijuana**, also known as pot or grass. Marijuana causes the heart to beat faster. A chemical in this stimulant **slows** a person's **ability to think and move**. People who use marijuana forget important things and lose interest in doing things. Marijuana can cause **heart problems** as well as **drug dependence**.

Activity 4 Lead a class discussion on what can happen to people who sell illegal drugs. Guide students to conclude that these people are breaking the law and can go to jail.

Activity 5 At the top of the third column, write: **Inhalants**

(As you discuss inhalants, write down the different types, their effects, and the consequences of using them in the correct section of the chart.)

Explain to your students that there are some **substances** that are everyday household items, but people have found a way to use them to get high. These substances are called **inhalants** because they are inhaled through the nose. Some inhalants are **paint thinner, nail polish remover, correction fluid, gasoline, lighter fluid, cleaning fluid, model airplane glue,** and **aerosols**, such as **hair spray**. Young people use these substances because they are easily available and they are cheap. Breathing inhalants is **very dangerous** because they can **damage the brain, the membranes in the nose, the lungs, the liver, and the kidneys**. They can cause **unconsciousness and death**.

Activity 6 Have students defend the decision that they should **never use illegal drugs or any substances** that can harm their minds and bodies.

FAMILY/HOME ACTIVITY

Dear parent/guardian, here is an activity to do with your child as part of the school's Learning for Life Substance Abuse Prevention Education Program. It reinforces the lesson that was taught in the classroom.

Goal: Your child will create an acrostic using vocabulary from today's lesson.

Activity: Acrostic

Materials: Paper, pencil

Directions: Have your child choose a word from today's lesson and write that word vertically on a piece of paper. They must then write a word or phrase that begins with each letter in their chosen word and is related to the lesson.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

Not Applicable

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

AE



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The NOVA Program aims to provide numerous benefits to the youth participants. Those include:

- Improvement in school academic performance
- Improvement in school behavioral performance
- An enhanced understanding of life skills
- An improved self-worth
- An improved understanding of ethical values and decision making
- Additional caring adult role models

Data collection will occur throughout the program:

- Pre- and Post-"tests" will be administered to measure participants' understanding of life skills, decision making, and self-worth.
- An additional survey will be completed at the end of the program to determine participants' opinions of program success, adult role models, and how the program affected their own character and community view.
- The Jefferson County Public School online interface programs for Educators and Students (such as "Cascade," "Success Maker" and "Study Island") will be utilized to track academic and behavioral performance in the classroom throughout the program.

Indicators of success will be improved comparisons of data collected for the above, improved academic and behavioral results, positive feedback on end-of-program surveys/assessments and desire to continue in the program.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

The primary collaborative relationships for the NOVA Program are with Metro Parks of Louisville Metro Government and Jefferson County Public Schools (JCPS). Working with Mr. Anthony Williams and his staff of Metro Parks, as well as educators and resource development coordinators through JCPS, the Learning for Life program will utilize our organizations' combined efforts to identify and enhance the lives of disadvantaged youth.

Metro Parks already has a variety of functioning afterschool programs in the majority of their Neighborhood-based Community Centers. Youth are comfortable with these locations and many spend afterschool time at these facilities. The permission to utilize Metro Park facilities creates an automatic connection with the targeted population youth this program has identified to serve.

JCPS educators and resource development coordinators know the children, are aware of school, family, and social situations and will assist the NOVA Program Contract Personnel with recommendation as to which youth will benefit from the program and methods to track improved overall performance as a result of participation in the NOVA Program.

Metro Parks and JCPS have very successful histories of productive after-school and/or supplemental programming. Utilizing Learning for Life strengthens the collaborative efforts of the programs and adds the needed character education core-curriculum supporting structure within defined guidelines that is suitable for an afterschool program of this nature and funding.

While Metro Parks and JCPS are not be required to provide any financial commitment other than gift-in-kind space, knowledge and guidance, their direct connection with population centers around Louisville provides the perfect locations for the NOVA Program.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	23280	9540	32820
B: Rent/Utilities	0	29100	29100
C: Office Supplies	298	0	298
D: Telephone	0	200	200
E: In-town Travel	0	2250	2250
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	6679	10494	17173
I: Community Events & Festivals (Attach Detail List)	0	0	0
J: Small Equipment	1000	0	1000
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List)	1400	952	2352
*TOTAL PROGRAM/PROJECT FUNDS	32657	52536	85193
	38 %	62 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	0
United Way	13000
Private Contributions (do not include individual donor names)	some have receive requests, none confirmed to date
Fees Collected from Program Participants	0
Other (please specify)	39576
Total Revenue for Column 2 Expenses **	52576

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Table with 3 columns: Donor*/Type of Contribution, Value of Contribution, Method of Valuation. Rows include Community Sites/use of room/space, Dare to Care & Jefferson County F, and Total Value of In-Kind (\$39576).

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date: January 1 - December 31

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO [] YES [x]

If YES, please explain:

The plan is to expand, dependent upon funding, to additional locations for the 2015-2016 school year. This will increase funding need.

Handwritten initials in blue ink

Detail of In-Kind Contributions for this PROGRAM only: Includes volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value	Method of Valuation
Community Sites - use of room/space.	\$29,100	\$50 per hour for three hours (\$150 per day) per Metro Parks. 110 total days open at California Park and 84 total days open at Park Hill. Total of 194 days at \$150 per day.
Dare to Care & Jefferson County Public Schools - healthy snack/meal	\$10,476	Supplies snack/meal. Gift in kind amount anticipated as cost of healthy snack/meal. Anticipated at \$1.50 per day. 110 days for California Park for 36 youth = \$5,940 . 84 days for Park Hill for 36 youth = \$4,536 . Total for both locations = \$10,476
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution and Other In-Kind)	\$39,576	

*donor information refers to who made the in kind contribution. Volunteers need not be listed individually, but grouped together on one line as a total noting how many hours per person per week



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.


Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	9-2-14
Legal Signatory: (please print):	KEVIN EITER	Title:	CHAIRMAN
Phone:	502-322-7435	Extension:	—
Email:	KETTER@UPS.COM		

Learning for Life Lincoln Chapter -- Tax Exemption Paperwork

The Learning for Life Lincoln Chapter has not yet received the official Tax Exemption Letter, but expects that the letter will be forwarded shortly. The Learning for Life Parent Organization is classified as a 501c3, and the local chapter will categorize into the same 501c3 status.

When LFL Lincoln Chapter receives the official tax exemption letter, it will be forwarded for your records.

To show proof of application, please find attached the following two documents:

- Federal EIN Documentation from the Department of Treasury Internal Revenue Service
- Application for Recognition of Exemption under Section 501c3 of Internal Revenue Code.



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-28-2014

Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

LEARNING FOR LIFE LINCOLN CHAPTER
PO BOX 43368
LOUISVILLE, KY 40253

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you [REDACTED] This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2014
Form 940	01/31/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.



Department of the Treasury
Internal Revenue Service

P.O. BOX 2508
CINCINNATI OH 45201

In reply refer to: 9999999999
 Oct 22 2014 LTR 3367C SO
 000000 00
 00024412
 BODC: TE

UPDATE ON
TAX EXEMPT LETTER

LEARNING FOR LIFE LINCOLN CHAPTER
INCORPORATED
12001 SYCAMORE STATION PL STE A
LOUISVILLE KY 40299



025881

Employer identification number: [REDACTED]
 Tax form: 1025
 Document locator number: 17053-288-35700-4
 For assistance, call: 1-877-829-5500

Dear Applicant,

We received your application for exemption from federal income tax and your user fee payment.

During the initial review process, applications for exemption are separated into two groups:

1. Those that can be processed based on information submitted
2. Those that require additional information to be processed

If your application falls in the first group you'll receive a determination letter within approximately 90 days from the date of this notice stating that you re exempt from federal income tax.

