

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


**Applicant/Program:** Americana Community Center, Inc.  
**Applicant Requested Amount:** \$25,000  
**Appropriation Request Amount:** \$8,000

**Executive Summary of Request**

Support to the Americana Youth Program and the Family Education Program to assist in operational costs. Youth and Family Education programs are offered 4 days a week, year round. A minimum of 350 school-aged children will participate in the out-of-school program. 40 parents or caregivers will participate in the Family Education Program.

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

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

District #	<u>21</u>	Primary Sponsor Signature	 _____	Amount	\$8,000 _____	Date	02/14/2020 _____
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**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	Date
Final Appropriations Amount: _____	

**Applicant/Program:**

Americana Community Center, Inc.

**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 \_\_\_\_\_ \$ \_\_\_\_\_
- District 15 \_\_\_\_\_ \$ \_\_\_\_\_

**Applicant/Program:**

Americana Community Center, Inc.

**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 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Legal Name of Applicant Organization** Americana Community Center, Inc.

**Program Name and Request Amount** Americana Youth Program and Family Education Program \$25,000

	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?	...NA
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?	...NA
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	...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?	...NA
Is the most recent annual audit (if required by organization) included?	...NA
Is a copy of Signed Lease (if rent costs are requested) included?	...NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	...NA
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?	...NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	...NA
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: Rachel Roarx

Date: 2/14/2020

District 21 Legislative Aide

**AMERICANA COMMUNITY CENTER, INC.****General Information**

<b>Organization Number</b>	0318578
<b>Name</b>	AMERICANA COMMUNITY CENTER, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	8/4/1993
<b>Organization Date</b>	8/4/1993
<b>Last Annual Report</b>	5/29/2019
<b>Principal Office</b>	4801 SOUTHSIDE DR LOUISVILLE, KY 40214
<b>Registered Agent</b>	SHARON LANDRUM 4801 SOUTHSIDE DR. LOUISVILLE, KY 40214

**Current Officers**

<b>Chairman</b>	<u>Barry Gary</u>
<b>Vice President</b>	<u>Shawn Adams</u>
<b>Secretary</b>	<u>Paul Bagley</u>
<b>Treasurer</b>	<u>Hillary Bonistelli</u>
<b>Director</b>	<u>David Vawter</u>
<b>Director</b>	<u>Steve Woodworth</u>
<b>Director</b>	<u>Katie Carter</u>
<b>Director</b>	<u>Tom Bohnert</u>
<b>Director</b>	<u>Gill Holland</u>
<b>Director</b>	<u>Keisha Keisha</u>
<b>Director</b>	<u>Sharon Landrum</u>
<b>Director</b>	<u>Bill Summers IV</u>
<b>Director</b>	<u>Rana Latif</u>
<b>Director</b>	<u>Eric Haner</u>
<b>Director</b>	<u>Scott T Shoenberger</u>
<b>Director</b>	<u>Charles Theiler</u>

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

<b>Director</b>	<u>GRAHAM PHILLIPS</u>
<b>Director</b>	<u>DALE TUCKER</u>
<b>Director</b>	<u>KAREN HAWKINS</u>
<b>Director</b>	<u>DR LUYEN CAO</u>
<b>Director</b>	<u>MIKE JUPIN</u>
<b>Incorporator</b>	<u>GRAHAM PHILLIPS</u>

**Images available online**

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

<u>Annual Report</u>	5/29/2019	1 page	<u>PDF</u>
<u>Annual Report</u>	6/20/2018	1 page	<u>PDF</u>
<u>Annual Report</u>	5/26/2017	1 page	<u>PDF</u>

<u>Annual Report</u>	8/11/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	4/6/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/24/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/21/2013	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/31/2012	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/27/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/15/2010	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/25/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	2/29/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Statement of Change</u>	3/30/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	3/16/2007	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	4/5/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/15/2005	1 page	<u>PDF</u>	
<u>Annual Report</u>	8/7/2003	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/9/2002	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/21/2001	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/8/2000	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/15/1999	1 page	<u>tiff</u>	<u>PDF</u>
<u>Reinstatement</u>	12/21/1998	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	11/1/1995	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/1/1994	2 pages	<u>tiff</u>	<u>PDF</u>
<u>Amendment</u>	6/30/1994	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	8/4/1993	3 pages	<u>tiff</u>	<u>PDF</u>

