

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

FEB 28 2014 AM 11:59

**Applicant/Program:** West Louisville Community Breakfast

**Executive Summary of Request:**

The West Louisville Community Breakfast is a fundraiser breakfast that recognize the volunteers and individuals who have made significant contributions to the center.

Is this program/project a fundraiser?  Yes  No  
 Is this applicant a faith based organization?  Yes  No  
 Does this application include funding for sub-grantee(s)?  Yes  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.

4 District #      David Demery Primary Sponsor Signature      \$13,261 Amount      2/27/2014 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.

N/A

**Approved by:**

\_\_\_\_\_ Date \_\_\_\_\_  
 Appropriations Committee Chairman

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_  
 Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

**OFFICE OF METRO COUNCIL CLERK  
 REVIEWED**

DATE 2-28-14 TIME 12:30 PM

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b>		
Program Name:	Request Amount:	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		YES
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		NO
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		YES
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		YES
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		YES
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		YES
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		YES
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		YES
<b>Application Budget Page 6:</b> 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
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		NO
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		YES
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		N/A
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		YES
<b>Separate Taxing Districts:</b> 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
<b>Small Cities:</b> 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)		N/A
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		N/A
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		YES
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		NO
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		NO
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		YES
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		NO
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		NO
<b>Rent Requests:</b> Is a copy of signed lease included?		NO
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		YES
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		YES
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		NO
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		NO
Prepared by: <i>Kelcha D King</i>		Date: 2/27/2014



# LOUISVILLE METRO COUNCIL

## NEIGHBORHOOD DEVELOPMENT FUND APPLICATION



### SECTION 1 - APPLICANT INFORMATION

<b>Legal Name of Applicant Organization:</b> (as listed on: <a href="http://www.sos.ky.gov/business/records/">http://www.sos.ky.gov/business/records/</a> ) <b>West Louisville Youth Space, Inc.</b>	
Main Office Street & Mailing Address: 2234 W. Market St. Louisville, KY 40212 P. O. Box 11580 Louisville, KY 40251	
Website: <a href="http://www.wlyouthspace.org">www.wlyouthspace.org</a>	
<b>Application Contact:</b> Margaret Kaelin	Title: Administrative Assistant
Phone: 502 776-9126	Email: <a href="mailto:margaret.outreach@insightbb.com">margaret.outreach@insightbb.com</a>
<b>Financial Contact:</b> Philla "Sis" Von Kanel	Title: Director
Phone: 502 776-9126	Email: <a href="mailto:sis.outreach@insightbb.com">sis.outreach@insightbb.com</a>

### GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

Program Facility Location(s): 2234 West Market Street	
Council District(s): 4	Zip Code(s): 40212

### SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

<b>Program Name:</b> West-end Community Breakfast	
Total Request: \$ 3261.00	Total Metro Award (this program) in previous year : \$3,500.00 (2012)
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 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
Agency Fiscal Yr Start Date: July 1, 2013	
<b>For the current fiscal year ending June 30</b> , list all funds 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: Community Services and Revitalization	Amount: \$ 6,000.00
Source: Economic Growth and Innovation	Amount: \$ 8,000.00
Source: Neighborhood Development Fund (not yet approved)	Amount: \$ 3,261.00
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

### SECTION 3 - SIGNATURE

I certify under the penalty of law the information in this application (including, without limitation, the "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.

Signature of Legal Signatory: <i>Philla "Sis" Von Kanel</i>	Date: <i>2-24-14</i>
Legal Signatory (please print): Philla "Sis" Von Kanel	Title: Director
Phone: _____	Extension: Phone: 776 9126
Email: <a href="mailto:sis.outreach@insightbb.com">sis.outreach@insightbb.com</a>	

#### SECTION 4 - AGENCY DETAILS

**Describe Agency's Vision, Mission and Services:**

The vision of West Louisville Youth Space, Inc is to serve the citizens in the neighborhoods of Portland, Russell and Shawnee by helping to improve the educations of the young people by offering classes, having tutoring programs, to provide counseling such as SPIVA to help deal with anger control issues, peer intervention, and to provide some of the physical needs with a variety of activities in sports. This along with regular family nights where the parents are invited to the center to see what their child(ren) does when he is here.

By partnering with Dare To Care Kids Cafe we are able to feed any child under the age of 18 years of age a free hot evening meal the three days we are open (Tuesday, Wednesday and Thursday). The number of youth who eats averages 65.

During the summer out of school months we have a Reading Enrichment Camp and any child in the Metro Louisville area may attend this five week program to help retain the learning from the previous year. The average number of youth from ages 5 through high school is 80 to 100 attending.

#### SECTION 5 - PROGRAM NARRATIVE

**A: Purpose of Request (check all that apply):**

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

**B: 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 West-end Community Breakfast is held annually on the first Friday in March. This breakfast began twenty plus years ago as a thanks you for the supporters of the program. This year that date will be March 7 and will begin at 7:30 AM. Included in attendance are the supporters of the program, small businessmen, several banking people, some dignitaries, volunteers who help at the center.

A breakfast is served and a program is presented by the children who attend the center. Recognition of those who had made significant contributions to the center and the volunteers. Programs are placed on the table so those present can take note of the accomplishments and upcoming events that will be held.

**C: Describe specifically how the funding will be spent including identification of funding to subgrantee(s):**

The funding received will be used entirely for the community event and will include the postage, printing, envelopes and paper used for the invitations and programs. All of the funds will go into making the event for the community a success. No funding will go to a subgrantee.