If your application falls in the second group, you'll be contacted when your application has been assigned to an Exempt Organizations specialist for review. You can expect to be contacted within approximately 180 days from the date of this notice. After 180 days, if you haven't been notified your application was assigned to a specialist, you can contact Customer Account Services Monday through Friday at the toll-free number shown above to check on its status. The individual calling on your behalf will need the following information:

- * Your name
- * Your employer identification number (EIN)
- * The document locator number listed above and assigned to your request
- * A proper power of attorney submitted with your exemption application, unless the individual calling is an officer or director and legally authorized to represent you

The IRS doesn't issue "tax-exempt numbers" or "tax-exempt certificates" for state or local sales or income taxes. If you need exemption from these taxes, contact your state or local tax offices.

Most organizations are required to file an annual information return



Department of the Treasury
Internal Revenue Service

General Information

(Rev. December 2013)

**Application for Recognition of Exemption Under Section 501(c)(3) of
the Internal Revenue Code**

Form **1023**
 (Rev. December 2013)
 Department of the Treasury
 Internal Revenue Service

Application for Recognition of Exemption (99)
Under Section 501(c)(3) of the Internal Revenue Code
 (Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

OMB No. 1545-0056
 Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

1 Full name of organization (exactly as it appears in your organizing document)		2 c/o Name (if applicable)	
Learning for Life Lincoln Chapter Incorporated			
3 Mailing address (Number and street) (see instructions)	Room/Suite	4 Employer Identification Number (EIN)	
12001 Sycamore Station PL Suite A		[REDACTED]	
City or town, state or country, and ZIP + 4		5 Month the annual accounting period ends (01-12)	
Louisville KY 40299		12	
6 Primary contact (officer, director, trustee, or authorized representative)		b Phone: 502-400-5560	
a Name: Barry G Oxley		c Fax: (optional)	
7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9a Organization's website. www.learningforlife.org			
b Organization's email. (optional) barry.oxley@lflmail.org			
10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) 4 / 28 / 2014			
12 Were you formed under the laws of a foreign country ? If "Yes," state the country.			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Organizational Structure

You must be a corporation (including a limited liability corporation), an unincorporated association, or a trust to be tax exempt. (See instructions). **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. Yes No
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing certification of filing with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. Yes No
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. Yes No
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. Yes No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. Yes No
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. Yes No

Part III Required Provisions in Your Organizing Document

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under Section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. Location of Purpose Clause (Page, Article, and Paragraph): Page 1 Article 1 Section 2
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c.
- 2b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a. Page 2 Article 4 Paragraph 3
- 2c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: Kentucky

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
Barry Coxley	Director and CEO	12001 Sycamore Station PI Ste A Louisville KY 40299	\$1 per year
Kevin Etter	Director	12001 Sycamore Station PI Ste A Louisville KY 40299	\$0
Pat Hargarten	Director	12001 Sycamore Station PI Ste A Louisville KY 40299	\$0



Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

b List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

c List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
None			

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

2a Are any of your officers, directors, or trustees **related** to each other through **family or business relationships**? Yes No
If "Yes," identify the individuals and explain the relationship.

b Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. Yes No

c Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. Yes No

3a For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

b Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. Yes No

4 In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

a Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? Yes No

b Do you or will you approve compensation arrangements in advance of paying compensation? Yes No

c Do you or will you document in writing the date and terms of approved compensation arrangements? Yes No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

d	Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e	Do you or will you approve compensation arrangements based on information about compensation paid by similarly situated taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f	Do you or will you record in writing both the information on which you relied to base your decision and its source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
g If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is reasonable for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.		
5a	Have you adopted a conflict of interest policy consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?	
c	What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?	
Note: A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.		
6a	Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through non-fixed payments , such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7a	Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at arm's length , and explain how you determine or will determine that you pay no more than fair market value . Attach copies of any written contracts or other agreements relating to such purchases.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at arm's length , and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8a	Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Describe any written or oral arrangements that you made or intend to make.	
c	Identify with whom you have or will have such arrangements.	
d	Explain how the terms are or will be negotiated at arm's length.	
e	Explain how you determine you pay no more than fair market value or you are paid at least fair market value.	
f	Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.	
9a	Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)

- b Describe any written or oral arrangements that you made or intend to make.
- c Identify with whom you have or will have such arrangements.
- d Explain how the terms are or will be negotiated at arm's length.
- e Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1a In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? Yes No
If "Yes," describe each program that provides goods, services, or funds to individuals.
- b In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? Yes No
If "Yes," describe each program that provides goods, services, or funds to organizations.
- 2 Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. Yes No
- 3 Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. Yes No

Part VII Your History

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1 Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. Yes No
- 2 Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. Yes No

Part VIII Your Specific Activities

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. Yes No
- 2a Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. Yes No
- b Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. Yes No
- 3a Do you or will you operate bingo or **gaming** activities? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. Yes No
- b Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies or any written contracts or other agreements relating to such arrangements. Yes No
- c List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.



Part VIII Your Specific Activities (Continued)

4a Do you or will you undertake **fundraising**? If "Yes," check all the fundraising programs you do or will conduct. **Yes** **No**
(See instructions.)

- mail solicitations
- email solicitations
- personal solicitations
- vehicle, boat, plane, or similar donations
- foundation grant solicitations
- phone solicitations
- accept donations on your website
- receive donations from another organization's website
- government grant solicitations
- Other

Attach a description of each fundraising program.

b Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. **Yes** **No**

c Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. **Yes** **No**

d List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

e Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. **Yes** **No**

5 Are you **affiliated** with a governmental unit? If "Yes," explain. **Yes** **No**

6a Do you or will you engage in **economic development**? If "Yes," describe your program. **Yes** **No**

b Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

7a Do or will persons other than your employees or volunteers **develop** your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. **Yes** **No**

b Do or will persons other than your employees or volunteers **manage** your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. **Yes** **No**

c If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

8 Do you or will you enter into **joint ventures**, including partnerships or **limited liability companies** treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. **Yes** **No**

9a Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. **Yes** **No**

b Do you provide child care so that parents or caretakers of children you care for can be **gainfully employed** (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

c Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

d Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). **Yes** **No**

10 Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other **intellectual property**? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. **Yes** **No**

Part VIII Your Specific Activities (Continued)

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. Yes No
- 12a** Do you or will you operate in a **foreign country or countries**? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. Yes No
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. Yes No
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. Yes No
- d** Identify each recipient organization and any **relationship** between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. Yes No
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. Yes No
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. Yes No
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. Yes No
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. Yes No
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. Yes No
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. Yes No

Part VIII Your Specific Activities (Continued)

- 15 Do you have a close connection with any organizations? If "Yes," explain. Yes No
- 16 Are you applying for exemption as a cooperative hospital service organization under section 501(e)? If "Yes," explain. Yes No
- 17 Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain. Yes No
- 18 Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain. Yes No
- 19 Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. Yes No
- 20 Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C. Yes No
- 21 Do you or will you provide **low-income housing** or housing for the **elderly or handicapped**? If "Yes," complete Schedule F. Yes No
- 22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. Yes No

Note: Private foundations may use Schedule H to request advance approval of individual grant procedures.

