



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt from Income Tax

2002

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year or tax year beginning 2002, and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See specific instructions.

KENTUCKY YOUTH ADVOCATES, INC
 2034 FRANKFORT AVENUE
 LOUISVILLE, KY 40206

D Employer Identification Number
61-0929390

E Telephone number
(502) 895-8167

F Accounting method Cash Accrual
 Other (specify) _____

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

H and I are not applicable to section 527 organizations

G Web site. N/A

J Organization type (check only one) 501(c) 3 (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H (a) Is this a group return for affiliates? Yes No
H (b) If Yes, enter number of affiliates: _____
H (c) Are all affiliates included? Yes No (If No, attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4 digit GEN: _____

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 858,857

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1	Contributions, gifts, grants, and similar amounts received		1d	823,859.	
	a	Direct public support			1a
	b	Indirect public support	1b	811,806	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 823,859 noncash \$ _____)			
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	8,972
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	
6a	Gross rents		6a	4,950	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	4,950	
7	Other investment income (describe: See Statement 1)			7	6,990
8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d				8d	
9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	11,090	
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	11,090	
	Statement 2				
10a	Gross sales of inventory, less returns and allowances		10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 10)			11	2,996
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	858,857
13	Program services (from line 44, column (B))			13	451,149.
14	Management and general (from line 44, column (C))			14	93,692
15	Fundraising (from line 44, column (D))			15	17,445
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 16 and 44, column (A))			17	562,286
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	296,571
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	549,671
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, 19, and 20)			21	846,242

SCANNED NOV 13 2003

RECEIVED
NOV 10 2003
COURTESY

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b 8b 9b 10b or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23 Specific assistance to individuals (att sch)	23			
24 Benefits paid to or for members (att sch)	24			
25 Compensation of officers, directors, etc.	25			
26 Other salaries and wages	26 302,938	229,499	67,319	6,120
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 21,751	16,478	4,834	439
30 Professional fundraising fees	30 9,298			9,298
31 Accounting fees	31 2,797	2,119	621	57
32 Legal fees	32			
33 Supplies	33 8,268	7,020	1,144	104
34 Telephone	34 14,056	10,657	3,115	284
35 Postage and shipping	35 6,460	5,058	1,285	117
36 Occupancy	36			
37 Equipment rental and maintenance	37 4,815	3,648	1,070	97
38 Printing and publications	38 44,798	44,038	697	63
39 Travel	39 37,974	37,054	844	76
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 12,016	9,103	2,670	243
43 Other expenses not covered above (itemize)				
a See Statement 3	43a 97,115	86,475	10,093	547
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) (D), carry these totals to lines 13-15	44 562,286	451,149	93,692	17,445

Joint Costs Check if you are following SOP 98 2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to program services \$ _____ (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a MONITOR KY COMPLIANCE WITH FEDERAL JJPDA, MONITOR LEGISLATIVE ACTIVITY IN KY THAT AFFECTS CHILDRENS' ISSUES (Grants and allocations \$ _____)	105,280
b COLLECT, AGGREGATE, AND DISSEMINATE DATA ON STATUS OF KENTUCKY CHILDREN; PUBLISH "KIDS COUNT" PUBLICATION (Grants and allocations \$ _____)	122,561
c OPERATE CASE ADVOCACY PROGRAM FOR CHILDREN AND FAMILIES VIA TELEPHONE CONSULTATION (Grants and allocations \$ _____)	47,233
d EVALUATE IMPACT OF WELFORM REFORM ACT ON KENTUCKY CHILDREN AND FAMILIES (Grants and allocations \$ _____)	40,989
e Other program services See Statement 4 (Grants and allocations \$ _____)	135,086
f Total of Program Service Expenses (should equal line 44 column (B), program services)	451,149

