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Form 990-EZ

Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PARTNERS FOR YOUTH FOUNDATION, INC.		D Employer identification number 61-1285038
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		166 NORTH MARTIN LUTHER KING BLVD.		859-258-3100
		City or town, state or country, and ZIP + 4 LEXINGTON, KY 40507		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ WWW.LEXINGTONKY.GOV/PARTNERSFORYOUTH	G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶
J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **259,552.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	259,058.
	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	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶	6a	
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ BANK INTEREST INCOME)	8	494.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	259,552.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5	10	61,000.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	51,444.
	13	Professional fees and other payments to independent contractors	13	7,000.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 4	14	454.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	126,503.
17	Total expenses. Add lines 10 through 16	17	246,401.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,151.
	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	211,495.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	224,646.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	242,798.	22 272,501.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STATEMENT 2)	17,062.	24 783.
25 Total assets	259,860.	25 273,284.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	48,365.	26 48,638.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	211,495.	27 224,646.

832171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 7

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 PROVIDED SUPPORT TO GRASSROOTS ORGANIZATIONS TO PROMOTE YOUTH DEVELOPMENT IN THE LEXINGTON COMMUNITY(Grants \$) If this amount includes foreign grants, check here ☐ **28a 82,344.****29 MAYOR'S YOUTH COUNCIL**(Grants \$) If this amount includes foreign grants, check here ☐ **29a 17,698.****30 DISPROPORTIONATE MINORITY CONFINEMENT PROGRAM IN KIND EXPENSE**(Grants \$) If this amount includes foreign grants, check here ☐ **30a 52,044.****31 Other program services (attach schedule) SEE STATEMENT 8**(Grants \$) If this amount includes foreign grants, check here ☐ **31a 15,649.****32 Total program service expenses (add lines 28a through 31a)****32 167,735.****Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KEVIN SUTPHIN, 201 E MAIN STREET, LEXINGTON, KY 40507	CHAIR	2.00	0.	0.
SGT. CHRIS TOWNSEND, 150 E MAIN STREET, LEXINGTON, KY 40507	VICE-CHAIR	1.00	0.	0.
BRIANA GAYLORD, 116 N. UPPER STREET, LEXINGTON, KY 40507	SECRETARY	1.00	0.	0.
STEVE SCHNETTLER, 300 W. MAXWELL STREET, LEXINGTON, KY 40508	TREASURER	1.00	0.	0.
JUDGE MARIA RANDELL, 150 N. LIMESTONE STREET, LEXINGTON, KY	DIRECTOR	1.00	0.	0.
DEBBIE COLLINS, 120 N. LIMESTONE STREET, LEXINGTON, KY 40507	PAST CHAIR	1.00	0.	0.
DONNA BERNIER	DIRECTOR	1.00	0.	0.
PO BOX 13670, LEXINGTON, KY 40583	DIRECTOR	1.00	0.	0.
REBECCA DI'LORETO, 772 WINCHESTER ROAD, LEXINGTON, KY 40505	DIRECTOR	1.00	0.	0.
LORI BOLING, 116 N. UPPER STREET, LEXINGTON, KY 40507	DIRECTOR	1.00	0.	0.
JAE UNDERWOOD	DIRECTOR	1.00	0.	0.
115 CISCO ROAD, LEXINGTON, KY 40504	DIRECTOR	1.00	0.	0.
BARBARA LOWERY-RAY, 1165 CENTRE PARKWAY, STE 180, LEXINGTON, KY	DIRECTOR	1.00	0.	0.
LARRY ROBERTS, 110 WEST VINE STREET, LEXINGTON, KY 40507	DIRECTOR	1.00	0.	0.
CHRISTIAN SMITH, 404 CHESTNUT STREET, LEXINGTON, KY 40508	DIRECTOR	1.00	0.	0.
MARK ONISHI, 3024 ROUNDWAY DOWN LANE, LEXINGTON, KY 40509	DIRECTOR	1.00	0.	0.
ELIZABETH MCCORVEY, 214 BELL COURT EAST, LEXINGTON, KY 40508	DIRECTOR	1.00	0.	0.
VALORIE SMITH, 250 WEST MAIN STREET, STE 2300, LEXINGTON, KY 40507	DIRECTOR	1.00	0.	0.
STEPHANIE HONG, 166 NO. MARTIN LUTHER KING BLVD, STE, LEXINGTON, KY	EXECUTIVE DIRECTOR	40.00	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	37a	
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 period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b N/A	39b	
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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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. KY		
42a The organization's books are in care of ORGANIZATION Telephone no. 859-258-3119 Located at 166 N. MARTIN LUTHER KING BLVD, STE. 200, LEXING ZIP + 4 40507		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	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 [] and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 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."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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: *[Signature]* Date: 4-26-2011

Type or print name and title: Executive Director

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 4-26-11

Check if self-employed: ☐

Preparer's identifying number (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: RAY, FOLEY, HENSLEY & COMPANY, PLLC
230 LEXINGTON GREEN CIRCLE, SUITE 600
LEXINGTON, KY 40503-3326

EIN:
Phone no.: 859-231-1800

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

☒ Yes ☐ No

Form 990-EZ (2009)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

PARTNERS FOR YOUTH FOUNDATION, INC.