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years			(e) Provide Total for (a) through (d)
	(a) From 1/1/14 To 1/1/14	(b) From 1/1/13 To 1/1/13	(c) From To	(d) From To	
1 Gifts, grants, and contributions received (do not include unusual grants)	0	0			0
2 Membership fees received	0	0			0
3 Gross investment income	0	0			0
4 Net unrelated business income	0	0			0
5 Taxes levied for your benefit	0	0			0
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0			0
7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	0	0			0
8 Total of lines 1 through 7	0	0			0
9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	0	0			0
10 Total of lines 8 and 9	0	0			0
11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0			0
12 Unusual grants	0	0			0
13 Total Revenue Add lines 10 through 12	0	0			0
14 Fundraising expenses	0	0			
15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	0			
16 Disbursements to or for the benefit of members (attach an itemized list)	0	0			
17 Compensation of officers, directors, and trustees	0	0			
18 Other salaries and wages	0	0			
19 Interest expense	0	0			
20 Occupancy (rent, utilities, etc.)	0	0			
21 Depreciation and depletion	0	0			
22 Professional fees	0	0			
23 Any expense not otherwise classified, such as program services (attach itemized list)	0	0			
24 Total Expenses Add lines 14 through 23	0	0			



Part IX Financial Data (Continued)

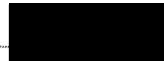
B. Balance Sheet (for your most recently completed tax year)

Assets			
1	Cash	1	0
2	Accounts receivable, net	2	0
3	Inventories	3	0
4	Bonds and notes receivable (attach an itemized list)	4	0
5	Corporate stocks (attach an itemized list)	5	0
6	Loans receivable (attach an itemized list)	6	0
7	Other investments (attach an itemized list)	7	0
8	Depreciable and depletable assets (attach an itemized list)	8	0
9	Land	9	0
10	Other assets (attach an itemized list)	10	0
11	Total Assets (add lines 1 through 10)	11	0
Liabilities			
12	Accounts payable	12	0
13	Contributions, gifts, grants, etc. payable	13	0
14	Mortgages and notes payable (attach an itemized list)	14	0
15	Other liabilities (attach an itemized list)	15	0
16	Total Liabilities (add lines 12 through 15)	16	0
Fund Balances or Net Assets			
17	Total fund balances or net assets	17	0
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	18	0
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
The organization is not a private foundation because it is:
 - a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
 - c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h.



Part X Public Charity Status (Continued)

- e 509(a)(4)—an organization organized and operated exclusively for testing for public safety.
- f 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit.
- g 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.
- h 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions).
- i A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status.

6 If you checked box g, h, or i in question 5 above, you must request either an advance or a definitive ruling by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a Request for Advance Ruling: By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, Extending the Tax Assessment Period, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at www.irs.gov or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling.

Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code

For Organization

(Signature of Officer, Director, Treasurer, or other authorized official)

Benny Oxley
Director
(Type or print name of signer)
(Type or print title or authority of signer)

5/7/14
(Date)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b Request for Definitive Ruling: Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii).
- (i) (a) Enter 2% of line 8, column (e) on Part IX-A. Statement of Revenues and Expenses. _____
- (b) Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box.
- (ii) (a) For each year amounts are included on lines 1, 2, and 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each disqualified person. If the answer is "None," check this box.
- (b) For each year amounts are included on line 9 of Part IX-A. Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A. Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box.

- 7 Did you receive any unusual grants during any of the years shown on Part IX-A. Statement of Revenues and Expenses? If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual. Yes No

Part XI User Fee Information

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. User fees are subject to change. Check our website at www.irs.gov and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.

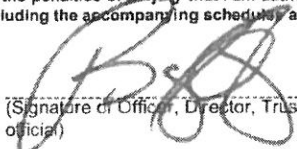
- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? Yes No
 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).
 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).

- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change).

- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change).

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here ▶



(Signature of Officer, Director, Trustee, or other authorized official)

Barry Oxley

(Type or print name of signer)

5/7/14

(Date)

Director

(Type or print title or authority of signer)

Reminder: Send the completed Form 1023 Checklist with your filled-in-application.

Part IV Narrative Description of Your Activities

Using an attachment, describe your *past*, *present*, and *planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

The Corporation is organized and will be operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code. Within the scope of the foregoing purposes, the Corporation is organized and operated exclusively for the benefit of and to further the purposes of organizations the principal purpose of which is to promote the ability of young people to do things for themselves and others, and to teach them respect, responsibility, courage, self-reliance and kindred character traits. The Corporation shall carry out the foregoing purposes by providing programs that are designed to support schools and other youth-serving organizations in their efforts for preparing youth to successfully handle the complexities of today's society, enhancing their self-confidence, motivation and self-worth, helping them develop social and life skills, assisting them in character development, and career education. The assets and properties of the Corporation are hereby pledged for use in performing its exempt functions. To maximize our impact on current efforts, we may seek to collaborate with other non-profit organizations which fall under the 501(c)(3) section of the internal revenue code and are operated exclusively for educational and charitable purposes.

At times, per the discretion of the board of directors, we may provide internships or volunteer opportunities which will provide opportunities for involvement in said activities and programs in order to have a greater impact for change.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

3a. For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

Barry Oxley Director, Non Profit Executive 25 years, 4 hours per week, overall management of two employees

Kevin Etter, Director, Volunteer with non profit organization for over 20 years, 5 hours per week as a volunteer

Pat Hargadon, Director, Volunteer with non profit organization for over 20 years, 5 hours per week as a volunteer

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

3b. Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement.

Barry Oxley is President and CEO of the Lincoln Heritage Council, Boy Scouts of America and will lend management and leadership experience to Learning for Life for \$1 per year.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

5a. Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c.

Learning for Life Lincoln Chapter Inc

EMPLOYEE CONFLICT-OF-INTEREST POLICY

It is imperative that employees of the Learning for Life Lincoln Chapter Inc conduct themselves with a degree of honesty and integrity which is beyond reproach or even suspicion. While it is not possible to anticipate every situation and prescribe a precise rule for each, it is possible to set forth certain basic, general principles to be observed by employees at all times. The essence of this policy is that employees shall always deal with others doing, or seeking to do, business with the Learning for Life Lincoln Chapter Inc, affiliates, subsidiaries, or any local chapter in a manner that excludes all consideration of personal advantage. Accordingly, every employee of the Learning for Life Lincoln Chapter Inc is subject to the following policy:

1. INTEREST IN ANY OTHER BUSINESS ORGANIZATION

Employees of the Learning for Life Lincoln Chapter Inc or members of their immediate families shall not have any financial interest, direct or indirect, in any other business which in any degree conflicts with the employee's primary obligations to the

Learning for Life Lincoln Chapter Inc. In this regard, employees or members of their immediate families should not possess a significant financial interest in, or receive remuneration from, any business that does, or seeks to do, business with the Learning for Life Lincoln Chapter Inc. In addition, employees should not conduct business on behalf of the Learning for Life Lincoln Chapter Inc with members of their immediate family, or a business organization with which the employees or members of their immediate families have any association which could be construed as significant in terms of potential conflict of interest. Employees or members of their immediate family should not do business with other employees of the Learning for Life Lincoln Chapter Inc on the basis of their mutual association with the Learning for Life Lincoln Chapter Inc.

2. TRANSACTIONS BETWEEN LEARNING FOR LIFE LINCOLN CHAPTER AND "DISQUALIFIED PERSONS"

No employee who is a "disqualified person" with respect to Learning for Life Lincoln Chapter Inc under Section 4958 of the Internal Revenue Code may enter into any transaction with Learning for Life Lincoln Chapter Inc, if such transaction would constitute an "excess benefits transaction" under the aforementioned Internal Revenue Code section.

3. GIFTS, FAVORS, ENTERTAINMENT, AND PAYMENTS TO EMPLOYEES

Employees shall not seek or accept any gifts, payments, fees, services, valuable privileges, vacations or pleasure trips, loans (other than conventional loans from lending institutions) or other favors from any person or business organization that does, or seeks to do, business with the Learning for Life Lincoln Chapter Inc. No employee shall accept anything of value in exchange for referral of parties to any person or business organization that does, or seeks to do, business with the Learning for Life Lincoln Chapter Inc. In the application of this policy:

- a. Employees may accept common courtesies of nominal value usually associated with accepted business practices for themselves and members of their families.
- b. An especially strict standard is expected with respect to gifts, services, or consideration of any kind from suppliers. Entertainment at the expense of suppliers beyond that contemplated by (a) above should not be accepted under any circumstances.
- c. It is never permissible to accept a gift in cash or cash equivalent of any amount.
- d. This policy does not preclude the acceptance of gifts that will benefit the Learning for Life Lincoln Chapter Inc rather than an individual employee.
- e. This policy does not preclude the acceptance of courtesies extended to employees of the Learning for Life Lincoln Chapter Inc in their official capacities, such as gratis hotel rooms for business (but not personal use) in connection with meetings.
- f. This policy will be communicated to persons and organizations doing, or seeking to do, business with the Learning for Life Lincoln Chapter Inc.