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year	
A S S E T S	45	Cash – non interest bearing	19,296	45	5,859
	46	Savings and temporary cash investments	240,373	46	678,091
	47 a	Accounts receivable	2,021		
		b Less allowance for doubtful accounts		47 c	2,021.
	47 b		2,927.		
	48 a	Pledges receivable			
		b Less allowance for doubtful accounts		48 c	
	48 b				
	49	Grants receivable	161,875	49	39,810
	50	Receivables from officers directors trustees and key employees (attach schedule)		50	
	51 a	Other notes & loans receivable (attach sch)			
		b Less allowance for doubtful accounts		51 c	
	51 b				
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	3,520	53	4,547.
	54	Investments – securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a	Investments – land, buildings & equipment basis			
		b Less accumulated depreciation (attach schedule)		55 c	
	55 b				
56	Investments – other (attach schedule)		56		
57 a	Land, buildings, and equipment basis	291,058			
	b Less accumulated depreciation (attach schedule) Statement 5				
57 b		155,954	143,483.	57 c	135,104
58	Other assets (describe <input type="checkbox"/>)		58		
59	Total assets (add lines 45 through 58) (must equal line 74)	571,474	59	865,432	
L I A B I L I T I E S	60	Accounts payable and accrued expenses	5,047	60	1,693
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a	Tax exempt bond liabilities (attach schedule)		64 a	
		b Mortgages and other notes payable (attach schedule)		64 b	
	64 b				
65	Other liabilities (describe <input type="checkbox"/> See Statement 6)	16,756.	65	17,497.	
66	Total liabilities (add lines 60 through 65)	21,803	66	19,190	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	203,169	67	256,128
	68	Temporarily restricted	346,502	68	590,114
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid in or capital surplus or land, building and equipment fund		71	
	72	Retained earnings endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72 column (A) must equal line 19, column (B) must equal line 21)	549,671	73	846,242
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	571,474	74	865,432

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue gains and other support per audited financial statements	a	858,857
b	Amounts included on line a but not on line 12 Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	858,857
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	858,857

a	Total expenses and losses per audited financial statements	a	562,286
b	Amounts included on line a but not on line 17 Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20 Form 990 \$		
(4)	Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	562,286.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17 Form 990 (line c plus line d)	e	562,286.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(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 and deferred compensation	(E) Expense account and other allowances
SHEILA SCHUSTER 120 SEARS AVE #212 LOUISVILLE, KY 40207	President None	0	0	0.
LYNN RIPPY 2748 GRAHAM AVE LOUISVILLE, KY 40206	Vice President None	0	0	0.
ELLEN FRIEDMAN 312 S. EWING AVE , #3 LOUISVILLE, KY 40206	Secretary None	0	0	0.
SALLY GORMAN 5704 COACH GATE WYNDE LOUISVILLE, KY 40207	Treasurer None	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? Yes No
If 'Yes' attach schedule - see instructions

Part VI Other Information (See instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If Yes attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If Yes, attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If Yes has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation dissolution termination or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies, trustees, officers etc to any other exempt or nonexempt organization?		X
80b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials equipment or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5) or (6) organizations Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes' complete Part IX		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes' attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958		0
	d Enter Amount of tax on line 89c above reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <u>None</u>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	0
91	The books are in care of <u>Donna Mellick</u> Telephone number <u>(502) 895-8167</u> Located at <u>2034 Frankfort Avenue, Lou. Ky</u> ZIP + 4 <u>40206</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a PUBLICATION SALES					8,972
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					4,950
98 Net rental income or (loss) from pers prop					
99 Other investment income					6,990
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					11,090
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS					2,996
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					34,998
105 Total (add line 104, columns (B), (D) and (E))					34,998

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	See Statement 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	0%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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.