## **Assumed Names**

## **Activity History**

<b>Filing</b>	<b>File Date</b>	<b>Effective Date</b>	<b>Org. Referenced</b>
Annual report	5/29/2019 5:07:09 PM	5/29/2019 5:07:09 PM	
Annual report	6/20/2018 11:33:34 AM	6/20/2018 11:33:34 AM	
Annual report	5/26/2017 6:48:08 PM	5/26/2017 6:48:08 PM	
Annual report	8/11/2016 2:48:52 PM	8/11/2016 2:48:52 PM	
Annual report	4/6/2015 11:50:05 AM	4/6/2015 11:50:05 AM	
Annual report	7/24/2014 11:38:28 AM	7/24/2014 11:38:28 AM	
Annual report	6/21/2013 11:03:02 AM	6/21/2013 11:03:02 AM	
Annual report	1/31/2012 8:16:49 PM	1/31/2012 8:16:49 PM	
Annual report	6/27/2011 8:00:24 PM	6/27/2011 8:00:24 PM	
Annual report	7/15/2010 3:30:44 PM	7/15/2010	
Annual report	6/25/2009 4:08:51 PM	6/25/2009 4:08:51 PM	
Annual report	2/29/2008 10:56:00 AM	2/29/2008	
Registered agent address change	3/30/2007 10:34:21 AM	3/30/2007	
Annual report	3/16/2007 10:08:33 AM	3/16/2007	
Annual report	4/5/2006 11:52:30 AM	4/5/2006	

Annual report	7/15/2005	7/15/2005
Principal office change	6/3/2003 1:55:06 PM	6/3/2003
Reinstatement	12/21/1998	12/21/1998
Admin Dis. A. report not in	11/1/1995	11/1/1995
Amendment - Miscellaneous amendments	6/30/1994	6/30/1994

## Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	5/6/2004	1 page
Annual Report	8/7/2003	2 pages
Annual Report	5/9/2002	1 page
Annual Report	5/21/2001	2 pages
Annual Report	5/8/2000	1 page
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Amendment	6/30/1994	3 pages
Articles of Incorporation	8/4/1993	3 pages

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Americana Community Center, Inc. <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 4801 Southside Drive, Louisville KY <del>40201</del> 40214			
<b>Website:</b> www.americanacc.org			
<b>Applicant Contact:</b>	Antigona Mehani	<b>Title:</b>	Director of Development
<b>Phone:</b>	502-366-7813 x203	<b>Email:</b>	antigona@americanacc.org
<b>Financial Contact:</b>	Abram Deng	<b>Title:</b>	Finance Manager
<b>Phone:</b>	502-366-7813 x225	<b>Email:</b>	abram@americanacc.org
<b>Organization's Representative who attended NDF Training:</b> Antigona Mehani			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	4801 Southside Drive, Louisville, Kentucky		
<b>Council District(s):</b>	21	<b>Zip Code(s):</b>	40214
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Americana Community Center Youth Program and Family Education Program			
<b>Total Request: (\$)</b>	25,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	7,700
<b>Purpose of Request (check all that apply):</b>			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
<b>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.</b>			
<b>Source:</b>	External Agencies Fund (Youth)	<b>Amount: (\$)</b>	<del>25,000</del> \$ 14,500
<b>Source:</b>	External Agencies Fund (Family)	<b>Amount: (\$)</b>	<del>33,000</del> \$ 10,800
<b>Source:</b>	Neighborhood Development Fund	<b>Amount: (\$)</b>	<del>25,000</del> \$ 7,700
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Salary and utility expenses.

Applicant's Initials **EM**  
**AM**



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 - AGENCY DETAILS

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

Americana World Community Center's mission is to provide holistic services to Louisville's refugee, immigrant and under-served population to build strong and healthy families, create a safe and supportive community and help every individual realize their potential. Each year, we serve more than 5,000 people from over 100 countries in their pursuits of better days and brighter futures. We share our roots. So they can begin to thrive.

We provide services free of charge to promote holistic development for families and youth including the following activities:

- Americana Family Education includes English as a Second Language (ESL) instruction, workforce development, Parent And Child Together Time (PACT), financial literacy, health and wellness workshops, and Family Coaching.
- Americana Youth Program provides year-round, out-of-school time enrichment programming for K-12 youth (ESL, tutoring and homework help, STEAM, and creative arts)
- Adult Education provides GED, ESL, and citizen classes in partnership with Jefferson County Public Schools
- Free Tax Preparation in partnership with Louisville Asset Building Coalition is open to all community members during tax season
- Mental Health Services include counseling for program participants in partnership with Spalding University Department of Psychology, who provide individual, group, and family sessions. Referrals are also made for participants to our in-house partners Survivors of Torture Recovery Center.
- Fiberworks empowers women's fiber arts education, provides instruction in business, finance, and fiber arts, and improves English language skills.
- The Americana Community Garden provides more than 140 Seasonal garden plots to community members to increase food security and develop social support.

