

0-139-26

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

Applicant/Program: Prominent Youth of America, Inc. // Jackson Woods Summer Program
Applicant Requested Amount: \$8,328.97 *Incorporated*
Appropriation Request Amount: \$ ~~6000~~ \$7,000

Executive Summary of Request

Funding for personnel costs, supplies, and costs associated with the Jackson Woods Summer Program.

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)?

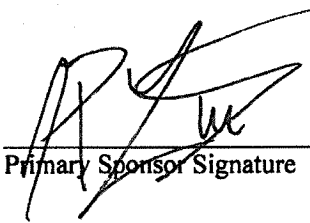
☐ Yes

☒ 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.

6

District #


Primary Sponsor Signature

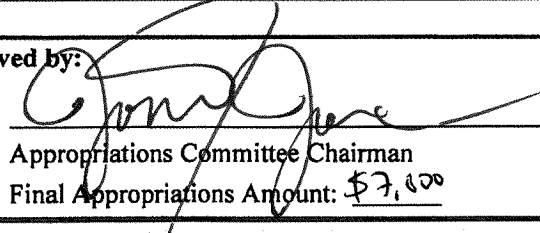
\$6000
Amount

05/07/2026
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.

Approved by:


Appropriations Committee Chairman

6/3/26
Date

Final Appropriations Amount: \$7,000

Approved Committee

Date: 6/3/26

Applicant/Program:

Prominent Youth of America/Jackson Woods Summer Program
Incorporated

Additional Disclosure and Signatures**Additional Council Office 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.

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ <u>500</u>
District 15	_____	\$ _____

Applicant/Program:

Prominent Youth of America, Inc.//Jackson Woods Summer Program
Incorporated

Additional Disclosure and Signatures**Additional Council Office 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.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ 500

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Prominent Youth of America. Incorporated	
Program Name and Request Amount \$83,284.77 for Jackson Woods Summer Program	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
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
Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	N/A
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	Yes
Prepared by: Nick Conder Date: 05/07/2026	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: <u>Prominent Youth of America, Incorporated</u> (as listed on: http://www.sos.ky.gov/business/records)			
Main Office Street & Mailing Address: 101 North 44th St Louisville KY 40212			
Website: <u>www.pyoa.org</u>			
Applicant Contact:	LaVon Clack	Title:	CEO
Phone:	502-802-9224	Email:	<u>lavon.clack@pyoa.org</u>
Financial Contact:	Jermaine Bibb	Title:	Treasurer
Phone:	502-498-1515	Email:	<u>jbibb20@gmail.com</u>
Organization's Representative who attended NDF Training: <u>LaVon Clack</u>			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1029 S Jackson Louisville Ky 40203		
Council District(s):	4,6	Zip Code(s):	40203,40202
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: <u>Jacksonwoods Summer Youth Program</u>			
Total Request: (\$)	8,328.97	Total Metro Award (this program) in previous year: (\$)	0
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)			
The Following are Required Attachments:			
☒ IRS Exempt Status Determination Letter ☒ Current year projected budget ☒ Current financial statement ☒ Most recent IRS Form 990 or 1120-H ☒ Articles of Incorporation (current & signed) ☐ Cost estimates from proposed vendor if request is for capital expense		☐ Signed lease if rent costs are being requested ☒ IRS Form W9 ☐ Evaluation forms if used in the proposed program ☐ Annual audit (if required by organization) ☐ Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? ☒ Yes ☐ No			
Has the applicant met the BBB Charity Review Standards? ☒ Yes ☐ No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Prominent Youth of America is a nonprofit organization committed to empowering youth and strengthening families by providing access to high quality out of school time programs and services. The organization's vision is to create safe, supportive, and opportunity rich environments where all youth, regardless of background, can develop the skills, confidence, and resources needed to succeed academically, socially, and professionally. Prominent Youth of America works to bridge gaps in access for low income communities by delivering programs that promote educational advancement, creative expression, and workforce readiness.