Signature of officer: Debra S Miller Date: 11/6/03

Type or print name and title: Debra S Miller, Exec. Director

Paid Preparer's Use Only

Preparer's signature: H Steven Plaut, CPA Date: 10/31/03 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: H STEVEN PLAUT, PSC
6004 BROWNSBORO PARK BLVD, STE B
LOUISVILLE, KY 40207

Preparer's SSN or PTIN (see General Instruction W): 61-1270294

EIN: 61-1270294 Phone no: (502) 896-9215

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

GMB No. 1545 0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2002

Supplementary Information — (See separate instructions)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization

KENTUCKY YOUTH ADVOCATES, INC

Employer identification number

61-0929390

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one. If there are none enter 'None')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DEBRA MILLER	EXEC DIRECTOR			
	40	62,848	6,285	0
Total number of other employees paid over \$50,000	▶	0		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none enter 'None')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	▶	0

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year has the organization attempted to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If Yes, enter the total expenses paid or incurred in connection with the lobbying activities \$ 4,074 (Must equal amounts on line 38, Part VI-A or line 1 of Part VI B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A Other organizations checking Yes must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities	X	
2 During the year has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors trustees directors officers creators key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer director trustee majority owner, or principal beneficiary? (If the answer to any question is 'Yes' attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods services or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule. (Complete only if you checked a box on line 10 11 or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	609,963	320,306	451,452	223,812	1,605,533
16 Membership fees received	12,428	6,597	7,550	9,680	36,255
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	7,598	12,575	14,416	7,498	42,087
18 Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)), rents royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975	10,459	8,678	7,257	13,753	40,147
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 8.	3,027	4,941	6,916		14,884
23 Total of lines 15 through 22	643,475	353,097	487,591	254,743	1,738,906
24 Line 23 minus line 17	635,877	340,522	473,175	247,245	1,696,819
25 Enter 1% of line 23	6,435	3,531	4,876	2,547	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e) line 24					26a 33,936
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24 column (e).					26c 1,696,819
d Add: Amounts from column (e) for lines 18 40,147 19 _____ 22 14,884 26b _____					26d 55,031
e Public support (line 26c minus line 26d total)					26e 1,641,788
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.76 %
27 Organizations described on line 12 N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than disqualified persons) prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23 column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions programs and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If 'Yes' please describe if 'No' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements and other written communications to the public dealing with student admissions programs and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space attach a separate statement) ----- -----		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50 1975 2 C B 587 covering racial nondiscrimination? If 'No' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed ONLY by an eligible organization that filed Form 5763)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked **a** and limited control provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term expenditures means amounts paid or incurred)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		4,074
38 Total lobbying expenditures (add lines 36 and 37)	38	0	4,074
39 Other exempt purpose expenditures	39		558,212
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0	562,286
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	109,343
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		27,336
43 Subtract line 42 from line 36 Enter 0- if line 42 is more than line 36	43	0	0
44 Subtract line 41 from line 38 Enter 0- if line 41 is more than line 38	44	0	0
Caution If there is an amount on either line 43 or line 44 you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount	109,343	83,582			192,925
46 Lobbying ceiling amount (150% of line 45(e))					289,388
47 Total lobbying expenditures	4,074	2,363			6,437
48 Grassroots non taxable amount	27,336	20,896			48,232
49 Grassroots ceiling amount (150% of line 48(e))					72,348
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations seminars, conventions, speeches, lectures or any other means
- i Total lobbying expenditures (add lines c through h)

N/A		
Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527 relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

Table with columns Yes/No and rows for categories (i) through (vi) and (c). 'No' column contains 'X' for all categories.

- (i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment mailing lists, other assets or paid employees

d If the answer to any of the above is 'Yes' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement show in column (d) the value of the goods, other assets, or services received

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If 'Yes,' complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Client KYA

KENTUCKY YOUTH ADVOCATES, INC.

61-0929390

10/29/03

04 11PM

Statement 1
Form 990, Part I, Line 7
Other Investment Income

BANKS

Total	\$	6,990
	\$	<u>6,990</u>

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
JEWELRY AND PIN SALES	11,090	0	11,090	0	11,090
Total	\$ <u>11,090</u>	\$ <u>0</u>	\$ <u>11,090</u>	\$ <u>0</u>	\$ <u>11,090</u>