We are a Louisville Trauma Resilient Community Backbone Agency, providing trauma informed care to all our participants. Our on-site partners include Family Health Centers - Americana, Survivors of Torture Recovery Center, JCPS, and Dare to Care Kids Cafe provides warm and nutritious meals to our youth participants. Several ethnic community groups reside in our building such as the Oromo Community, Haitian Community of Kentucky, and the Iraqi Community.

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**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Shawn Adams	
Paul Bagley	
Steve Woodworth	
Tom Bohnert	
Katie Carter	
David Vawter	
Ann Triplett	
Allison Ibrahim	
Tim Findley	
Alejandro Pousa	
Sowmya Telaprolu	
Hillary Bonistalli	
Gill Holland	
Dr. Rana Latif	
Charles Theiler II	

\* See additional document

**Describe the Board term limit policy:**

Article VII, Section 3L. Additional members within the authorized limit of the board of Directors may be elected at any meeting the Nominating Committee has submitted the names of candidates for such election. The term of the office for each member shall expire of June 30 of the year specified by the Nominative Committee. A member who serves a term of one year or longer shall be eligible for re-election to a second term of three years, after which a year shall elapse before that person may serve on the Board again.

Three Highest Paid Staff Names	Annual Salary
Edgardo Mansilla	118,484.34 126,292
Emilie Dyer	49,159.24 54,337
Antigona Mehani	47,000 47,250

(AM)

Applicant's Initials EM

AM

Board Roster

<b>June 30-2020</b>	<b>JUNE 30-2021</b>	<b>June 30- 2022</b>
Paul Bagley	Shawn Adams	Katie Carter (ambassador)
Charles Theiler	Hillary Bonistelli	Allison Ibrahim
Steve Woodworth	David Vawter	Ann Tripplett
Rana Latif	Gill Holland	Tim Finley
	Tom Bohnert	Tracy Davis
		Sowmya Telaprolu
		Alejandro Pousa

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.):**

Americana's youth Program includes out of school activities for low-income youth both foreign and US born. This critical programming provides youth the opportunity to develop academically and personally while providing a safe place during out of school hours. During the school year, services are provided from Monday Thursday including homework help, behavioral counseling, creative arts classes, an on-site Dare to Care Kids Café, and recreational activities. Summer Program, offered during June and July, provide English Second Language (ESL) instruction and enrichment activities that engage learning and self expression. The Youth Program is designed to support the success of children in school, through the development of both academic and behavioral skills, in spite of the many challenges our students face coming from international and or low-income families.

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

Funding supports the Americana Youth Program and the Family Education Program by supporting the salary and utility expenses related to these programs. Offered four days a week, year round, staff involved in these programs include Youth and Family Coaches, and will provide support for the Executive Director, Programs Director, Director of Development, Grants Coordinator, and Finance Manager. We also strive to create a comfortable and safe environment for these programs, which includes access to fresh water, maintaining a comfortable temperature in all classrooms, and sufficient lighting. This funding will support utilities related to these programs. *for FY 2020 ONLY!*

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**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.

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## 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:**

For our Youth Programs, the outcomes we strive to achieve are as follows:

1. A minimum of 350 school-aged children will participate in our out-of-school-program
2. Youth in grades 6-12 will maintain an average GPA of 3.0, and will increase their commitment to school as evidenced by an average attendance rate of 94%.
3. 60% of youth will attend programs on a regular basis, defined as a minimum of three days per week. Enrichment opportunities will be offered four days per week throughout the year.
4. Eight youth will participate in Youth Coaching, setting and making steps towards personalized goals. Youth who have reported behavioral incidents will be referred to counseling services provided by Spalding University PsyD students.

These objectives are measured in EZ Reports, CASCADE and Americana attendance records.

For our Family Education Program we expect the following outcomes:

1. 40 parents or caregivers will enroll in Family Education with their children to pursue personal and educational success.
2. 90% of pre-school aged children will test at the appropriate developmental level.
3. 40 of parents or caregivers will participate in coaching to set and achieve personal goals related to challenges commonly faced by internationals, including employment, education, housing and homeownership, healthcare and financial literacy.

This information is collected through intake/exit surveys, the Ages and Stages Questionnaire, and Americana Family Coaching records.