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

- The funding request is a reimbursement of the following expenditures that have occurred prior to the application date:
- ✓ 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 be incurred after the application date, but prior to the Metro Council approval date. This option will allow expenditures occurring within this time frame to be considered compliant with 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.

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

All the funds request will be spent on providing the necessary items that will be used for this event. Any proceeds from this event will be used to cover the expenses incurred to the center to keep the facility going. West Louisville Youth Space is one of only a few that does not charge for any services that are offered to the children or their families.

**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 specifically.**

There are several partnerships with the largest being with Dare to Care to help feed those who attend the center. There is one with Catholic Charities who owns the building and has worked out an agreement for the space and the cost such as utilities, trash, and maintenance. Jefferson County Public School has provided the two computer programs to help those youth who are struggling to improve their grade levels. A representative of the center attends the Every 1 Reads meetings. With the help of Metro United Way funds were available to help off-set the cost of the summer reading camp. The Lords Kitchen provided both breakfast and lunch to those students who attended the reading program.

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**G: 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:**

Besides having the income from the events for operating expense, it gives the people who attend a change to partner with other people who may be willing to partner with any program or cause that they may require funding. The best indicator of data is those who will contact the center yearly requesting information.



**PROGRAM BUDGET SUMMARY (CONTINUED)**

**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 of Contribution	Method of Valuation
35 volunteers	4286.00	<small>Figure number of volunteers, then number of hours worked and multiply by \$17.45 per hour</small>
<b>Total Value of In-Kind</b> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	4285.00	

\* 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)

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

If YES, please explain:

**SECTION 6 - PROGRAM BUDGET SUMMARY**

The Program Budget should realistically estimate what amount is needed from Metro Government and what is expected from other sources. Enter whole-dollar amounts.

	Column 1	Column 2*	Column 3
Program Expenses	Proposed Metro Funds	Non- Metro Funds	Total Program Cost
<b>A: Personnel Costs Including Benefits</b>	0		
<b>B: Rent/Utilities</b>	0	0	
<b>C: Office Supplies</b>	0	0	
<b>D: Telephone</b>	0	0	
<b>E: In-town Travel</b>	0	0	
<b>F: Client Assistance (Attach Detailed List)</b>	0	0	
<b>G: Professional Service Contracts</b>	0	0	
<b>H: Program Materials</b>	0	0	
<b>I: Community Events &amp; Festivals (Attach Detailed List)</b>	3,261.00	2,000.00	5,261.00
<b>J: Machinery &amp; Equipment</b>	0	0	
<b>K: Capital Project</b>	0	0	
<b>L: Other Expenses (Attach Detail List)</b>	0	0	
<b>SUBTOTAL</b>	3,261.00	2,000.00	5,261.00
% of Program Budget --	45 %	55 %	100%
Value of volunteer services and how computed:	N/A	4287.00	4287.00
Value of in-kind assets, such as donated space, supplies, use of equipment, etc. (Detail on Next Page)	N/A		
Total Program Funds	3261.00	6,287.00	9,548.00

\*List funding sources in Column 2 (do not include individual donor names):

Other State, Federal or Local Government	0
United Way	0
Private Contributions	0
Fees Collected from Program Participants	2,000.00
Other (please specify)	4,287.00
Total Revenues	6,287.00

## SECTION 7 - CERTIFICATIONS AND ASSURANCES

By signing the first page 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. 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. Return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. 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.

### 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.

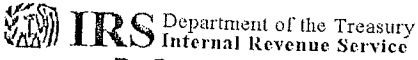
Anthony Williams is a new member of the board. He is currently employed by Metro Park as a Recreation Administrator.

PROPOSED BUDGET SPENDING FOR COMMUNITY EVENT  
March 7, 2014

ITEM (explanation)	COST
Printing of Invitation	216.00
Postage for mailing	46.00
Envelopes (2 sizes)	43.28
Sound system/music	600.00
Food	1,700.00
Cooking utensils (skillets – 2)	50.00
Table covers	86.00
Servings ware (plates, cups, napkins & plastic ware)	175.00
Coffee maker (100 cup)	145.00
Diane Finley (Cook)	200.00
TOTAL	\$3,261.00

## Our Board Members

Board President	Julie Ice	Doe Anderson
Board Treasurer	Julie Ice	Doe Anderson
Board Member	Anthony Williams	Metro Parks
Board Member	Father John Burke	Priest – Good Shepherds
Board Member	Kevin Gray	UPS
Board Member	Joe Hammell	Retired –Whayne Supply
Board Member	Robert Pillischasske	Hershey Company
Board Member	Robert Hatfield	Retired Ford Motor Company
Board Member	David Higgins	Retired – Brown Forman
Board Member	Kimble Johnson	LPL Financial
Board Member	Tony Ratterman	Ratterman Funeral Home
Board Member	Al Saunders	Retired – DJJ
Board Member	Tom Shannon	Retired Executive Net Work
Board Member	Michael Hasken	Hasken Properties
Board Member	Jeannine Wise	Brown Forman



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077550279  
Mar. 04, 2013 LTR 4168C 0  
61-1256668 000000 00

00029303

BODC: TE

WEST LOUISVILLE YOUTH SPACE INC  
PO BOX 11580  
LOUISVILLE KY 40251-0580



038158

Employer Identification Number: 61-1256668  
Person to Contact: Sophia Brown  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 07, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