The mission of Prominent Youth of America is achieved through its core principles of Education, Leadership, Integrity, and Innovation. Through these guiding values, the organization offers a range of services including academic enrichment in math and literacy, arts and multimedia programming, youth leadership development, and community based initiatives that address social issues impacting young people. Programs are designed to be hands on, engaging, and culturally relevant, providing youth with real world experiences in areas such as video production, podcasting, digital media, and creative arts. By combining education with mentorship and skill building opportunities, Prominent Youth of America equips youth with transferable skills that support long term success in higher education, entrepreneurship, and career pathways.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
LaVon Clack	6/30/2028
Matthew Brown	6/30/2028
Jermill Bibb	6/30/2028
Lauren Watts Taylor	6/30/2028
Jermaine Bibb	6/30/2028

Describe the Board term limit policy:

Prominent Youth of America (PYOA) maintains a board governance structure that promotes accountability, leadership development, transparency and longterm sustainability. Members of the Board of Directors serve three year terms with staggered rotations to ensure continuity in leadership and organizational operations. Board members may serve up to three consecutive three year terms for a maximum of nine consecutive years of service. After completion of terms Board Members must rotate off the board for a minimum of one year before becoming eligible for reappointment or reelection.

Three Highest Paid Staff Names	Annual Salary
LaVon Clack	\$30,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

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

Prominent Youth of America Arts and Culture Summer League will operate over a six week period from June 22, 2026 through July 31, 2026, serving youth Monday through Friday from 7:30 AM to 2:30 PM, totaling 7 hours per day and 210 hours per participant, with 1,050 total program hours delivered across all participants. This free summer enrichment program is designed to serve 20 youth ages 8 to 17 who are enrolled in Jefferson County Public Schools and reside in Jefferson County, with a priority focus on youth from underserved communities within Louisville Metro Council District 6. The program provides a structured combination of academic support in Language Arts and Math along with hands on multimedia learning, including television and film production, podcast development, scriptwriting, and short film creation. Participants will engage in project based learning experiences that strengthen literacy, critical thinking, communication, and digital media skills while creating original content that reflects their voices and experiences. The program combines Language Arts and Math with hands on multimedia learning, including television and film production, podcasting, scriptwriting, and short film creation. Youth will build literacy, communication, and digital media skills while creating original content. At least 20 youth are expected to show improved academic performance, and participants will receive daily meals, snacks, and weekly field trips to arts and cultural institutions such as museums.

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

Funding for the Arts and Culture Summer League will be used to support direct program delivery, youth engagement, and enrichment experiences for participating students. A total of \$16,800 will be allocated toward staffing, including two Program Facilitators who will provide daily academic instruction and multimedia training, and two Youth Counselors who will support supervision, mentorship, and daily program operations. These staff members will work Monday through Friday from 7:30 AM to 2:30 PM over the six week program period, ensuring consistent, high quality instruction and a safe, structured environment for all participants. Additional funding will support weekly Arts and Culture Educational Field Trips, including transportation through Miller Transportation, with costs ranging from \$1,950, and admission to local institutions such as the Kentucky Science Center, Roots 101 Museum, Speed Art Museum, Muhammad Ali Center, Frazier History Museum, and Jeffersonville Aquatic Center, totaling \$2,655.53. Student enrichment will also include copyright registration through the Library of Congress for original student created media projects, totaling \$1,300 for 20 participants. Supplies totaling approximately \$378.97 will include multimedia equipment such as pocket vlogging cameras and art materials for creative projects. Food costs will include \$1,200 for field trip meals and \$600 for weekly snacks, ensuring students have access to nutritious options throughout the program. No funding will be distributed to sub grantees, as all funds will be managed and administered directly by Prominent Youth of America to support program implementation.

Metro Funds will cover:

\$6,000 - personnel for 2 program facilitators & 2 youth counselors

\$1,950 - In Town Travel w/ Miller Transportation for field trips

\$378.97 - equipment for multimedia projects including vlogging cameras & supplies

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

- ☒ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

- ☐ Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The The Arts and Culture Summer League will deliver measurable academic, social, and career pathway readiness benefits to 20 participating youth through integrated instruction in Math, Literacy, and multimedia arts. Participants will strengthen reading comprehension, writing, and mathematical thinking while applying these skills through hands on activities such as video production, podcasting, scriptwriting and digital storytelling. Students will learn the 8 elements of film, develop storyboards, and produce original content using cameras and mobile editing tools, resulting in at least one completed multimedia project per participant. Creative expression activities will also build confidence, communication, and critical thinking while addressing topics such as civic engagement and youth advocacy. Additional outcomes include increased exposure to arts and culture through museum visits, improved teamwork and leadership skills, and access to daily meals and snacks that support consistent participation and overall well being. Program outcomes will be measured through a structured data collection process that includes pre and post assessments in reading and math to track academic improvement and prevent summer learning loss.