**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.**

Due to our extensive partnerships, Americana Community Center is able to provide extensive services to international and underserved communities. Jefferson County Public Schools is one of our key partners, providing educational opportunities such as ESL, GED, and Family Education programs. Citizenship classes are provided by Kentucky Refugee Ministries and community groups, preparing participants to become naturalized U.S. citizens. We also partner with a variety of organizations that provide enrichment opportunities for youth. These organizations include Dare to Care Kids Cafe, Fund for the Arts and Louisville Youth Choir, Commonwealth Theater, and Kentucky Yoga Initiative and more based upon the interest of the youth. Each year, two to three intern students provide counseling to our youth and family education participants free of charge. We host practicum students from the University of Louisville Kent School of Social Work. Each year, our programs are supported by more than 1000 volunteers. Finally, Americana provides a home for a variety of community groups to hold health fairs, special events, meetings, celebrations, and more. In addition, we receive capacity building support from AmeriCorps VISTA.

## 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
<b>A: Personnel Costs Including Benefits</b>	17,000	531,592	548,592
<b>B: Rent/Utilities</b>	8,000	31,500	39,500
<b>C: Office Supplies</b>		3,500	3,500
<b>D: Telephone</b>		5,250	5,250
<b>E: In-town Travel</b>		3,750	3,750
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>		36,350	36,350
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>			
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>		48,050	48,050
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	25,000	659,992	684,992
% of Program Budget	4 %	96 %	100%

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

Other State, Federal or Local Government	32,300
United Way	35,000
Private Contributions (do not include individual donor names)	609,992
Fees Collected from Program Participants	0
Other (please specify) <u>Fundraising</u>	15,000
Total Revenue for Columns 2 Expenses **	659,992 <u>692,292</u> (AM)

\*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
Business Insurance		16,100	
IT Maintenance and Repair		15,000	
Interpretation		7,500	
Security		450	
Audit		9,000	
<b>Total</b>		48,050	

Applicant's Initials **EM**

**AM**



**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
Volunteer Hours (9133)	220470.62	Value based on federal standards
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>	\$220,470.62	

\* 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: July 1

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:

Applicant's Initials

EM

AM

## 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.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	1-22-2020
<b>Legal Signatory: (please print):</b>	Edgardo Mansilla	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-366-7813	<b>Extension:</b>	201
<b>Email:</b>	edgardo@americanacc.org		

Applicant's Initials **EM**  
**AM**

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

DEPARTMENT OF THE TREASURY

Date: <sup>30</sup>  
JUL 29 1999

AMERICANA COMMUNITY CENTER INC  
C/O EXECUTIVE DIRECTOR  
201 SOUTHLAND BLVD  
LOUISVILLE, KY 40214-2650

Employer Identification Number:  
61-1251306  
DLN:  
319153123  
Contact Person:  
TIMOTHY ZIMMER ID# 31263  
Contact Telephone Number:  
(877) 829-5500  
Addendum Applies:  
Yes

Dear Applicant:

Based on the information you recently submitted, we have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in 501(c)(3) is still in effect.

This classification is based on the assumption that your operations will continue as you have stated. If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status.

This supersedes our letter dated September 29, 1994.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

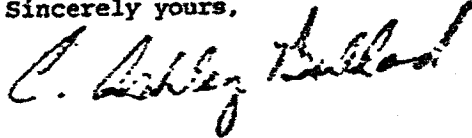
Because this letter could help resolve any questions about your private foundation status, you should keep it in your permanent records.

Letter 1078 (DO/CG)

AMERICANA COMMUNITY CENTER INC

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "C. LeRoy Bullard". The signature is written in dark ink and is positioned to the right of the typed name "District Director".

District Director

Enclosure:  
Addendum

AMERICANA COMMUNITY CENTER INC

This letter supercedes our previous letter in which you were presumed to be a private foundation.