4. CONFIDENTIAL INFORMATION

Unless authorized by General Counsel, employees shall not disclose, directly or indirectly, confidential or proprietary information of the Learning for Life Lincoln Chapter Inc or its employees, or use such information for personal gain. Such information should be shared with other Learning for Life Lincoln Chapter Inc employees only on a need-to-know basis. Individuals who have separated from Learning for Life Lincoln Chapter Inc employment may not subsequently disclose, directly or indirectly, confidential or proprietary information acquired during Learning for Life Lincoln Chapter Inc employment or use such information for personal gain.

5. GIFTS, FAVORS, ENTERTAINMENT, AND PAYMENTS BY THE Learning for Life Lincoln Chapter Inc

Gifts, favors, and entertainment may be given others at the expense of the Learning for Life Lincoln Chapter Inc only if they meet all of the following criteria:

- a. They are consistent with accepted business practices.
- b. They are of sufficiently limited value, and in a form that will not be construed as improper.
- c. They are not in contravention of applicable law and generally accepted ethical standards.
- d. Public disclosure of the facts will not embarrass the Learning for Life Lincoln Chapter Inc.

6. OBLIGATION TO DISCLOSE

Any employee who believes that his or her personal actions or interest, or the actions of others, may violate this policy must discuss the matter with Learning for Life Lincoln Chapter Inc Legal Counsel. Additional interpretations of this policy and definitions of words and phrases used herein will be made upon request to the Learning for Life Lincoln Chapter Inc Legal Counsel.

On annual basis, each employee shall sign a statement which affirms such person:

- a. Has received a copy of the conflict of interest policy,
- b. Has read and understands the policy
- c. Has agreed to comply with the policy, and
- d. Has reported all breaches of the conflict of interest policy.

7. If at any time during the year, the information in the annual statement changes materially, the employee shall disclose such changes and submit a revised annual disclosure form to the Controller.

8. SANCTIONS

Any employee whose actions or interests violate this policy is subject to immediate termination, if such is determined to be in

9. DEFINITIONS

Financial interest—A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the Learning for Life Lincoln Chapter Inc has a transaction or arrangement,
- b. A compensation arrangement with the Learning for Life Lincoln Chapter Inc or with any entity or individual with which the Learning for Life Lincoln Chapter Inc has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Learning for Life Lincoln Chapter Inc is negotiating a transaction or arrangement.

10. Compensation includes direct and indirect remuneration as well as gifts of favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the Audit Committee or Executive Board of the Learning for Life Lincoln Chapter Inc decides that a conflict exists, in accordance with policy.

Significant financial interest—A person has a significant financial interest if the person has, directly or indirectly, through business, investment, or family a financial interest that:

- a. exceeds \$10,000 in value or represents more than 5% ownership interest in any one enterprise or entity, when aggregated for the member and his or her family members for the disclosure period.

Direct financial interest—A financial interest that is Owned directly by an individual or business, investment, or family (including those managed on a discretionary basis)

- a. Under the control of an individual or business (including those managed on a discretionary basis).
- b. Beneficially owned through an investment vehicle, estate, trust, or other intermediary when the beneficiary controls the intermediary; or has the authority to supervise or participate in the intermediary' s investment decisions.

Indirect financial interest—A financial interest beneficially owned through an investment vehicle, estate, trust, or other intermediary when the beneficiary neither controls the intermediary nor has the authority to supervise or participate in the intermediary' s investment decisions.

Beneficially owned—A financial interest in which an individual or business is not the owner of record but has some right to some or all of the underlying benefits of ownership.

It is the responsibility of every employee of the Learning for Life Lincoln Chapter Inc to be aware of and to observe these standards. Accordingly, you are asked to sign and return the accompanying Employee Statement relating to these standards. Employee Statements will be held in complete confidence. The Employee Statement will be re-executed on annual basis.

The Executive Board of the Learning for Life Lincoln Chapter Inc shall regularly and consistently monitor and enforce compliance with this policy and taking such other actions as are necessary for effective oversight.

Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors

5c. What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

The Executive Board of the Learning for Life Lincoln Chapter Inc shall regularly and consistently monitor and enforce compliance with this policy and taking such other actions as are necessary for effective oversight.

Part VI Your Members and Other Individuals and Organizations That receive Benefits From You

1a. In carrying out your exempt purposes, do you provide goods, services, or funds to individuals?
If "Yes," describe each program that provides goods, services, or funds to individuals.

Not applicable

Part VIII Your Specific Activities

2b. Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities.

NOT APPLICABLE

Part VIII Your Specific Activities

4a. Do you or will you undertake **fundraising**? Attach a description of each fundraising program.

Other (describe):

As part of our ongoing operations as an educational and career exploration non profit organization, we will need to have fund raising activities to include contributions from United Way, companies, individuals and grants to continue operations. We do not anticipate a large amount of fund raising activities but it will include writing letters, submitting grant proposals and other means of fund raising activities.

Part VIII Your Specific Activities

4d. List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

Commonwealth of Kentucky

Part VIII Your Specific Activities

15. Do you have a close connection with any organizations? If "Yes," explain.

We are a licensed program of the Boy Scouts of America. We will use the offices and other facilities to house our program staff of the Lincoln Heritage Council, Boy Scouts of America.

Learning for Life Lincoln Chapter Project Detail Listing for LEARNING_FOR_LIFE - Friends of Learning for Life
 Period Ending: August 31, 2014