Attendance records and daily participation logs will measure engagement, while facilitator evaluations and student surveys will assess growth in leadership, teamwork, and confidence. The program will also utilize the Staff Rating of Youth Behaviors SRYB, an observational assessment tool completed by staff at the beginning and end of the program to measure changes in behaviors such as cooperation, self control initiative, and social interaction. Additional indicators will include completion of multimedia projects, submission of copyright applications, participation in field trips, and consistent attendance. These data points will demonstrate the program's effectiveness in improving academic performance, strengthening social skills, and preparing youth for future educational and career opportunities.

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

Prominent Youth of America maintains strong collaborative relationships with a diverse network of community organizations that support youth development, education, and creative enrichment. Key partners include New Directions Housing Corporation and the Republic Bank Foundation YMCA, both of which provide access to safe program space and shared community resources that allow programming to take place in trusted neighborhood settings. The Best Buy Teen Tech Center contributes access to technology, equipment, and creative workspaces that support hands on multimedia learning. Additional creative partners such as Jermaine Bibb with SL Media, DJ John Q from Magic 101.3, Stoner Productions 26 Dreams, The Mattel Group, and Lady Sunshine Creations provide industry insight, media resources and support in video production, broadcasting, graphic design, and branding enhancing the real world learning experience for participating youth.

For this specific program, partners play a direct role in strengthening both program quality and participant outcomes. Dare to Care through its Kids Café initiative supports food access by helping provide meals and snacks to students, addressing food insecurity and improving engagement. Metro United Way, through the Youth Success Network, offers alignment with broader youth development strategies, potential referrals, and community support systems that help expand program reach and impact. Collectively, these partnerships contribute space, equipment, mentorship, creative expertise, and essential resources that allow the Arts and Culture Summer League to operate effectively while providing youth with meaningful exposure to career pathways, community engagement, and high quality enrichment opportunities.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	\$6,000	\$10,800	\$16,800.0
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel	\$1,950.00	\$2,655.53	\$4,605.53
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials		\$1,300.00	\$1,300.00
I: Community Events & Festivals (See Detailed List on Page 8)			\$ 0.00
J: Machinery & Equipment	\$378.97		\$378.97
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)		\$1,800.00	\$1,800.00
*TOTAL PROGRAM/PROJECT FUNDS	\$8,328.97	\$16,555.53	\$24,884.50
% of Program Budget	33.47%	66.53%	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	\$16,555.53
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$ 0.00

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Food For Field Trips and Program Snacks		\$1,800.00	\$1,800.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 0.00	\$1,800.00	\$1,800.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$ 0.00	

*** 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**

Agency Fiscal Year Start Date: 1/01/2026

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:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	5/07/2026
Legal Signatory: (please print):	LaVon Z Clack	Title:	CEO
Phone:	502 802 9224	Extension:	
Email:	lavon.clack@pyoa.org		

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

JUN 10 2019

PROMINENT YOUTH OF AMERICA
INCORPORATED
C/O LAVON CLACK
101 NORTH 44TH STREET
LOUISVILLE, KY 40212-0000

Employer Identification Number:
83-4538244

DLN:
26053551002179

Contact Person:
CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
170(b)(1)(A)(vi)