11:10 AM  
 02/12/14  
 Cash Basis

**West Louisville Youth Space, Inc.**  
**Profit & Loss**  
 July 1, 2013 through February 12, 2014

	Jul 1, '13 - Feb 12, 14
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Community Events Donations</b>	3,000.00
<b>Donations 1A--Public</b>	
Civic	1,000.00
Corporate	4,900.00
Foundation	6,250.00
Individual	11,076.58
Raffle Proceeds	4,245.00
Religious Org	1,159.63
<b>Total Donations 1A--Public</b>	28,631.21
<b>Donations 1C--Govt</b>	
City	4,500.00
<b>Total Donations 1C--Govt</b>	4,500.00
<b>Miscellaneous Income</b>	2,102.00
<b>Special Event</b>	
<b>Community Breakfast</b>	
Business	1,280.71
Individual	1,060.00
Community Breakfast - Other	-48.50
<b>Total Community Breakfast</b>	2,292.21
<b>Golf Scramble</b>	
Business	2,550.00
Individual	4,140.00
Golf Scramble - Other	737.00
<b>Total Golf Scramble</b>	7,427.00
<b>Reading Camp Sponsorship</b>	10,000.00
<b>Total Reading Camp</b>	10,000.00
<b>Total Special Event</b>	19,719.21
<b>Total Income</b>	57,952.42
<b>Expense</b>	
<b>Academics</b>	
Academic Incentives	0.00
Computer Lab	1,054.82
<b>Total Academics</b>	1,054.82
Bank Service Charges	24.00
Contract Labor	4,455.04
Dues and Subscriptions	215.00
<b>Enlightenment</b>	
Community Events	1,814.79
Family Night	264.11
Field Trips	200.00
Health Issues	26.11
Incentives	160.93
<b>Total Enlightenment</b>	2,465.94
<b>Kitchen</b>	
Community Events Food	2,229.87
Equip. Maintenance	740.74

11:10 AM  
02/12/14  
Cash Basis

**West Louisville Youth Space, Inc.**  
**Profit & Loss**  
July 1, 2013 through February 12, 2014

	Jul 1, '13 - Feb 12, 14
<b>Food</b>	
DTC Kids Cafe Support	124.83
Special Events Food	496.38
<b>Total Food</b>	621.21
<b>Kitchen Cleaning</b>	32.30
<b>New Equipment</b>	14.99
<b>Paper Products</b>	18.98
<b>Kitchen - Other</b>	7.94
<b>Total Kitchen</b>	3,666.03
<b>Occupancy Exp</b>	
Cable	295.75
<b>Facilities &amp; Grounds</b>	
Maintenance	893.37
Facilities & Grounds - Other	25.47
<b>Total Facilities &amp; Grounds</b>	918.84
Gas & Electric	2,800.80
Hosting Fee	174.93
Insurance	959.35
Telephone	1,317.64
Trash Removal	146.93
Water	1,100.11
<b>Total Occupancy Exp</b>	7,714.35
<b>People</b>	
<b>Payroll Expenses</b>	
Administrative Wages	41,837.76
FICA	4,653.32
Kitchen Wages	2,735.00
Programs Wages	8,519.10
R.C. Wages	7,735.50
Payroll Expenses - Other	15.00
<b>Total Payroll Expenses</b>	65,495.68
<b>Worker's Compensation</b>	974.00
<b>Total People</b>	66,469.68
<b>Recreation</b>	
<b>Athletics</b>	
Basketball	0.00
<b>Total Athletics</b>	0.00
<b>Fun Field Trips</b>	50.00
<b>Total Recreation</b>	50.00



11:10 AM  
02/12/14  
Cash Basis

**West Louisville Youth Space, Inc.**  
**Profit & Loss**  
July 1, 2013 through February 12, 2014

	Jul 1, '13 - Feb 12, 14
<b>Support</b>	
Board Development	146.36
Flowers & Donations	168.72
Office Equip Maintenance	48.00
Office Equipment Lease	288.00
Office Supplies	252.46
Postage	92.00
<b>Total Support</b>	<u>995.54</u>
<b>Total Expense</b>	<u>87,110.40</u>
<b>Net Ordinary Income</b>	-29,157.98
<b>Other Income/Expense</b>	
Other Expense	
Funded Programs	
Reading Camp	5,574.41
Funded Programs - Other	761.12
<b>Total Funded Programs</b>	<u>6,335.53</u>
Special Event Expenses	
Community Breakfast	216.00
Golf Supplies	
Golf Fees	2,221.00
Golf Supplies - Other	114.95
<b>Total Golf Supplies</b>	<u>2,335.95</u>
<b>Total Special Event Expenses</b>	<u>2,551.95</u>
<b>Total Other Expense</b>	<u>8,887.48</u>
<b>Net Other Income</b>	-8,887.48
<b>Net Income</b>	<u><u>-38,045.46</u></u>

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

Open to Public Inspection

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

For the 2012 calendar year, or tax year beginning 07/01/12 and ending 06/30/13

- Check if applicable:
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization  
**WEST LOUISVILLE YOUTH SPACE, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2234 WEST MARKET STREET**

City, town or post office, state, and ZIP code  
**LOUISVILLE KY 40212**

D Employer identification number  
**61-1256668**

E Telephone number

G Gross receipts \$ **139,192**

F Name and address of principal officer:

H(a) Is this a group return for affiliates?  Yes  No  
H(b) Are all affiliates included?  Yes  No  
If "No," attach a list. (see instructions)