Current Budget

Operating Fund			Current Period			Year to Date			Current Year
Account	Project	Project Name / Account Name	Budget	Actual	Last Year	Budget	Actual	Last Year	Budget
Support & Revenue									
Direct Support									
4001		Contributions-FOLFL	6,000	1,500	-	38,003	12,500	-	95,000
Total Friends of Learning for Life			6,000	1,500	-	38,003	12,500	-	95,000
TOTAL DIRECT SUPPORT			6,000	1,500	-	38,003	12,500	-	95,000
4603		Contributions-Other Assoc Org	1,250	-	-	8,750	7,500	-	13,750
Total Associated Organizations			1,250	-	-	8,750	7,500	-	13,750
4701		Contributions-United Way-Alloc	14,167	-	-	28,334	14,167	-	85,000
Total United Way			14,167	-	-	28,334	14,167	-	85,000
TOTAL INDIRECT SUPPORT			15,417	-	-	37,084	21,667	-	98,750
TOTAL SUPPORT			21,417	1,500	-	75,087	34,167	-	193,750
6801		Activity-Fees	875	-	200	25,000	8,092	20,479	28,500
Activity Revenue Less Cost of Goods and Discounts			875	-	200	25,000	8,092	20,479	28,500
TOTAL REVENUE			875	-	200	25,000	8,092	20,479	28,500
TOTAL SUPPORT AND REVENUE			22,292	1,500	200	100,087	42,259	20,479	222,250
7002		Professional Salaries	7,574	7,574	-	58,540	58,540	-	88,836
Total Salaries			7,574	7,574	-	58,540	58,540	-	88,836
7101		Grp Accident Ins-Employer	2	2	-	16	16	-	24
7102		Group Life Ins-Employer	48	48	-	372	372	-	564
7103		Group Medical Ins-Employer	623	623	-	4,984	4,984	-	7,476
7104		Retirement Plan-Employer	530	530	-	4,096	4,096	-	6,216
7108		LTD Ins-Employer	39	38	-	300	299	-	456
7109		Dental Plan-Employer	68	68	-	544	544	-	816
7131		Oth Employee Benefits-Employer	137	137	-	1,033	1,033	-	1,581
Total Employee Benefits			1,447	1,446	-	11,345	11,344	-	17,133
7201		Social Security Taxes-Employer	549	547	-	4,233	4,231	-	6,429
7202		Unemployment Taxes-Employer	48	48	-	384	384	-	576
7203		Workers' Comp Ins-Employer	28	28	-	224	224	-	336
Total Payroll Tax Expense			625	623	-	4,841	4,839	-	7,341
TOTAL EMPLOYEE COMPENSATION			9,646	9,643	-	74,726	74,723	-	113,310
8008		Accounting Services	-	-	-	-	-	-	2,000
8009		Electronic Data Processing Fees	83	83	-	664	664	-	1,000
8011		LFL License Fee	-	-	-	15,000	22,728	14,291	15,000
Total Professional Fees			83	83	-	15,664	23,392	14,291	18,000
8103		Supplies-Program	125	15,900	-	3,000	16,745	15,536	3,500
8104		Supplies-Food and Commissary	-	-	-	2,000	455	-	2,000
8106		Supplies-Office	83	-	-	664	710	-	1,000
Total Program & Other Supplies			208	15,900	-	5,664	17,910	15,536	6,500
8201		Telephone	167	-	-	1,336	505	-	2,000
Total Telephone & Communications			167	-	-	1,336	505	-	2,000
8301		Postage	21	-	-	168	146	-	250
Total Postage & Shipping			21	-	-	168	146	-	250
8402		Site of Facility Rental	383	383	-	13,864	4,864	-	17,200
Total Occupancy & Utilities			383	383	-	13,864	4,864	-	17,200
8502		Equipment Service Contracts	-	359	-	-	359	-	-
Total Rental & Maintenance of Equipment			-	359	-	-	359	-	-
8601		In-house Printing	8	-	-	64	34	-	100
Total Publication & Media Services			8	-	-	64	34	-	100
8702		Gas and Oil	417	-	-	3,336	1,630	-	5,000
8703		Vehicles repairs	25	-	-	200	(551)	-	300
8705		Vehicles License and Permits	33	33	-	264	305	-	400
8706		Leasing of vehicles	625	553	-	5,000	3,829	-	7,500
8707		Mileage and Allowance	(75)	(61)	-	(600)	(1,028)	-	(900)
8709		Hotel, Meals and Incidentals	33	-	-	264	32	-	400
Total Travel & Living			1,058	525	-	8,464	4,217	-	12,700
8901		Individual Assist-Registration	250	-	(2,228)	10,335	18,008	7,602	18,000
8903		Individual Assist-Literature	42	166	-	24,116	26,779	3,598	47,500
8906		Individual Assistance--Food	-	-	-	1,110	450	479	2,000
Total Assistance to Individuals			292	166	(2,228)	35,561	45,238	11,679	67,500
9151		Recognitions--Staff	50	-	-	400	44	-	600

Period Ending: August 31, 2014

Operating Fund			Current Period			Year to Date			Current Year
Account	Project	Project Name / Account Name	Budget	Actual	Last Year	Budget	Actual	Last Year	Budget
9152		Recognitions--Volunteers	33	-	-	1,264	-	1,095	1,400
9154		Recognitions--Fundraising	50	-	-	400	-	-	600
Total Recognition & Awards			133	-	-	2,064	44	1,095	2,600
9309		Insurance-Automobile	167	-	-	1,336	1,165	-	2,000
9315		Insurance-General Liability	667	-	-	5,336	4,665	-	8,000
9322		Insurance-Participant	208	-	-	1,664	2,500	-	2,500
Total Insurance Coverage			1,042	-	-	8,336	8,330	-	12,500
9404		Bank Service Charges	42	-	-	336	-	-	500
Total Miscellaneous Expenses			42	-	-	336	-	-	500
TOTAL OTHER EXPENSES			3,437	17,416	(2,228)	91,521	105,038	42,601	139,850
TOTAL EXPENSES			13,083	27,060	(2,228)	166,247	179,762	42,601	253,160
SURPLUS (Deficit) UR REVENUE/EXPENSE			9,209	(25,560)	2,428	(66,160)	(137,503)	(22,122)	(30,910)

--- End of Statement ---

Learning for Life Lincoln Chapter Project Detail Listing for LEARNING_FOR_LIFE - Friends of Learning for Life

■ Period Ending: August 31, 2014 ■

Operating Fund

Account	Project	Project Name / Account Name	Current Period			Year to Date			Current Year
			Budget	Actual	Last Year	Budget	Actual	Last Year	Budget
Support & Revenue									
<u>Direct Support</u>									
4001		Contributions-FOLFL	6,000	1,500	-	38,003	12,500	-	95,000
Total Friends of Learning for Life			6,000	1,500	-	38,003	12,500	-	95,000
TOTAL DIRECT SUPPORT			6,000	1,500	-	38,003	12,500	-	95,000
4603		Contributions-Other Assoc Org	1,250	-	-	8,750	7,500	-	13,750
Total Associated Organizations			1,250	-	-	8,750	7,500	-	13,750
4701		Contributions-United Way-Alloc	14,167	-	-	28,334	14,167	-	85,000
Total United Way			14,167	-	-	28,334	14,167	-	85,000
TOTAL INDIRECT SUPPORT			15,417	-	-	37,084	21,667	-	98,750
TOTAL SUPPORT			21,417	1,500	-	75,087	34,167	-	193,750
6801		Activity-Fees	875	-	200	25,000	8,092	20,479	28,500
Activity Revenue Less Cost of Goods and Discounts			875	-	200	25,000	8,092	20,479	28,500
TOTAL REVENUE			875	-	200	25,000	8,092	20,479	28,500
TOTAL SUPPORT AND REVENUE			22,292	1,500	200	100,087	42,259	20,479	222,250
7002		Professional Salaries	7,574	7,574	-	58,540	58,540	-	88,836
Total Salaries			7,574	7,574	-	58,540	58,540	-	88,836
7101		Grp Accident Ins-Employer	2	2	-	16	16	-	24
7102		Group Life Ins-Employer	48	48	-	372	372	-	564
7103		Group Medical Ins-Employer	623	623	-	4,984	4,984	-	7,476
7104		Retirement Plan-Employer	530	530	-	4,096	4,096	-	6,216
7108		LTD Ins-Employer	39	38	-	300	299	-	456
7109		Dental Plan-Employer	68	68	-	544	544	-	816
7131		Oth Employee Benefits-Employer	137	137	-	1,033	1,033	-	1,581
Total Employee Benefits			1,447	1,446	-	11,345	11,344	-	17,133
7201		Social Security Taxes-Employer	549	547	-	4,233	4,231	-	6,429
7202		Unemployment Taxes-Employer	48	48	-	384	384	-	576
7203		Workers' Comp Ins-Employer	28	28	-	224	224	-	336
Total Payroll Tax Expense			625	623	-	4,841	4,839	-	7,341
TOTAL EMPLOYEE COMPENSATION			9,646	9,643	-	74,726	74,723	-	113,310
8008		Accounting Services	-	-	-	-	-	-	2,000
8009		Electronic Data Processing Fees	83	83	-	664	664	-	1,000
8011		LFL License Fee	-	-	-	15,000	22,728	14,291	15,000
Total Professional Fees			83	83	-	15,664	23,392	14,291	18,000
8103		Supplies-Program	125	15,900	-	3,000	16,745	15,536	3,500
8104		Supplies-Food and Commissary	-	-	-	2,000	455	-	2,000
8106		Supplies-Office	83	-	-	664	710	-	1,000
Total Program & Other Supplies			208	15,900	-	5,664	17,910	15,536	6,500
8201		Telephone	167	-	-	1,336	505	-	2,000
Total Telephone & Communications			167	-	-	1,336	505	-	2,000
8301		Postage	21	-	-	168	146	-	250
Total Postage & Shipping			21	-	-	168	146	-	250
8402		Site of Facility Rental	383	383	-	13,864	4,864	-	17,200
Total Occupancy & Utilities			383	383	-	13,864	4,864	-	17,200
8502		Equipment Service Contracts	-	359	-	-	359	-	-
Total Rental & Maintenance of Equipment			-	359	-	-	359	-	-
8601		In-house Printing	8	-	-	64	34	-	100
Total Publication & Media Services			8	-	-	64	34	-	100
8702		Gas and Oil	417	-	-	3,336	1,630	-	5,000
8703		Vehicles repairs	25	-	-	200	(551)	-	300
8705		Vehicles License and Permits	33	33	-	264	305	-	400
8706		Leasing of vehicles	625	553	-	5,000	3,829	-	7,500
8707		Mileage and Allowance	(75)	(61)	-	(600)	(1,028)	-	(900)
8709		Hotel, Meals and Incidentals	33	-	-	264	32	-	400
Total Travel & Living			1,058	525	-	8,464	4,217	-	12,700
8901		Individual Assist-Registration	250	-	(2,228)	10,335	18,008	7,602	18,000
8903		Individual Assist-Literature	42	166	-	24,116	26,779	3,598	47,500
8906		Individual Assistance--Food	-	-	-	1,110	450	479	2,000
Total Assistance to Individuals			292	166	(2,228)	35,561	45,238	11,679	67,500
9151		Recognitions--Staff	50	-	-	400	44	-	600