Form 990/990-EZ/990-N Required:
Yes

Effective Date of Exemption:
May 1, 2019

Contribution Deductibility:
Yes

Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

Prominent Youth of America (PYOA) Projected Operating Budget 2026

Projected Revenue	Projected Amount	Notes
Grants	\$60,000	Projected foundation, corporate, and government grant revenue
In Kind Donations	\$10,000	Estimated value of donated goods, supplies, food, equipment, space, or services
Fundraising	\$15,000	Projected income from campaigns, events, donor drives, and community fundraising
Providing Services	\$15,000	Projected income from program services, multimedia services, workshops, trainings, and contracts
TOTAL PROJECTED REVENUE	\$100,000	Total projected income for the year
Projected Expenses	Projected Amount	Notes
Program Staff & Facilitators	\$30,000	Youth program instructors, facilitators, program coordination, and supervision
Teaching Artists & Contractors	\$12,000	Specialized multimedia, arts, music, film, podcasting, and digital media instructors
Multimedia Equipment & Technology	\$10,000	Cameras, microphones, lighting, computers, tablets, production tools, and upgrades
Program Supplies & Materials	\$7,000	Classroom supplies, youth materials, printing, creative supplies, and curriculum materials
Food & Snacks for Youth	\$6,000	Meals, snacks, and refreshments for youth programming and events
Transportation & Field Trips	\$6,000	Youth transportation, field trips, college/career exposure trips, and local travel
Marketing & Community Outreach	\$5,000	Flyers, social media promotion, outreach materials, and community engagement
Facility Usage / Rent	\$7,000	Program space, event space, meeting rooms, and facility support costs
Insurance & Administrative Costs	\$5,000	Insurance, compliance, registration, administrative and office expenses
Software & Subscriptions	\$3,000	Editing software, design software, cloud storage, and digital production platforms
Events & Showcases	\$4,000	Youth showcases, community events, presentations, and program celebrations
Contingency / Reserve	\$5,000	Reserve for unexpected program or operating costs
TOTAL PROJECTED EXPENSES	\$100,000	Total projected spending for the year
Budget Summary		
Total Projected Revenue	\$100,000	
Total Projected Expenses	\$100,000	
Projected Balance	\$0	Balanced budget should equal \$0

PROMINENT YOUTH OF AMERICA INC

Income Statement

Most Recent 12 Months

	05/31/25	06/30/25	07/31/25	08/31/25	09/30/25	10/31/25	11/30/25	12/31/25	01/31/26	02/28/26	03/31/26	04/30/26	Total
Sales													
Grant Income	\$ 4,800.00	\$ 7,150.00	\$ 9,900.00	\$ 5,100.00	\$ 0.00	\$ 3,500.00	\$ 3,790.00	\$ 4,736.67	\$ 5,690.00	\$ 6,270.00	\$ 4,870.00	\$ 5,490.00	\$ 61,296.67
Contributions Received	0.00	500.00	2,215.00	0.00	2,000.00	748.58	1,626.67	0.00	6,610.00	4,000.00	2,750.00	0.00	20,450.25
Total Sales	4,800.00	7,650.00	12,115.00	5,100.00	2,000.00	4,248.58	5,416.67	4,736.67	12,300.00	10,270.00	7,620.00	5,490.00	81,746.92
Cost of Goods Sold													
Purchases	361.96	1,242.47	651.49	2,566.31	75.94	116.24	370.70	192.99	193.65	526.49	804.09	881.03	7,983.36
Total Cost of Goods Sold	361.96	1,242.47	651.49	2,566.31	75.94	116.24	370.70	192.99	193.65	526.49	804.09	881.03	7,983.36
Gross Profit	4,438.04	6,407.53	11,463.51	2,533.69	1,924.06	4,132.34	5,045.97	4,543.68	12,106.35	9,743.51	6,815.91	4,608.97	73,763.56
Operating Expenses													
Youth Stipend	1,125.00	1,625.00	0.00	0.00	0.00	20.00	0.00	0.00	0.00	0.00	0.00	0.00	2,770.00
Field Trip/Events For Kids	146.99	81.00	133.22	81.00	81.00	223.17	211.00	18.87	3,520.00	350.57	94.63	83.00	5,024.45
Advertising	9.63	53.83	790.01	20.35	0.00	0.00	95.00	0.00	0.00	0.00	0.00	0.00	968.82
Security	56.17	56.17	60.66	60.66	60.66	60.66	60.66	60.66	60.66	60.66	60.66	60.66	718.94
Bank Charges	60.40	72.40	227.40	109.34	397.40	110.40	193.40	193.40	228.40	60.40	97.40	635.40	2,385.74
Casual Labor	1,387.00	1,840.00	1,030.00	1,025.00	395.00	570.00	205.00	285.00	0.00	2,155.00	500.00	550.00	9,942.00
Dues & Subscriptions	150.27	210.70	422.89	205.04	149.76	207.03	48.73	6.35	212.53	100.22	95.98	180.71	1,990.21
Donations	0.00	270.75	710.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	980.75
Meals & Entertainment	598.99	1,249.70	1,745.36	545.70	144.83	302.39	164.03	433.91	140.29	454.28	495.85	210.33	6,485.66
Insurance	0.00	0.00	261.99	157.99	131.99	131.99	131.99	131.99	131.99	131.99	131.99	131.99	1,475.90
Miscellaneous	0.00	0.00	13.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13.53
Office Expense	55.79	55.79	218.54	105.44	70.65	104.51	92.13	549.42	1.98	0.00	101.63	0.00	1,355.88
Professional Fees	762.50	325.00	400.00	350.00	350.00	650.00	550.00	700.00	425.00	1,409.21	216.95	350.00	6,488.66
Repairs & Maintenance	0.00	93.51	0.00	419.76	0.00	0.00	132.50	0.00	0.00	269.00	0.00	0.00	914.77
Officer Salary - LaVon Clark	750.00	750.00	1,500.00	1,375.00	0.00	1,250.00	1,625.00	3,250.00	750.00	4,750.00	1,875.00	1,187.50	19,062.50
Taxes - Payroll	129.38	129.38	249.76	228.94	0.00	208.13	176.06	248.63	129.38	819.39	321.19	197.73	2,837.97
Telephone & Internet	0.00	453.55	280.34	439.92	312.51	183.32	373.27	106.49	254.15	228.32	228.32	228.32	3,088.51
Travel Expenses	0.00	0.00	70.00	0.00	0.00	18.98	0.00	0.00	0.00	0.00	4,932.67	0.00	5,021.65
Vehicle Expense	222.26	406.97	254.84	329.47	108.02	318.42	362.84	290.76	111.24	486.35	590.83	225.51	3,707.51
Total Operating Expenses	5,454.38	7,673.75	8,368.54	5,453.61	2,201.82	4,359.00	4,421.61	6,275.48	5,965.62	11,275.39	9,743.10	4,041.15	75,233.45
Operating Income (Loss)	(1,016.34)	(1,266.22)	3,094.97	(2,919.92)	(277.76)	(226.66)	624.36	(1,731.80)	6,140.73	(1,531.88)	(2,927.19)	567.82	(1,469.89)
Other Income (Expenses)													
Total Other Income (Expenses)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PROMINENT YOUTH OF AMERICA INC