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

H(c) Group exemption number ▶

J Website: ▶ **N/A**

K Form of organization:  Corporation  Trust  Association  Other ▶

L Year of formation: M State of legal domicile: **KY**

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: <b>VARIOUS PROGRAMS FOR A SAFE AFTER-SCHOOL PROGRAM ENVIRONMENT</b>		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3 Number of voting members of the governing body (Part VI, line 1a)		3 0
4 Number of independent voting members of the governing body (Part VI, line 1b)		4 0
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5 0
6 Total number of volunteers (estimate if necessary)		6 0
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a 0
7b Net unrelated business taxable income from Form 990-T, line 34		7b 0
		Prior Year Current Year
8 Contributions and grants (Part VIII, line 1h)		158,665 93,246
9 Program service revenue (Part VIII, line 2g)		0 0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1 1
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,386 45,945
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		198,052 139,192
		0 0
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0 0
14 Benefits paid to or for members (Part IX, column (A), line 4)		84,553 74,503
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0 0
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>8,063</b>		55,974 85,314
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		140,527 159,817
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		57,525 -20,625
19 Revenue less expenses. Subtract line 18 from line 12		
		Beginning of Current Year End of Year
20 Total assets (Part X, line 16)		77,152 54,283
21 Total liabilities (Part X, line 26)		3,726 1,482
22 Net assets or fund balances. Subtract line 21 from line 20		73,426 52,801

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: *Philla "Sis" VonKanel* Signature of officer Date: **3-11-14**

**PHILLA "SIS" VONKANEL - DIRECTOR** Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **Thomas L. Adkisson** Preparer's signature: *Thomas Adkisson* Date: **02/08/14** Check  if self-employed PTIN: **P00020439**

Firm's name: **DePrie & Adkisson, CPA's** Firm's EIN: **61-1059515**

Firm's address: **12730 Townepark Way Ste 103 Louisville, KY 40243-2303** Phone no.: **502-245-3854**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form 990 (2012)

For Paperwork Reduction Act Notice, see the separate instructions. DAA

m 990 (2012) WEST LOUISVILLE YOUTH SPACE, INC. 61-1256668

Part III Statement of Program Service Accomplishments



Check if Schedule O contains a response to any question in this Part III

Briefly describe the organization's mission:

VARIOUS PROGRAMS FOR A SAFE AFTER-SCHOOL PROGRAM ENVIRONMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 13,822 including grants of \$ ) (Revenue \$ ) RECREATIONAL PROGRAMS: BASKETBALL ACADEMY-2 WEEK PROGRAM THAT INCLUDES A CONFLICT RESOLUTION AND MANAGEMENT ACTIVITY. GYM ACTIVITIES-YEAR ROUND ACTIVITIES SUCH AS VOLLEYBALL, KICKBALL, BASKETBALL, BOARD GAMES, ROLLER SKATING AND MOVIES. FITNESS PROGRAM-NUTRITION PROGRAMS AND EXERCISE PROGRAMS. TEEN ROOM-(13 AND OVER) SELF-ESTEEM ACTIVITIES

4b (Code: ) (Expenses \$ 31,748 including grants of \$ ) (Revenue \$ ) ACADEMIC PROGRAMS: COMPUTER LABS-HANDS ON INSTRUCTION TRAINING TO STUDENTS IN CREATIVE AND PRACTICAL COMPUTER SKILLS. KIDS TRAX-CONNECTS TO LOCAL SCHOOL SYSTEM TO KNOW WHERE KIDS NEED HELP. LIBRARY-TEACHING AND RESEARCH NEEDED TO DO HOMEWORK. STUDY LAB-ONE ON ONE TUTORING

4c (Code: ) (Expenses \$ 7,539 including grants of \$ ) (Revenue \$ ) ENLIGHTENMENT PROGRAMS: ARTS AND CRAFTS-CREATIVE OUTLET TO SUPPORT INTELLECTUAL GROWTH. EFFECTIVE PARENTING-OPPORTUNITIES FOR PARENTS TO GET THE TOOLS AND SKILLS OF TIME, BUDGET, STRESS MANAGEMENT, DISCIPLINE AND COMMUNICATION. FIELD TRIPS-REWARDS FOR CENTER PARTICIPANT WHO HAVE FULLY INTEGRATED WITHIN THE PROGRAM. COMMUNITY EVENTS-VALENTINE DANCE, EASTER EGG HUNT, DERBY PARTY, HEALTH FAIR, BACK TO SCHOOL CELEBRATIONS, HALLOWEEN HAUNTED HOUSE, THANKSGIVING DINNER, CHRISTMAS PARTY WITH SANTA.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 10,100 including grants of \$ ) (Revenue \$ )

4e Total program service expenses 63,209

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X
12b	Did the organization have a written conflict of interest policy? If "No," go to line 13		
12c	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
13	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
14	Did the organization have a written whistleblower policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION** 2234 WEST MARKET STREET KY 40212 502-776-9126  
**LOUISVILLE**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANNE HOBB EXECUTIVE DIRECTOR	40.00 0.00	X		X				40,000	0	0
(2) PHILLA "SIS" VON KANEL	32.00 0.00	X						25,000	0	0
(3) FATHER JOHN BURKE	0.00 0.00	X						0	0	0
(4) JOE HAMMELL	0.00 0.00	X						0	0	0
(5) MICHAEL HASKEN	0.00 0.00	X						0	0	0
(6) ROBERT HATFIELD	0.00 0.00	X						0	0	0
(7) DAVE HIGGINS	0.00 0.00	X						0	0	0
(8) KEVIN GRAY	0.00 0.00	X						0	0	0
(9) JULIE ICE	0.00 0.00	X						0	0	0
(0) KIMBLE JOHNSON	0.00 0.00	X						0	0	0
(1) TONY RATTERMAN	0.00 0.00	X						0	0	0