Employer identification number

61-1285038

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

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

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	244,601.	313,242.	337,252.	275,691.	174,323.	1345109.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	116,992.	116,001.	116,001.	98,561.	84,732.	532,287.
4 Total. Add lines 1 through 3	361,593.	429,243.	453,253.	374,252.	259,055.	1877396.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1877396.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	361,593.	429,243.	453,253.	374,252.	259,055.	1877396.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,174.	4,284.	2,552.	508.	494.	11,012.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						1888408.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.42	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.42	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐			

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
SCHOLARSHIP AWARDS		9,500.	
GRASSROOTS PROGRAM EXPENSES		54.	
SCHOLARSHIP PROGRAM EXPENSES		637.	
MAYOR'S YOUTH COUNCIL PROGRAM EXPENSES		2,817.	
TAC GRANT PROGRAM EXPENSES		14,134.	
ADMINISTRATIVE EXPENSES		7,075.	
DISPROPORTIONATE MINORITY CONFINEMENT PROGRAM EXPENSES		3,148.	
DONATED SERVICES		89,138.	
TOTAL TO FORM 990-EZ, LINE 16		126,503.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	15,826.	0.	
OTHER DEPRECIABLE ASSETS	1,236.	783.	
TOTAL TO FORM 990-EZ, LINE 24	17,062.	783.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	1,555.	0.	
GRANTS PAYABLE	46,810.	48,638.	
TOTAL TO FORM 990-EZ, LINE 26	48,365.	48,638.	

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
DESCRIPTION		AMOUNT	
DEPRECIATION		454.	
TOTAL TO FORM 990-EZ, LINE 14		454.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
GRASSROOTS ALLOCATIONS ARTS ENRICHMENT PROGRAM 1940 EASTLAND PARKWAY LEXINGTON, KY 40505	NONE	1,000.
GRASSROOTS ALLOCATIONS AVIATION CAMP OF KY 2008 4316 HANGER DRIVE LEXINGTON, KY 40510	NONE	3,000.
GRASSROOTS ALLOCATIONS BLUEGRASS ASPENDALE TEEN CENTER 330 CHESNUT ST LEXINGTON, KY 40508	NONE	1,000.
GRASSROOTS ALLOCATIONS CAMP ARTSMART-SCAPA BLUEGRASS 400 LAFAYETTE PKWY LEXINGTON, KY 40503	NONE	2,400.
GRASSROOTS ALLOCATIONS CARNEGIE CENTER: CAMP CARNEGIE 251 W. SECOND STREET LEXINGTON, KY 40507	NONE	2,000.
GRASSROOTS ALLOCATIONS CAPOWEALTH ARTS 754 N. LIMESTONE ST. LEXINGTON, KY 40508	NONE	1,500.
GRASSROOTS ALLOCATIONS CENTRAL MUSIC ACADEMY 219 E. SHORT ST. LEXINGTON, KY 40507	NONE	900.
GRASSROOTS ALLOCATIONS CREATIVE COMMUNITIES 1393 TRENT BLVD, BLDG #6, LEXINGTON, KY 40517	NONE	2,000.
GRASSROOTS ALLOCATIONS EVERY GIRL, EVERYWHERE-GIRL SCOUTS 2277 EXECUTIVE DR. LEXINGTON, KY 40505	NONE	2,400.

GRASSROOTS ALLOCATIONS EXPRESS YOURSELF-FAMILY COUNSELING SERVICES 1393 TRENT BLVD, BLDG #2, STE 2101 LEXINGTON, KY 40517	NONE	2,000.
GRASSROOTS ALLOCATIONS FACE-CASSIDY/MORTON FAMILY RESOURCE AND YOUTH 1225 TATES CREEK RD. LEXINGTON, KY 40502	NONE	2,500.
GRASSROOTS ALLOCATIONS FAYETTE CO. 4-H YOUTH DEVELOPMENT SUMMER CAMP 1060 WINBURN DR. LEXINGTON, KY 40511	NONE	2,600.
GRASSROOTS ALLOCATIONS F.L.Y. GIRLS PROGRAM 1060 WINBURN DR. LEXINGTON, KY 40511	NONE	2,400.
GRASSROOTS ALLOCATIONS FIT KIDZ 2050 VERSAILLES RD LEXINGTON, KY 40504	NONE	2,400.
GRASSROOTS ALLOCATIONS FRIENDS IN MUSIC 161 NORTH MILL STREET LEXINGTON, KY 40507	NONE	1,800.
GRASSROOTS ALLOCATIONS HELP 548 EAST SIXTH ST. LEXINGTON, KY 40508	NONE	2,000.
GRASSROOTS ALLOCATIONS KIDDY BIDDY PROJECT 204 CHAMPION DR. NICHOLASVILLE, KY 40356	NONE	600.
GRASSROOTS ALLOCATIONS LAFAYETTE INTL TUTORING CLUB-LAFAYETTE HIGH S 401 REED LANE LEXINGTON, KY 40503	NONE	1,000.
GRASSROOTS ALLOCATIONS LEADERSHIP AND COLLEGE EXPERIENCE CAMP 470 COOPER DRIVE LEXINGTON, KY 40506-0235	NONE	2,800.