Income Statement Most Recent 12 Months

	05/31/25	06/30/25	07/31/25	08/31/25	09/30/25	10/31/25	11/30/25	12/31/25	01/31/26	02/28/26	03/31/26	04/30/26	Total
Net Income (Loss) Before Taxes	(1,016.34)	(1,266.22)	3,094.97	(2,919.92)	(277.76)	(226.66)	624.36	(1,731.80)	6,140.73	(1,531.88)	(2,927.19)	567.82	(1,469.89)
Net Income (Loss)	<u>\$ (1,016.34)</u>	<u>\$ (1,266.22)</u>	<u>\$ 3,094.97</u>	<u>\$ (2,919.92)</u>	<u>\$ (277.76)</u>	<u>\$ (226.66)</u>	<u>\$ 624.36</u>	<u>\$ (1,731.80)</u>	<u>\$ 6,140.73</u>	<u>\$ (1,531.88)</u>	<u>\$ (2,927.19)</u>	<u>\$ 567.82</u>	<u>\$ (1,469.89)</u>

Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-0047

2025Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.**Open to Public
Inspection****A** For the 2025 calendar year, or tax year beginning , 2025, and ending ,**B** Check if applicable: **C**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

PROMINENT YOUTH OF AMERICA
101 NORTH 44TH STREET
LOUISVILLE, KY 40212**D** Employer identification number**83-4538244****E** Telephone number**(502) 443-7147****F** Group Exemption
Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify):**I** Website: **PYOA.ORG****J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other:**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total
assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **69,507.****Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**Check if the organization used Schedule O to respond to any question in this Part I..... ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received.....	1	69,507.
	2	Program service revenue including government fees and contracts.....	2	
	3	Membership dues and assessments.....	3	
	4	Investment income.....	4	
	5a	Gross amount from sale of assets other than inventory.....	5a	
	5b	Less: cost or other basis and sales expenses.....	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).....	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000).....	6b	
	6c	Less: direct expenses from gaming and fundraising events.....	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c).....	6d	
	7a	Gross sales of inventory, less returns and allowances.....	7a	
	7b	Less: cost of goods sold.....	7b	
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).....	7c	
	8	Other revenue (describe in Schedule O).....	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.....	9	69,507.
	10	Grants and similar amounts paid (list in Schedule O).....	10	
	11	Benefits paid to or for members.....	11	
Net Assets	12	Salaries, other compensation, and employee benefits.....	12	18,319.
	13	Professional fees and other payments to independent contractors.....	13	6,922.
	14	Occupancy, rent, utilities, and maintenance.....	14	
	15	Printing, publications, postage, and shipping.....	15	
	16	Other expenses (describe in Schedule O)..... SEE SCHEDULE O	16	48,090.
	17	Total expenses. Add lines 10 through 16.....	17	73,331.
	18	Excess or (deficit) for the year (subtract line 17 from line 9).....	18	-3,824.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).....	19	6,060.	
20	Other changes in net assets or fund balances (explain in Schedule O).....	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20.....	21	2,236.	