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) TOM SHANNON	0.00 0.00	X						0	0	0
(13) AL SAUNDERS	0.00 0.00	X						0	0	0
(14) ANTHONY WILLIAMS	0.00 0.00	X						0	0	0
(15) JEANNINE WISE	0.00 0.00	X						0	0	0
(16) ROBERT PILLISCHAFSKE	0.00 0.00	X						0	0	0
(17)										
(18)										
(19)										
<b>1b Sub-total</b>								<b>65,000</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>65,000</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	5,000			
	1b	Membership dues				
	1c	Fundraising events				
	1d	Related organizations				
	1e	Government grants (contributions)	3,750			
	1f	All other contributions, gifts, grants, and similar amounts not included above	84,496			
	g	Noncash contributions included in lines 1a-1f: \$				
	h	<b>Total.</b> Add lines 1a-1f		93,246		
Program Service Revenue	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	<b>Total.</b> Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1		
	4	Income from investment of tax-exempt bond proceeds			1	
	5	Royalties				
	6a	(i) Real				
		(ii) Personal				
	b	Less: rental exps.				
	c	Rental inc. or (loss)				
	d	Net rental income or (loss)				
	7a	(i) Securities				
		(ii) Other				
	b	Less: cost or other basis & sales exps.				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	44,645			
	b	Less: direct expenses				
c	Net income or (loss) from fundraising events	44,645				
9a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a	MISCELLANEOUS		1,300	1,300		
b						
c						
d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d		1,300			
12	<b>Total revenue.</b> See instructions		139,192	1,301	0	0

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	68,162	25,047	43,115	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,123		1,123	
10 Payroll taxes	5,218	1,916	3,302	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	495		495	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	3,476	401	3,075	
14 Information technology				
15 Royalties	5,622		5,622	
16 Occupancy				
17 Travel	479		479	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,364		3,364	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM SUPPLIES</b>	42,626	34,563		8,063
b <b>CONTRACT LABOR</b>	18,096		18,096	
c <b>REPAIRS AND MAINTENANCE</b>	2,908		2,908	
d <b>TELEPHONE EXPENSE</b>	2,429		2,429	
e All other expenses	5,819	1,282	4,537	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	159,817	63,209	88,545	8,063
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest bearing	77,019	1	54,150
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	133	4	133
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
	11 Investments—publicly traded securities		10c	
	12 Investments—other securities. See Part IV, line 11		11	
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		77,152	15	54,283
Liabilities	17 Accounts payable and accrued expenses	3,726	16	54,283
	18 Grants payable		17	1,482
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26 <b>Total liabilities.</b> Add lines 17 through 25		3,726	25
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	
	27 Unrestricted net assets	73,426	27	52,801
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	73,426	33	52,801	
34 <b>Total liabilities and net assets/fund balances</b>	77,152	34	54,283	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	139,192
2	Total expenses (must equal Part IX, column (A), line 25)	2	159,817
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,625
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,426
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,801

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**WEST LOUISVILLE YOUTH SPACE, INC.**

Employer identification number

**61-1256668**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**WEST LOUISVILLE YOUTH SPACE, INC.**

Employer identification number

**61-1256668**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>BREAKFAST/GOLF</u> (event type)	_____ (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	44,645		44,645
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	44,645		44,645
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				44,645

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:  Yes  No

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

**WEST LOUISVILLE YOUTH SPACE, INC.**

Employer identification number  
**61-1256668**

Form 990, Part III, Line 4d - All Other Accomplishment

OTHER KIDS PROGRAMS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

316648

RECEIVED & FILED

ARTICLES OF INCORPORATION  
OF

ST. ANTHONY COMMUNITY OUTREACH CENTER, INC.

# 8.00  
JUN 18 10 01 AM '93

The undersigned Incorporator, Tom Shannon, Secretary of State, executes these Articles of Incorporation for the purpose of forming and does hereby form a nonprofit corporation under the laws of the Kentucky Nonprofit Corporation Act, KRS 273.161 et seq., in accordance with the following provisions:

DOE ZARRACE  
SECRETARY OF STATE  
COMM. OF KENTUCKY

ARTICLE 1.

Name

The name of the Corporation is St. Anthony Community Outreach Center, Inc. (the "Corporation").

ARTICLE 2.

Purposes and Powers

715610

The purposes for which the Corporation is formed, the business and objects to be carried on and promoted by it, and the powers granted to it, are as follows:

A. The purposes of the Corporation include:

[1] To serve the citizens of the St. Anthony neighborhood, who are among the neediest citizens of the city of Louisville, by providing education through classes, tutoring and counselling for children, youth and adults; and by providing for the physical needs of the community through recreation, childcare, employment services, and a food shelter;

[2] In furtherance of the foregoing, to host Bible studies and prayer meetings, to develop and supervise West End

athletics events and leagues, to offer recreation to the youth of the area through basketball and other athletic competition, to offer adult literacy training and State approved GED diploma training, to offer grade school and high school tutoring and counseling, to offer chemical dependency recovery programs, to offer babysitting and nursery services and employment services, and to operate a food shelter for those in need;

[3] To minister to the general, salient needs of the St. Anthony Community (the "Community"), and to establish a volunteer network to provide members of the Community with resource and support persons who can guide and support them and assist them in realizing their goals;

[4] To utilize the existing resources and energies of the Community and the City of Louisville to benefit the Community by identifying persons with gifts and talents, and involving them in the needs of the Community, thereby maximizing the use of personal talents and minimizing the reliance financial gifts;

[5] In furtherance of the foregoing, to raise public awareness of the Community and its needs, and to be a cooperative member of the West End Community and a catalyst in the creation of a coalition of similar groups;

[6] To engage in activities properly relating to the foregoing.