Period Ending: August 31, 2014

Operating Fund			Current Period			Year to Date			Current Year
Account	Project	Project Name / Account Name	Budget	Actual	Last Year	Budget	Actual	Last Year	Budget
9152		Recognitions--Volunteers	33	-	-	1,264	-	1,095	1,400
9154		Recognitions--Fundraising	50	-	-	400	-	-	600
Total Recognition & Awards			133	-	-	2,064	44	1,095	2,600
9309		Insurance-Automobile	167	-	-	1,336	1,165	-	2,000
9315		Insurance-General Liability	667	-	-	5,336	4,665	-	8,000
9322		Insurance-Participant	208	-	-	1,664	2,500	-	2,500
Total Insurance Coverage			1,042	-	-	8,336	8,330	-	12,500
9404		Bank Service Charges	42	-	-	336	-	-	500
Total Miscellaneous Expenses			42	-	-	336	-	-	500
TOTAL OTHER EXPENSES			3,437	17,416	(2,228)	91,521	105,038	42,601	139,850
TOTAL EXPENSES			13,083	27,060	(2,228)	166,247	179,762	42,601	253,160
SURPLUS (Deficit) UR REVENUE/EXPENSE			9,209	(25,560)	2,428	(66,160)	(137,503)	(22,122)	(30,910)

--- End of Statement ---

CURRENT UPDATED FINANCIALS
CURRENT YR BUDGET
2014 BUDGET

Project Detail Listing for LEARNING_FOR_LIFE - Friends of Learning for
Life
AS OF 12-4-14
Period Ending: December 31, 2014

Operating Fund			Current Period			Year to Date			Current Year
Account	Project	Project Name / Account Name	Budget	Actual	Last Year	Budget	Actual	Last Year	Budget
Support & Revenue									
Direct Support									
Direct Mail Campaign									
4001		Contributions-FOLFL	14,247	-	-	95,000	34,384	-	95,000
Total Friends of Learning for Life			14,247	-	-	95,000	34,384	-	95,000
TOTAL DIRECT SUPPORT			14,247	-	-	95,000	34,384	-	95,000
4603		Contributions-Other Assoc Org	1,250	-	-	13,750	12,500	-	13,750
Total Associated Organizations			1,250	-	-	13,750	12,500	-	13,750
TOTAL INDIRECT SUPPORT			15,416	-	-	85,000	70,833	-	85,000
TOTAL SUPPORT			29,663	-	-	193,750	117,717	-	193,750
6801		Activity-Fees	875	-	317	28,500	25,397	27,347	28,500
Activity Revenue Less Cost of Goods and Discounts			875	-	317	28,500	25,397	27,347	28,500
TOTAL REVENUE			875	-	317	28,500	25,397	27,347	28,500
TOTAL SUPPORT AND REVENUE			30,538	-	317	222,250	143,115	27,347	222,250
7002		Professional Salaries	7,574	-	-	88,836	81,262	-	88,836
Total Salaries			7,574	-	-	88,836	81,262	-	88,836
7101		Grp Accident Ins-Employer	2	-	-	24	22	-	24
7102		Group Life Ins-Employer	48	-	-	564	517	-	564
7103		Group Medical Ins-Employer	623	-	-	7,476	6,853	-	7,476
7104		Retirement Plan-Employer	530	-	-	6,216	5,687	-	6,216
7108		LTD Ins-Employer	39	-	-	456	416	-	456
7109		Dental Plan-Employer	68	-	-	816	748	-	816
7131		Oth Employee Benefits-Employer	137	-	-	1,581	1,444	-	1,581
Total Employee Benefits			1,447	-	-	17,133	15,686	-	17,133
7201		Social Security Taxes-Employer	549	-	-	6,429	5,874	-	6,429
7202		Unemployment Taxes-Employer	48	-	-	576	528	-	576
7203		Workers' Comp Ins-Employer	28	-	-	336	308	-	336
Total Payroll Tax Expense			625	-	-	7,341	6,710	-	7,341
TOTAL EMPLOYEE COMPENSATION			9,646	-	-	113,310	103,658	-	113,310
8008		Accounting Services	-	2,000	-	2,000	2,000	-	2,000
8009		Electronic Data Processing Fees	87	-	-	1,000	913	-	1,000
8011		LFL License Fee	-	-	-	15,000	15,152	14,291	15,000
Total Professional Fees			87	2,000	-	18,000	18,065	14,291	18,000
8103		Supplies-Program	125	-	-	3,500	17,133	15,536	3,500
8104		Supplies-Food and Commissary	-	-	-	2,000	1,347	-	2,000
8106		Supplies-Office	87	-	-	1,000	740	-	1,000
Total Program & Other Supplies			212	-	-	6,500	19,220	15,536	6,500
8201		Telephone	163	-	-	2,000	715	-	2,000
Total Telephone & Communications			163	-	-	2,000	715	-	2,000
8301		Postage	19	-	-	250	152	-	250
Total Postage & Shipping			19	-	-	250	152	-	250
8402		Site of Facility Rental	387	387	-	17,200	8,200	-	17,200
Total Occupancy & Utilities			387	387	-	17,200	8,200	-	17,200
8502		Equipment Service Contracts	-	-	-	-	359	-	-
Total Rental & Maintenance of Equipment			-	-	-	-	359	-	-
8601		In-house Printing	12	-	-	100	517	-	100
Total Publication & Media Services			12	-	-	100	517	-	100
8702		Gas and Oil	413	303	-	5,000	2,856	-	5,000
8703		Vehicles repairs	25	-	-	300	(502)	-	300
8705		Vehicles License and Permits	37	-	-	400	404	-	400
8706		Leasing of vehicles	625	-	-	7,500	5,487	-	7,500
8707		Mileage and Allowance	(75)	-	-	(900)	(1,378)	-	(900)
8709		Hotel, Meals and Incidentals	37	-	-	400	58	301	400
Total Travel & Living			1,062	303	-	12,700	6,926	301	12,700
8901		Individual Assist-Registration	1,914	-	3,925	18,000	26,877	14,096	18,000
8903		Individual Assist-Literature	590	3,470	580	47,500	42,573	50,762	47,500