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

Form 990-EZ (2025) Created 5/2/25

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	2,477.	22
23	Land and buildings		23
24	Other assets (describe in Schedule O) SEE SCHEDULE O	3,583.	24 2,236.
25	Total assets	6,060.	25 2,236.
26	Total liabilities (describe in Schedule O)	0.	26 0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,060.	27 2,236.

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III..... ☒ X

Expenses

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	TEACHING YOUTH IN THE COMMUNITY HOW TO PURSUE A MUSIC CAREER		
	(Grants \$) If this amount includes foreign grants, check here	☐	28a 59,585.
29			
	(Grants \$) If this amount includes foreign grants, check here	☐	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	☐	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	☐	31a
32	Total program service expenses (add lines 28a through 31a)		32 59,585.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

☐[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐ **SEE SCH O**

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	0.
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	0.
b Gross receipts, included on line 9, for public use of club facilities	39b	0.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911: 0.; section 4912: 0.; section 4955: 0.		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed: NONE		

42a The organization's books are in care of: LAVON CLACK Telephone no. (502) 802-9224
Located at: 101 NORTH 44TH STREET LOUISVILLE KY ZIP + 4 40212

	Yes	No
b 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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
If "Yes," enter the name of the foreign country:		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here. ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year. 43 ☐ N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. ☐

47 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.

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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	Signature of officer		Date	
	LAVON CLACK		PRESIDENT	
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date
	JEREMY GANGLOFF		JEREMY GANGLOFF	
	Firm's name		Firm's EIN	PTIN
	Bourke Accounting LLC		20-0464347	P02450096
	Firm's address		Phone no.	
	1019 S 4TH STREET LOUISVILLE, KY 40203		(502) 451-8773	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2025)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Name of the organization

PROMINENT YOUTH OF AMERICA

Employer identification number

83-4538244

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 12, 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 (Form 990).)
- 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2025 Created 4/11/25

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

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,635.	101,029.	82,714.	105,068.	69,507.	420,953.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	62,635.	101,029.	82,714.	105,068.	69,507.	420,953.
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).						0.
6 Public support. Subtract line 5 from line 4.						420,953.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	62,635.	101,029.	82,714.	105,068.	69,507.	420,953.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						420,953.
12 Gross receipts from related activities, etc. (see instructions)					12	183,743.
13 First 5 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 2025 (line 6, column (f), divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	100.00 %
16a 33-1/3% support test—2025. 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—2024. 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—2025. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	☐	
b 10%-facts-and-circumstances test—2024. 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 VI 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 10 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests—2025. 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—2024. 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	☐	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.

- a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI.
- b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
- c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

	Yes	No
2a		
2b		
3a		
3b		
3c		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

BAA

Schedule A (Form 990) 2025

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)***Section D – Distributions**

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5	
6	Total annual distributions. Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)(i)
Excess
Distributions(ii)
Underdistributions
Pre-2025(iii)
Distributable
Amount for 2025

1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020.....			
b	From 2021.....			
c	From 2022.....			
d	From 2023.....			
e	From 2024.....			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2026. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021.....			
b	Excess from 2022.....			
c	Excess from 2023.....			
d	Excess from 2024.....			
e	Excess from 2025.....			

BAA

Schedule A (Form 990) 2025

Part VI

Supplemental Information. Provide the explanations required by Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

PROMINENT YOUTH OF AMERICA

Employer identification number

83-4538244

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	1,876.
OFFICE EXPENSES.....		1,572.
INSURANCE.....		948.
CASUAL LABOR.....		11,247.
PURCHASES.....		8,165.
MEALS.....		6,885.
VEHICLE EXPENSE.....		3,534.
TELEPHONE.....		2,917.
YOUTH STIPEND.....		2,770.
DUES & SUBSCRIPTIONS.....		1,931.
BANK SERVICE CHARGES.....		1,836.
FIELDTRIP/EVENTS.....		1,714.
DONATIONS.....		981.
SECURITY.....		701.
REPAIRS & MAINTENANCE.....		646.
MISCELLANEOUS.....		253.
TRAVEL EXPENSES.....		89.
LICENSES & PERMITS.....		25.
TOTAL	\$	48,090.