B. The Corporation is irrevocably dedicated to and is organized and operated exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Code (or its successor provision). The Corporation may receive contributions and fees, and shall distribute its funds for public, charitable, educational, cultural, humanitarian and/or scientific purposes, as set forth in these Articles. In carrying out its corporate purposes, the Corporation shall have all the powers allowed corporations by the Kentucky Nonprofit Corporation Act, KRS 273.161 et seq.; provided, however, that the Corporation shall not have or exercise any power inconsistent with or prohibited by the provisions of Paragraphs (B), (C), (D), and, if applicable, (E).

C. As limited by Section 501(c)(3) of the Code, it is expressly not the purpose of the Corporation, and the Corporation is not empowered, to participate or intervene in (including the publication or distributing of statements) any political campaign on behalf of any candidate for public office, nor to devote more than an insubstantial part of its activities to carrying on propaganda or otherwise attempting to influence legislation.

D. Any other provision of these Articles to the contrary notwithstanding, the Corporation shall have no capital stock and no power to issue certificates of stock nor to declare dividends; no part of the net earnings of the Corporation shall inure to the benefit of any private shareholder or individual; and the Corporation shall not carry on any activities denied to: [i] a corporation described in Section 501(c)(3) of the Code, including prohibited



transactions defined in Section 503 of the Code; or [ii] a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

E. Any other provision of these Articles to the contrary notwithstanding, this Corporation shall, if the following provisions of law are applicable to it: [i] distribute its income for each fiscal year at such time and in such manner as not to be subject to the tax under Section 4942 of the Code; [ii] not engage in any act of self dealing as defined in Section 4941 of the Code; [iii] not retain any excess business holdings as defined in Section 4943 of the Code; [iv] not make any investments in such manner as to subject the Corporation to tax under Section 4944 of the Code; and [v] not make any taxable expenditures as defined in Section 4945 of the Code.

ARTICLE 3.

Duration

The Corporation shall have perpetual existence.

ARTICLE 4.

Registered Office and Resident Agent

The street address of the initial registered office and principal place of business of the Corporation is 2222 West Market Street, Louisville, Kentucky 40212.

The name of the initial registered agent at that address is Father Killian Speckner.

ARTICLE 5.

Principal Office

The mailing address of the principal office of the Corporation is 2222 West Market Street, Louisville, Kentucky 40212.

ARTICLE 6.

Incorporator

The name and street address of the Incorporator is Tom Shannon, 7100 Grade Lane, Louisville, Kentucky 40213.

ARTICLE 7.

Directors

The affairs of the Corporation shall be managed by a Board of Directors in the manner provided in the Bylaws. In addition, the Bylaws shall provide the number and classes of directors, the term of office, method of election, removal procedures and such other matters pertaining or relating to the duties and office of director.

The nine (9) members of the initial Board of Directors of the Corporation shall serve until the first annual election of directors and until their successors are elected and qualified.

The names and addresses of the initial directors are:

Tom Shannon  
7100 Grade Lane  
Louisville, Kentucky 40213

Mark Buchter  
122 South 24th Street  
Louisville, Kentucky 40212

Father Killian Speckner  
2222 West Market Street

Rudolf Davidson  
201 No. 46th Street

Louisville, Kentucky 40212

Molly Leonard  
2915 Portland Avenue  
Louisville, Kentucky 40212

Jim Brangers  
5505 Sterling Drive  
Louisville, Kentucky 40216

Sister Rebecca Miles  
2235 West Market Street  
Louisville, Kentucky 40212

Louisville, Kentucky 40212

Chuck Williams  
106 North 36th Street  
Louisville, Kentucky 40212

Bill Howard  
1128 West Main Street  
Louisville, Kentucky 40203

ARTICLE 8.

Indemnification

Each person who is or was a member, trustee, officer or director of the Corporation, whether elected or appointed, and each person who is or was serving at the request of the Corporation as a member, trustee, officer or director of another corporation, whether elected or appointed, or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, including the heirs, executors, administrators or estate of any such person, shall be indemnified by the Corporation to the full amount against any liability, and the reasonable cost, or expense (including attorneys' fees, monetary or other judgments, fines, excise taxes or penalties and amounts paid or to be paid in settlement) incurred by such person in such person's capacity as a member, trustee, officer, director or employee or arising out of such person's status as a member, trustee, officer, director or employee; provided, however, no such person shall be indemnified against any such liability, cost or expense incurred in connection with any action, suit or proceeding