GRASSROOTS ALLOCATIONS LEXINGTON DAY TREATMENT CENTER-YOUTH GARDEN P 1177 RED MILE PLACE LEXINGTON, KY 40504	NONE	2,300.
GRASSROOTS ALLOCATIONS LEXINGTON LEGENDS BOXING PROGRAM 1195 VERSAILLES RD., BLDG A LEXINGTON, KY 40504	NONE	2,000.
GRASSROOTS ALLOCATIONS LIDERES 1450 N. BROADWAY RD LEXINGTON, KY 40505	NONE	1,200.
GRASSROOTS ALLOCATIONS LITERACY BLOOMS PROJECT 732 FAULKNER AVE LEXINGTON, KY 40505	NONE	2,300.
GRASSROOTS ALLOCATIONS MUSIC IN THE NEST 530 NORTH LIMESTONE ST. LEXINGTON, KY 40508	NONE	1,500.
GRASSROOTS ALLOCATIONS PROJECT TEEN CASTLE 845 BRYAN AVE. LEXINGTON, KY 40505	NONE	500.
GRASSROOTS ALLOCATIONS S.T. ROACH BASKETBALL & CHEERLEADING PROGRAM 1163 REDWOOD DR. LEXINGTON, KY 40511	NONE	2,000.
GRASSROOTS ALLOCATIONS SEEDS 240 EAST SEVENTH ST. LEXINGTON, KY 40505	NONE	2,000.
GRASSROOTS ALLOCATIONS STARS PO BOX 910484 LEXINGTON, KY 40591	NONE	2,000.
GRASSROOTS ALLOCATIONS TATES CREEK HIGH STEP TEAM 111 CENTRE PARKWAY LEXINGTON, KY 40517	NONE	1,000.

GRASSROOTS ALLOCATIONS THE ROCA LA ROCA SUMMER CAMP 1015 N. LIMESTONE STREET LEXINGTON, KY 40505	NONE	2,300.
GRASSROOTS ALLOCATIONS THEATER OF POSSABILITIES-BLUEGRASS IMPACT 570 EAST MAIN ST. LEXINGTON, KY 40508	NONE	2,600.
GRASSROOTS ALLOCATIONS TUBBY'S CLUBHOUSE/DELL TECH KNOW PROGRAM 469 PARKWAY DRIVE LEXINGTON, KY 40504	NONE	2,000.
GRASSROOTS ALLOCATIONS WEB 260 RICHARDSON PLACE LEXINGTON, KY 40502	NONE	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		61,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 7

TO PROMOTE SERVICES AND PROGRAMS IN SUPPORT OF YOUTH DEVELOPMENT AND YOUTH
VIOLENCE PREVENTION

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT

8

DESCRIPTIONGRANTSEXPENSES

TAC PROGRAM

0.

15,649.

TOTAL TO FORM 990-EZ, LINE 31

15,649.

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization 990-EZ
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No 67**PARTNERS FOR YOUTH FOUNDATION, INC.****FORM 990-EZ PAGE 1****61-1285038****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	454.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	454.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

910251
11-04-09 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

Part V**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2009 tax year:

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43 Amortization of costs that began before your 2009 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing your return See instructions	Name of exempt organization		Employer identification number
	PARTNERS FOR YOUTH FOUNDATION, INC.		61-1285038
	Number, street, and room or suite no. If a P.O. box, see instructions		
	166 NORTH MARTIN LUTHER KING BLVD., NO. 200		
City, town or post office, state, and ZIP code For a foreign address, see instructions			
LEXINGTON, KY 40507			

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **LEXINGTON, KY 40507**
Telephone No. **859-258-3119** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2011**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension
TAXPAYER NEEDS ADDITIONAL TIME TO GATHER ALL NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Kelly Stamps** Title **CPA** Date **2-1-11**

Form 8868 (Rev. 1 2011)