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
EQUIPMENT FOR RESALE.....	\$ 3,583.	\$ 3,583.
OUTSTANDING EXPENSES.....	0.	-1,347.
TOTAL	\$ 3,583.	\$ 2,236.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TEACHING YOUTH IN THE COMMUNITY ON HOW TO TURN MUSIC INTO A CAREER.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

Form **8879-TE****IRS E-file Signature Authorization
for a Tax-Exempt Entity**

OMB No. 1545-0047

For calendar year 2025, or fiscal year beginning _____, 2025, and ending _____, 20 _____

2025Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

PROMINENT YOUTH OF AMERICA

EIN or SSN

83-4538244

Name and title of officer or person subject to tax

LAVON CLACK PRESIDENT**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here.....	☐	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here..	☒	b Total revenue, if any (Form 990-EZ, line 9).....	2b	69,507.
3a Form 1120-POL check here	☐	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here..	☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here....	☐	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here...	☐	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here....	☐	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here....	☐	b FMV of assets at end of tax year (Form 5227, item D)	8b	
9a Form 5330 check here....	☐	b Tax due (Form 5330, Part II, line 19).....	9b	
10a Form 8038-CP check here	☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to _____, (EIN)

and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **BOURKE ACCOUNTING LLC** to enter my PIN **70359** as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

61069454118

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

JEREMY GANGLOFF

Date

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

2025

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ)

PAGE 1

PROMINENT YOUTH OF AMERICA

83-4538244

	2025	2024	DIFF
FORM 990-EZ REVENUE			
CONTRIBUTIONS, GIFTS, AND GRANTS.....	69,507	105,068	-35,561
TOTAL REVENUE.....	69,507	105,068	-35,561
EXPENSES			
SALARIES AND EMPLOYEE BENEFITS.....	18,319	31,024	-12,705
PROFESSIONAL FEES/PYMT TO CONTRACTORS....	6,922	5,115	1,807
PRINTING, PUBLICATIONS, AND POSTAGE.....	0	261	-261
OTHER EXPENSES.....	48,090	67,162	-19,072
TOTAL EXPENSES.....	73,331	103,562	-30,231
NET ASSETS OR FUND BALANCES			
EXCESS OR (DEFICIT) FOR THE YEAR.....	-3,824	1,506	-5,330
NET ASSETS/FUND BAL. AT BEG. OF YEAR.....	6,060	4,554	1,506
NET ASSETS/FUND BAL. AT END OF YEAR.....	2,236	6,060	-3,824

2025

GENERAL INFORMATION

PAGE 1

PROMINENT YOUTH OF AMERICA

83-4538244

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990-EZ, SCH A

CARRYOVERS TO 2026

NONE

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

PRIOR TO TRANSMISSION OF THE RETURN

FORM 990-EZ

THE ORGANIZATION SHOULD REVIEW THEIR FEDERAL RETURN ALONG WITH ANY ACCOMPANYING SCHEDULES AND STATEMENTS.

PAPERLESS E-FILE

THE ORGANIZATION SHOULD READ, SIGN AND DATE THE FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION.

EVEN RETURN

NO PAYMENT IS REQUIRED.

AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.

KEEP A SIGNED COPY OF FORM 8879-TE, IRS E-FILE SIGNATURE AUTHORIZATION IN YOUR FILES FOR 3 YEARS.

DO NOT MAIL:

FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION

2025 Exempt Org. Return
prepared for:

PROMINENT YOUTH OF AMERICA
101 NORTH 44TH STREET
LOUISVILLE, KY 40212

BOURKE ACCOUNTING LLC
1019 S 4TH STREET
LOUISVILLE, KY 40203

**BOURKE ACCOUNTING LLC
1019 S 4TH STREET
LOUISVILLE, KY 40203
(502) 451-8773**

February 12, 2026

**PROMINENT YOUTH OF AMERICA
101 NORTH 44TH STREET
LOUISVILLE, KY 40212**

Dear Client:

Your 2025 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

JEREMY GANGLOFF

1057257.09

amcray
ADD

Alison Lundergan Grimes
Kentucky Secretary of State

Received and Filed:

5/1/2019 2:12 PM

Fee Receipt: \$8.00

Articles of Incorporation
Of
Prominent Youth of America, Incorporated.