12/5/2014 : 9:01 AM

Project Detail Listing for LEARNING_FOR_LIFE - Friends of Learning for
Life

Period Ending: December 31, 2014

AS OF 12-4-14
CURRENT FINANCIALS

2014 BUDGET

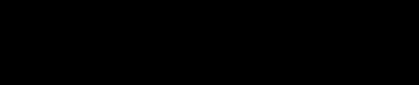
Operating Fund			Current Period			Year to Date			Current Year
Account	Project	Project Name / Account Name	Budget	Actual	Last Year	Budget	Actual	Last Year	Budget
8906		Individual Assistance--Food	224	-	145	2,000	708	1,058	2,000
Total Assistance to Individuals			2,728	3,470	4,650	67,500	70,158	65,916	67,500
9151		Recognitions--Staff	50	-	-	600	44	-	600
9152		Recognitions--Volunteers	37	-	-	1,400	13	1,095	1,400
9154		Recognitions--Fundraising	50	-	-	600	384	-	600
Total Recognition & Awards			137	-	-	2,600	441	1,095	2,600
9309		Insurance-Automobile	163	-	-	2,000	1,833	-	2,000
9315		Insurance-General Liability	663	-	-	8,000	7,333	-	8,000
9322		Insurance-Participant	212	-	-	2,500	2,500	-	2,500
Total Insurance Coverage			1,038	-	-	12,500	11,666	-	12,500
9404		Bank Service Charges	38	-	-	500	3	-	500
Total Miscellaneous Expenses			38	-	-	500	3	-	500
TOTAL OTHER EXPENSES			5,883	6,160	4,650	139,850	136,421	97,139	139,850
TOTAL EXPENSES			15,529	6,160	4,650	253,160	240,080	97,139	253,160
SURPLUS (Deficit) UR REVENUE/EXPENSE			15,009	(6,160)	(4,333)	(30,910)	(96,965)	(69,792)	(30,910)



Learning for Life Lincoln Chapter Board

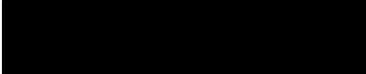
Kevin E. Er
Chairman

UPS



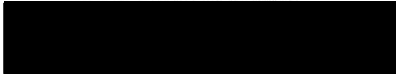
B: 502-961-4399

Dr. Leon Mooneyhan
Vice-Chairman
CEO
Ohio Valley Educational Cooperative



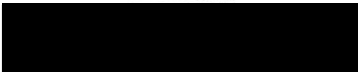
B: 502-502-3533

Pat Hargadon
Kentucky Farm Bureau



B: 502-633-2310

Al Cornish
Norton Healthcare



B: 502-629-7349

Dr. Ken Tally
Career & Technical Education
Jefferson County Public Schools
VanHoose Education Center, 4th Floor



B: 502-485-3320

Carol Bartle
FRYSC Director
VanHoose Education Center

[REDACTED]
B: 502-485-3703

Sam Corbe
Community Engagement
University of Louisville
College of Education and Human Development

[REDACTED]
B: 502-852-4023

Vicki Yates-Brown
UofL Nucleus
vybrown@nucleusky.com
B: 502-569-4593

Mark Schneider
Marketing Chair
LG&E

[REDACTED]
Major Curtis R. Flaherty
Louisville Metro Police Department
Curtis.Flaherty@louisvilleky.gov B: 502-231-2811
502-643-5635

Ken Howard
Humana
Khoward2@humana.com
502-580-2650

Terms and Term Limits: The governing body of the organization consists of the Board of Directors which consists of the LFL Chair, Vice-Chairman, Secretary, Treasurer and at least one (1) director at large each of whom shall be elected for a two year term with the annual meeting in December and term beginning in January.

updated 11-1-14

Learning for Life Lincoln Chapter -- "Most recent 990 or 1120-H"

As the Learning for Life Lincoln Chapter was incorporated in 2014, it will not have a "formal 990 or 1120-H" until 2015.

- Due to Learning for Life being a new organization, they do not have a 990 form, but they have filed for the form.



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
 Business Filings
 PO Box 718
 Frankfort, KY 40602
 (502) 564-3490
 www.sos.ky.gov

Articles of Incorporation
Non-profit Corporation

NAI

Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

Pursuant to KRS 14A and KRS 273, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is Learning for Life Lincoln Chapter Incorporated

Article II: The purpose for which the corporation is organized Character Education and career exploration for students

Article III: The name of the registered agent is Clint Scharff

and the street address of the corporation's initial registered office in Kentucky is

<u>12001 Sycamore Station Place Suite A</u>	<u>Louisville</u>	<u>KY</u>	<u>40299</u>
<small>Street Address (No Post Office Box Numbers)</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Article IV: The mailing address of the corporation's principal office is

<u>PO Box 43368</u>	<u>Louisville</u>	<u>KY</u>	<u>40253-0368</u>
<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is 3

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

<u>Barry Oxley</u>	<u>12001 Sycamore Station Place Suite A</u>	<u>Louisville</u>	<u>KY</u>	<u>40299</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>Kevin Etter</u>	<u>12001 Sycamore Station Place Suite A</u>	<u>Louisville</u>	<u>KY</u>	<u>40299</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>Pat Hargadon</u>	<u>12001 Sycamore Station Place Suite A</u>	<u>Louisville</u>	<u>KY</u>	<u>40299</u>
<small>Name</small>	<small>Street or PO Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Article VI: The name and mailing address of the incorporator is

<u>Barry Oxley</u>	<u>12001 Sycamore Station Place Suite A</u>	<u>Louisville</u>	<u>KY</u>	<u>40299</u>
<small>Name</small>	<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

<small>Name</small>	<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
---------------------	---	---------------------	----------------------	-------------------------

<small>Name</small>	<small>Street Address or Post Office Box Number</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
---------------------	---	---------------------	----------------------	-------------------------

Article VII: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is July 1, 2014

(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	<u>Barry Oxley Director</u>	<u>04-28-14</u>
<small>Signature of Incorporator</small>	<small>Print Name & Title</small>	<small>Date</small>

I, Clint Scharff, consent to serve as the registered agent on behalf of the corporation.

	<u>Clint Scharff COO</u>	<u>04-28-14</u>
<small>Signature of Registered Agent</small>	<small>Print Name & Title</small>	<small>Date</small>

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Learning For Life Lincoln Chapter	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) 12001 Sycamore Station Place Suite A	Requester's name and address (optional)
	City, state, and ZIP code Louisville Kentucky 40299	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	Employer identification number																				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>										

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Wayne Floyd</i>	Date ▶ 8-5-14
------------------	---	----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Learning for Life

Teacher's Assessment of Students

MARKING INSTRUCTIONS

- Use number 2 pencil only.
- Make dark marks that fill the bubbles completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

INCORRECT



CORRECT



Grade	School Code	District Code
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Instructions: Using a seven-point scale, with 7= Excellent and 1 = Poor, assess each student by filling in one circle for each factor.

- A Overall classroom behavior
- B Works well with others
- C Is honest
- D Treats classmates with respect
- E Takes responsibility
- F Is self controlled/manages self
- G Demonstrates a willingness to learn
- H Uses classroom time productively
- I Stays focused on a task
- J Stands up for what is right

Poor						Excellent
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7
1	2	3	4	5	6	7



Assessment developed by The Center for the Advancement of Ethics and Character
Boston University School of Education

2014 PROGRAM EVALUATION SURVEY

Learning for Life Lincoln Chapter, Inc

Program Type: (check only one and complete any corresponding information):

- Exploring (Post # _____)**
Circle type of post: **Healthcare** **Law Enforcement** **Aviation** **Fire/EMS** **Other: _____**
- Middle School/Jr. Exploring (School or Post #: _____)**
- NOVA Center**
- In-School Learning for Life (School: _____)**

Your Name (optional) : _____

Name of County in which you live: _____ **Your Zip Code:** _____

Age _____ **Gender (circle):** **Female / Male**

Please tell us how this Program and its activities change how you learn or feel differently about what you do!