in which such person shall have been adjudged liable on the basis that personal benefit was improperly received by such person or if such indemnification would be prohibited by law. Such right shall be a contract right and shall include the right to be paid by the Corporation the reasonable expenses incurred in defending any threatened or pending action, suit or proceeding in advance of its final disposition; provided, however, that such advance payments of expenses shall be made only after delivery to the Corporation of an undertaking by or on behalf of such person to repay all amounts so advanced if it shall be determined that such person is not entitled to such indemnification. Any repeal or modification of this Article shall not affect any rights or obligations then existing. If any indemnification payment required by this Article is not paid by the Corporation within ninety (90) days after a written claim has been received by the Corporation, the member, trustee, officer, director or employee may at any time thereafter bring suit against the Corporation to recover the unpaid amount and, if successful in whole or in part, shall be entitled to be paid also the expense of prosecuting such claim. The Corporation may maintain insurance, at its own expense, to protect itself and any such person against any such liability, cost or expense, whether or not the Corporation would have the power to indemnify such person against such liability, cost or expense under the Kentucky Nonprofit Corporation Act or under this Article, but it shall not be obligated to do so. The indemnification provided by this Article shall not be deemed exclusive of any other rights which those seeking indemnification

may have or hereafter acquire under any bylaw, agreement, statute, vote of members or Board of Directors or otherwise. If this Article or any portion thereof shall be invalidated on any ground by any court of competent jurisdiction, then the Corporation shall nevertheless indemnify each such person, to the full extent permitted by any applicable portion of this Article that shall not have been invalidated or by any other applicable law. For the purpose of this Article, reference to "the Corporation" includes all constituents absorbed in a consolidation or merger as well as the resulting or surviving corporation.

ARTICLE 9.

Limitation of Director Liability

No director shall be personally liable to the Corporation for monetary damages for breach of his or her duties as a director except for liability:

A. For any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;

B. For acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

C. For any transaction from which the director derived an improper personal benefit.

If the Kentucky Revised Statutes are amended after the effective date of these Articles of Incorporation to authorize

corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the Kentucky Revised Statutes, as so amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

ARTICLE 10.

Membership

The Corporation shall have no voting members. Any provisions pertaining to nonvoting members shall be as set out in the Bylaws.

ARTICLE 11.

Dissolution

Dissolution shall be accomplished in accordance with Chapter 273 of the Kentucky Revised Statutes or its successor. Upon dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the Corporation, dispose of all corporate assets by distributing such assets to organizations that are organized and operated exclusively for charitable purposes and at the time qualify as exempt organizations under Section 501(c)(3) of the Code, or its successor provision, or to such organizations described under Section 170(c)(1) of the Code, or its successor

provision, as the Board of Directors shall determine. If possible, the purposes of such charitable donee or donees should be substantially similar to the charitable purposes of the Corporation. Any such assets not disposed of by the Board of Directors shall be disposed of by the Circuit Court of the County in which the principal office of the Corporation is then located, to such organization or organizations organized and operated exclusively for charitable, educational or scientific purposes as shall, at that time, qualify as exempt organizations or as organizations under Section 501(c)(3) of the Code, or its successor provision. If possible, the Court shall cause such remaining assets to be transferred to a donee or donees that have purposes that are substantially similar to the charitable purposes of the Corporation.

Signed by the Incorporator this <sup>6/17/93</sup> day of June, 1993.



Tom Shannon

THIS INSTRUMENT WAS PREPARED BY:

Martha Jo Risterman  
Martha Jo Risterman, Esq.  
WYATT, TARRANT & COMBS  
Citizens Plaza  
Louisville, Kentucky 40202  
(502) 589-5235

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# Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)  
**West Louisville Youth Space**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

Individual/sole proprietor  C Corporation  S Corporation  Partnership  Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**

Other (see instructions) ▶

Exemptions (see instructions):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)

**2234 W MARKET ST**

City, state, and ZIP code

**LOUISVILLE KY 40212**

Requester's name and address (optional)

List account number(s) here (optional)

Print or type  
See Specific Instructions on page 2.

## 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.

Social security number								

Employer identification number								
6	1	-	1	2	5	6	6	8

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

## 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), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

Sign Here Signature of U.S. person ▶ **Quilla M VanKanel**

Date ▶ **10-2-13**

## General Instructions

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### 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, payments made to you in settlement of payment card and third party network transactions, 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, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