Statement 3
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
CONTRACT SERVICES	78,019	74,697.	3,045.	277
FEES & SUBSCRIPTIONS	2,629	2,160	430	39
INSURANCE	4,370	3,311	971	88
LOBBYING EXPENSE	4,074		4,074	
MISCELLANEOUS	2,209	1,727	442	40
RESEARCH MATERIALS	1,990	1,683	281	26
UTILITIES	3,824	2,897	850	77
Total	\$ <u>97,115.</u>	\$ <u>86,475</u>	\$ <u>10,093</u>	\$ <u>547</u>

Statement 4
Form 990, Part III, Line e
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
STATE FISCAL ANALYSIS INITIATIVE - THIS PROGRAM IS INVOLVED WITH REVIEW AND MONITORING OF THE STATE BUDGET AS IT RELATED TO CHILD REFORM IN KENTUCKY THIS PROGRAM ALSO MONITORS LEGISLATIVE ACTION REGARDING CHILD ADVOCACY		135,086
Total	\$ <u>0</u>	\$ <u>135,086</u>

Client KYA

KENTUCKY YOUTH ADVOCATES, INC.

61-0929390

10/29/03

04 11PM

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum Deprec.	Book Value
Furniture and Fixtures	\$ 112,854	\$ 100,439	\$ 12,415
Buildings	126,993	46,668	80,325
Improvements	39,211	8,847	30,364
Land	12,000		12,000
Total	\$ 291,058	\$ 155,954	\$ 135,104

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

ACCRUED VACATION & SICK PAY	\$ 17,495
Rounding	2
Total	\$ 17,497

Statement 7
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93A	OUR PUBLICATIONS ALLOW THE ORGANIZATION TO EDUCATE THE PUBLIC REGARDING ISSUES THAT AFFECT CHILDREN OF KENTUCKY AND OTHER SOUTHERN STATES
94	MEMBERS ARE INDIVIDUALS AND/OR ORGANIZATIONS WHO RECEIVE EDUCATIONAL MATERIAL AS PART OF OUR YOUTH ADVOCACY PROGRAM
102	THE ORGANIZATION SELLS CLAY JEWELRY PINS SHAPED AS CHILDREN THE FUNDS DERIVED FROM SALES ARE USED FOR MATERIALS TO EDUCATE THE PUBLIC AND PROVIDE PROGRAM SERVICES.

Statement 8
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
MISCELLANEOUS	\$ 3,027	\$ 4,941	\$ 6,916	\$ 0	\$ 14,884
Total	\$ 3,027	\$ 4,941	\$ 6,916	\$ 0	\$ 14,884

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)
Note Form 990-T corporations requesting an automatic 6 month extension — check this box and complete Part I only

All other corporations (including Form 990 C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	KENTUCKY YOUTH ADVOCATES, INC	61-0929390
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	2034 FRANKFORT AVENUE	
	City, town, or post office. For a foreign address, see instructions.	State ZIP code
	LOUISVILLE, KY 40206	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- 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 will cover.

1 I request an automatic 3 month (6 month, for **990-T corporation**) extension of time until 8/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 02 or
- ▶ tax year beginning _____, 20 _____ and ending _____, 20 _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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. \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0

c **Balance Due**. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ▶ A. Steven Plant, CPA Title ▶ _____ Date ▶ 05/12/13

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **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 — Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization KENTUCKY YOUTH ADVOCATES, INC	Employer identification number 61-0929390
	Number street and room or suite no. If a PO box see instructions 2034 FRANKFORT AVENUE	For IRS use only
	City town or post office state and ZIP code For a foreign address, see instructions LOUISVILLE KY 40206	

Check type of return to be filed (File a separate application for each return)

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

• 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 November 15, 2003

5 For calendar year 2002, or other tax year beginning _____, 20____ and ending _____, 20____

6 If this tax year 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 The Organization's independent audit has not yet been completed, which is necessary in order to prepare and file this 990 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 \$ _____

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 \$ _____

c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

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 [Handwritten Signature] Title CFA Date 8/15/03

Notice to Applicant — To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7 we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	H Steven Plaut, PSC Certified Public Accountant 6004 Brownsboro Park Blvd, Ste B Louisville, KY 40207) Or a PO box number _____
		ding postal or ZIP code)