1. **Participation in this Program has made me want to try harder in school.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know
2. **This Program has made me want to participate in school activities.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know
3. **The Adult Leaders/Mentors in this Program encourage me to do well in school.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know
4. **This Program helps me achieve academic success.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know
5. **This Program's Adult Leaders/Mentors really care about me.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know
6. **I feel safe when I'm at this Program.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know
7. **This Program helps me feel successful.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know
8. **This Program helps me learn how to be a leader.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know
9. **This Program has helped me feel good about my future.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know
10. **This Program helps me identify and make positive healthy choices.**
 Strongly Agree Agree Disagree Strongly Disagree Don't Know

2014 PROGRAM EVALUATION SURVEY

Learning for Life Lincoln Chapter, Inc

11. **This Program has helped me resist negative pressure from friends and dangerous situations.**

Strongly Agree Agree Disagree Strongly Disagree Don't Know

11. **This Program has helped me understand I have control over many things that happen to me.**

Strongly Agree Agree Disagree Strongly Disagree Don't Know

12. **The character traits and values I learn in this Program are important.**

Strongly Agree Agree Disagree Strongly Disagree Don't Know

During a week how many hours do you spend...

13. **Doing community service or volunteer work.**

1 hour 2 hours 3 hours 4 hours More than 5 hours None

Is this more than last year? Yes No Don't Know

14. **Doing homework and studying outside of school.**

1 hour 2 hours 3 hours 4 hours More than 5 hours None

15. **Other clubs, sports or activities outside of school.**

1 hour 2 hours 3 hours 4 hours More than 5 hours None

School Stuff.....

Your most recent grade in... **Math/Science** _____ & **Reading/Language Arts** _____.

Is your Math/Science grade an improvement from last year? Yes No I Don't Know

Is your Reading/Language Arts grade an improvement from last year? Yes No I Don't Know

How many days of school did you miss during the last full school year (2013-2014)?

0 1-5 6-9 10 or more I Don't Know

Please tell us about you!

18. **Which best describes you?** Please mark only one:

American Indian Hispanic/Latino White or Caucasian
 Black or African American Asian/Pacific Islander Multiracial

19. **Which of the following best describes your family?**

I live with two parents I live in a single parent home
 I live with another guardian, relative, or person(s) other than my parents.

20. **How many people are in your family?** (Include parent/s/guardian/s and brothers/sisters)

2 3 4 5 more than 6 Don't Know

21. **I receive a lot of love and support from my family members.**

Strongly Agree Agree Disagree Strongly Disagree I Don't Know

THANK YOU FOR TAKING THIS SURVEY!!!! YOU'RE INPUT IS IMPORTANT!!

Please return to: Learning for Life Lincoln Chapter, PO Box 43368, Louisville, KY 40253; fax: 502-361-7899,
or scan and email to: kathryn.shiltz@lflmail.org ; or send to the LFL Office with your Learning for Life Contact Representative.

SAMPLE -- 2nd, 3rd, and 4th Grade each have individual assessments.

2nd
Grade

Learning for Life

Student's Questionnaire Second Grade

MARKING INSTRUCTIONS

- Use number 2 pencil only.
- Make dark marks that fill the bubbles completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

INCORRECT



CORRECT



School
Code

District
Code

0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9
0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9
0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9
0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9

TRUE OR FALSE

Read each sentence below and then fill in the circle under "True" if you think it is true, or fill in the one under "False" if you think it is not true. If you are not sure, fill in the circle under "Not Sure."

- 1 America is made up of people from many different countries.
- 2 It's okay if you don't like people because of the clothes they wear.
- 3 Being different from other people is bad.
- 4 Knowing how my friend is feeling will make me a better friend.
- 5 One way to be responsible is to do my work before playing.
- 6 I can help and show respect for others by pointing it out when they are wrong.
- 7 Sometimes it is a good idea to cheat on a test.
- 8 Sometimes it's good to make a bad choice if it pleases my friends.
- 9 I know that everything I hear on television is true.
- 10 The best way to make a hard choice is to just do it quickly.
- 11 The choices that I make now may affect my future.

True False Not
Sure

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 12 I can tell if a gang is good or bad by the things that they do together.
- 13 Peer pressure is when someone my age makes me feel like I have to do something that I don't want to do.
- 14 If I give into peer pressure once, I probably won't give into it again.
- 15 It's okay to lie to a friend as long as he or she doesn't find out.
- 16 Cheating on my schoolwork is the same as lying.
- 17 A good way to decide if something is a good choice is to imagine what would happen if I did it.
- 18 Adults give us rules just so that they can tell us what to do.
- 19 I am the person who gets hurt the most if I cheat.
- 20 I should trust everybody.
- 21 I know that it is wrong to steal because I wouldn't like it if someone stole from me.
- 22 When I do something to hurt a friend, it's best to pretend it didn't happen instead of saying I am sorry.
- 23 To become good at doing the right thing, I have to practice doing the right thing.
- 24 It doesn't matter if I lose the trust of someone since I can get it back easily.

True False Not Sure

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Learning for Life Lincoln Chapter Staff

Ruthe Holmberg *
Learning for Life Director

George Sloan *
Learning for Life Executive

NOVA personnel 1

NOVA personnel 2

NOVA personnel 3

NOVA personnel 4

NOVA personnel 5

NOVA personnel 6

NOVA personnel 7

**= highest paid staff. All NOVA staff are paid the same amount.*

Learning for Life Lincoln Chapter Incorporated

General Information

Organization Number	0885819
Name	Learning for Life Lincoln Chapter Incorporated
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/28/2014 11:12:11 AM
Organization Date	4/28/2014 11:12:11 AM
Last Annual Report	N/A
Principal Office	PO BOX 43368 LOUISVILLE, KY 40253-0368
Registered Agent	Clint Scharff 12001 Sycamore Stations Place Suite A Louisville, KY 40299

Current Officers

Individuals / Entities listed at time of formation

Director	<u>Barry G Oxley</u>
Director	<u>Kevin Etter</u>
Director	<u>Pat Hargadon</u>
Incorporator	<u>Barry Oxley</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Principal Office Address Change</u>	8/6/2014 8:58:56 AM	1 page	PDF
<u>Articles of Incorporation</u>	4/28/2014 11:12:12 AM	1 page	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Principal office change	8/6/2014 8:58:56 AM	8/6/2014 8:58:56 AM	
Add	4/28/2014 11:12:11 AM	4/28/2014 11:12:11 AM	

Microfilmed Images



Learning for Life Lincoln Chapter Staff

Ruthe Holmberg * - (\$54,837)
Learning for Life Director

George Sloan * - (\$36,050)
Learning for Life Executive

NOVA personnel 1 (Ashley Hayes) – (\$3488 as of 12-4-14) – all NOVA personnel are contract employees at \$15 per hour. Currently Ms. Hayes has worked the most hours this 2014-2015 school year.

NOVA personnel 2 (Rosalyne Du)

NOVA personnel 3 (Dennis Trammell)

NOVA personnel 4 (Christina Evans)

NOVA personnel 5 (Yolanda Walker)

NOVA personnel 6 (Merrelene Overall)

NOVA personnel 7 (Tonda Mack)



Position Statement

Learning for Life programs are designed for all age groups from pre-kindergarten through age 20. Youth participation is open to any youth in the prescribed age group for that particular program.

Adults are selected by the participating organization for involvement in the program.

Color, race, religion, gender, sexual orientation, ethnic background, disability, economic status or citizenship is not criteria for participation.