PERSONNEL

Executive Director

Director

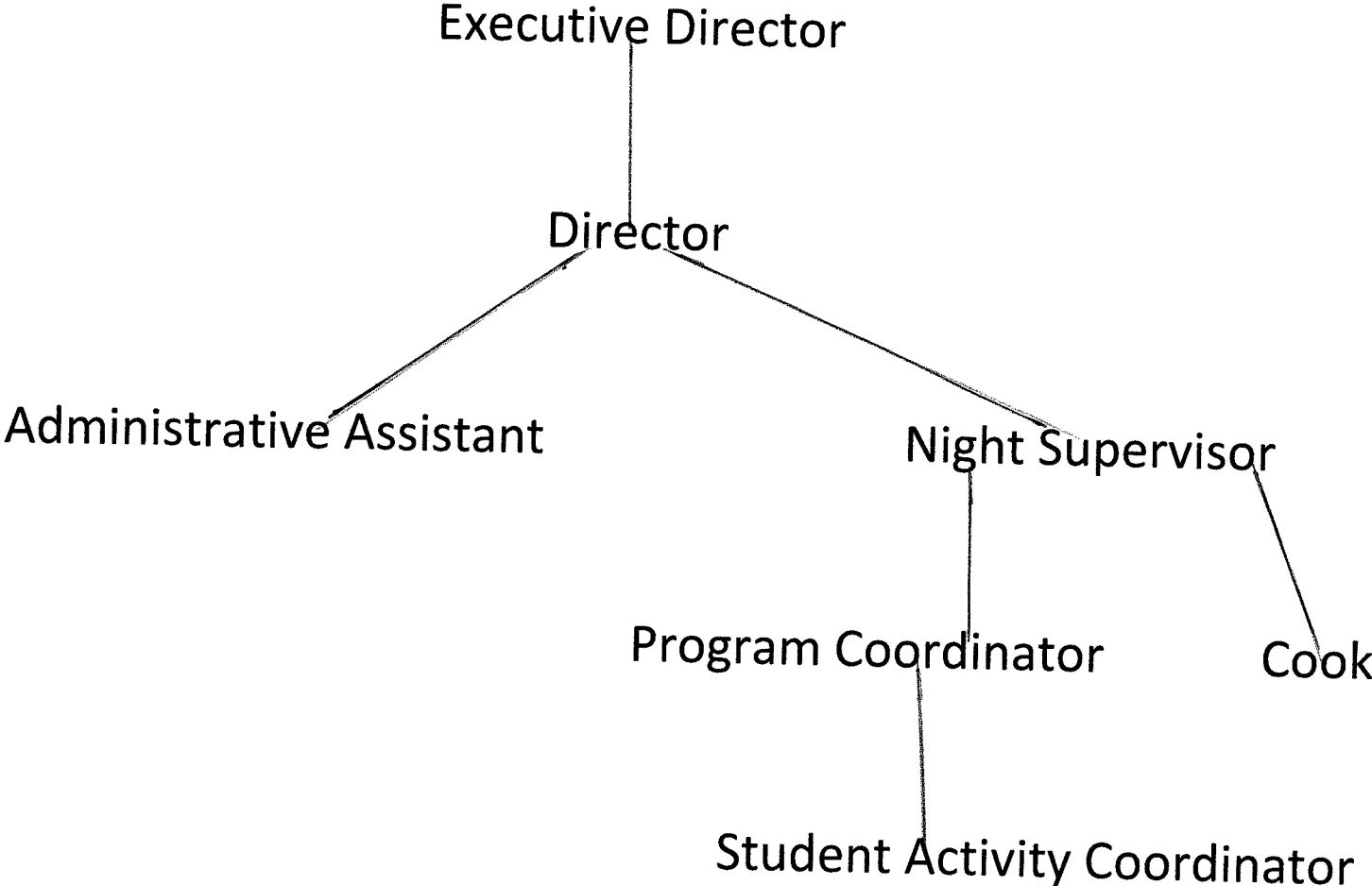
Administrative Assistant

Night Supervisor

Program Coordinator

Cook

Student Activity Coordinator



**WEST LOUISVILLE YOUTH SPACE, INC.****General Information**

<b>Organization Number</b>	0316648
<b>Name</b>	WEST LOUISVILLE YOUTH SPACE, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	6/18/1993
<b>Organization Date</b>	6/18/1993
<b>Last Annual Report</b>	6/5/2013
<b>Principal Office</b>	2234 W. MARKET ST. LOUISVILLE, KY 40212
<b>Registered Agent</b>	KATHYRN WALLACE 2619 ALIA CIRCLE LOUISVILLE, KY 40222

**Current Officers**

<b>President</b>	<u>MICHAEL HASKEN</u>
<b>Secretary</b>	<u>JULIE ICE</u>
<b>Treasurer</b>	<u>JULIE ICE</u>
<b>Director</b>	<u>Joe Hammell</u>
<b>Director</b>	<u>DAVID HIGGINS</u>
<b>Director</b>	<u>TOM SHANNON</u>

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>TOM SHANNON</u>
<b>Director</b>	<u>KILLIAN SPECKNER</u>
<b>Director</b>	<u>MARK BUCHTER</u>
<b>Director</b>	<u>RUDOLF DAVIDSON</u>
<b>Director</b>	<u>MOLLY LEONARD</u>
<b>Incorporator</b>	<u>TOM SHANNON</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>Annual Report</u>	6/5/2013	1 page	<u>PDF</u>
		1 page	<u>PDF</u>
<u>Principal Office Address Change</u>	1/8/2013 5:47:40 PM		
<u>Amendment</u>	11/7/2012	1 page	<u>tiff</u> <u>PDF</u>
<u>Registered Agent name/address change</u>	10/22/2012 3:20:36 PM	1 page	<u>PDF</u>



COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

0316648.09      e-mcray  
AMD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
11/7/2012 9:06 AM  
Fee Receipt: \$0.00

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Amendment (Domestic Nonprofit Corporation)	NPA
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Pursuant to the provisions of KRS 14A and KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:  
St. Anthony Community Outreach Center, Inc

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: West Louisville Youth Space, Inc.

\_\_\_\_\_

\_\_\_\_\_

3. The date of adoption of each amendment was 10/18/12

4. Check either a, b or c (whichever is applicable):

- a.  The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b.  The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto.
- c.  The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. 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 \_\_\_\_\_ (Delayed effective date and/or time)

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

	Michael Hasken	President	10/22/12
Signature of Officer or Chairman of the Board	Printed Name	Title	Date

(0112)

To download full page copies of the document, please visit our web site at [www.sos.ky.gov/online.htm](http://www.sos.ky.gov/online.htm). If you would like to request copies of the document from our office, please download the Records Request Form at [www.sos.ky.gov/business/records](http://www.sos.ky.gov/business/records) and submit to our Records department.