First: The name of the Corporation shall be Prominent Youth of America, Incorporated.

Second: The purpose of the organization is as follows: Prominent Youth of America, Incorporated is a nonprofit organization dedicated to promoting entrepreneurship within the music business. Our mission is achieved via the following principles; Education, Leadership, Integrity, and being Innovative.

Third: The street address of the corporation's initial registered office is 101 North 44th Street, Lou, KY 40212. The name of the registered agent is LaVon Clack.

This corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. This Corporation shall be a nonprofit corporation.

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Fourth: The mailing address of the corporation's principal office is 101 North 44th Street, Lou, KY 40212.

Fifth: The number of directors that constitute the initial board of directors is (5) The names and addresses of the individuals who are to serve as the board of directors is as follows:

LaVon Clack
101 North 44th Street, Lou, KY 40212.

Matthew Brown
101 North 44th Street, Lou, KY 40212.

Lauren Watts-Taylor
101 North 44th Street, Lou, KY 40212..

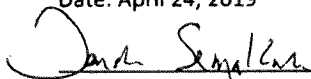
Jermaine Bibb
101 North 44th Street, Lou, KY 40212

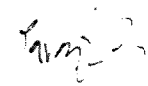
Jermill Bibb
101 North 44th Street, Lou, KY 40212.

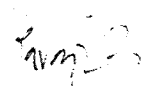
Sixth: The name and address of the incorporator of the corporation is
Tarsha Semakula, 7531 Connor Way, #2, Louisville, KY 40214.

IN WITNESS WHEREOF the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: April 24, 2019


Tarsha Semakula, Incorporator

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



Signature of Registered Agent

LaVon Clack President

Print Name and Title

4-24-19

Date

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Prominent Youth of America, Incorporated	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☒ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 101 North 44th Street	Requester's name and address (optional)
6 City, state, and ZIP code Louisville, KY 40211		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
8	3	-	4	5	3	8	2	4

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 for Part II, later.

Sign Here	Signature of U.S. person 	Date 1/5/2026
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Prominent Youth of America

Grantee Representative Name: LaVon Clack

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or **False**
2. Name the three budget categories that require a detail list.
Personnel Contractual Services and Supplies
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. **True** or False
4. Which four questions should your financial support documentation answer at all times?
Who What When and Why
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.


Grantee Representative Signature

5/7/2026

Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government
ATTN: NDF Coordinator
611 West Jefferson St.
Louisville, KY 40202



Kentucky Secretary of State Michael G. Adams



PROMINENT YOUTH OF AMERICA, INCORPORATED

[Business Entity Search](#)[File Annual Report](#)[File LLC](#)[Business Registration
Portal](#)[Name Availability Search](#)[Business Forms Library](#)[Prepaid Account Status](#)[Current Representative
Search](#)[Founding Representative
Search](#)[Registered Agent Search](#)[Validate Certificate of
Existence/Authorization](#)[File Annual Report](#)[Change Address or Registered Agent](#)[File Certificate of Assumed Name \(DBA\)](#)[File Dissolution](#)[Upload a Filing](#)[File Registered Agent Resignation](#)[Subscribe to changes made to this entity](#)[Print & Mail – Request Certificates](#)

General Information

Organization Number :	1057257
Name :	PROMINENT YOUTH OF AMERICA, INCORPORATED
Profit or Non-Profit :	N - Non-profit
Company Type :	KCO - Kentucky Corporation
Industry :	Educational Services
Number of Employees :	Small (0-19)
Primary County :	Jefferson
Status :	A - Active
Standing :	G - Good
State :	KY
File Date :	5/1/2019
Organization Date :	5/1/2019
Last Annual Report :	7/1/2025
Principal Office :	101 NORTH 44TH STREET LOU, KY, 40212
Registered Agent :	LAVON CLACK 101 NORTH 44TH STREET

LOU, KY, 40212

Show Images

Show Activities

Show Current Officers

Show Initial Officers

Kentucky Unbridled Spirit

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