~~AQAARFX~~

	Name	Amount		
<b>Corporate</b>				
	BB&T	2,500.00		
	Brown Forman	35,000.00		
	Honorable Order of Kentucky Colonels	10,000.00		
	Jefferson County Public Schools	2,500.00		
	LE MOO, LLC//Other restaurants	1,600.00		
	LG&E and KU Energy LLC	5,000.00		
	Republic Bank	7,500.00		
	Old National Bank	10,000.00		
	PNC	25,000.00		
	Other small banks (Independence)	5,000.00		
	TARC	1,500.00		
	UPS	10,000.00		
	Toyota Motor North America, Inc.	20,000.00		
		<u>135,600.00</u>	\$	<b>135,600.00</b>
<b>Foundations</b>				
	American Endowment Foundation	500.00		
	C.E. & S. Foundation, Inc.	100,000.00		
	Cralle Foundation	7,000.00		
	Fdn for Impact on Literacy & Learning Inc	750.00		
	Humana Foundation	25,000.00		
	Humana Foundation	20,000.00		
	Jewish Heritage	85,000.00		
	Sisters of Nazareth	14,000.00		
	Community Foundation	5,000.00		
	Kosair Charities	80,000.00		
	Lift A Life Foundation Inc.	25,000.00		
	Mildred V Horn Foundation	2,000.00		
	Siemer Institute	25,000.00		
	The Gheens Foundation	100,000.00		
	The Norton Foundation	15,000.00		
	Norton Healthcare Foundation	12,000.00		
	V.V. Cooke Foundation	4,000.00		
	WHAS Crusade For Children	6,500.00		
	William E. Barth Foundation.	1,500.00		
		<u>528,250.00</u>	\$	<b>528,250.00</b>
<b>Government - Federal</b>				
<b>AmeriCorps VISTA</b>				
	VISTA support Grant	35,000.00		
	Support Grant -Payment MGT System	22,000.00		
	Cost Share Prog. - Collect	50,307.00		
		<u>107,307.00</u>	\$	<b>107,307.00</b>
<b>Total AmeriCorps VISTA/Support</b>				

Americana Community Center, Inc. Budget: 2019 - 2020 Income

<b>AQAARFX</b>	<u>Name</u>	<u>Amount</u>		
<b>Government - Local</b>				
	<b>Metro Family Ed</b>			
	Louisville Metro Government	10,800.00		
	<b>Metro Youth Svc</b>			
	Louisville Metro Government	14,500.00		
	<b>Metro NDF</b>			
	Louisville Metro Government	<u>7,000.00</u>		
		32,300.00	\$	<b>32,300.00</b>
<b>Total Government - Local</b>				
<b>Grants - Other</b>				
	Kentucky Foundation For Women, Inc.	4,500.00		
	Kentucky State University	15,000.00		
	Metro United Way	48,000.00		
	Metro United Way	<u>25,000.00</u>		
		92,500.00	\$	<b>92,500.00</b>
<b>Total Grants - Other</b>				
<b>Special Events</b>				
	Festival, dinner, Summer efforts	<u>125,000.00</u>		
		125,000.00	\$	<b>125,000.00</b>
<b>Total Special Events</b>				
<b>Donations</b>				
	Individual donation	35,000.00		
	Board Fundraising	84,000.00		
	Community Contributions	<u>20,000.00</u>		
		139,000.00	\$	<b>139,000.00</b>
<b>Total Donations</b>				
<b>Other Income</b>				
	Other (incl rent & interest)	<u>15,000.00</u>		
		15,000.00	\$	<b>15,000.00</b>
<b>Total Other Income</b>				
<b>Total Income</b>		<u><u>\$1,174,957.00</u></u>	\$	<u><u>1,174,957.00</u></u>

**ADAPTS**

Ordinary Income/Expense

	Oct 1 - 25, 19	Budget	\$ Over/(Under) Budget	October YTD Actual	October YTD Budget	\$ Over/(Under) Budget	October PYTD Actual	Variance
<b>Income</b>								
4000 · Donations	13,297.75	16,000.00	(2,702.25)	29,277.71	79,805.00	(50,527.29)	14,787.14	14,490.57
4500 · Grants	26,795.72	91,984.00	(65,188.28)	308,125.91	366,683.00	(58,557.09)	483,304.97	(185,179.06)
5000 · Special events	5,690.00	9,000.00	(3,310.00)	20,380.00	19,000.00	1,390.00	13,790.76	6,599.24
5005 · Other Income	1,105.43	3,000.00	(1,894.57)	14,884.44	35,441.00	(20,556.56)	8,914.34	5,970.10
<b>Total Income</b>	<b>48,888.90</b>	<b>119,984.00</b>	<b>(73,095.10)</b>	<b>372,678.06</b>	<b>500,929.00</b>	<b>(128,250.94)</b>	<b>590,797.21</b>	<b>(158,119.15)</b>
<b>Expense</b>								
7100 · Payroll Expenses	48,166.66	52,350.00	(4,183.34)	219,680.43	230,194.00	(10,513.57)	203,291.70	16,388.73
7231 · Contract Labor	4,314.66	4,200.00	114.66	18,935.00	18,338.00	596.00	19,408.50	(473.50)
7500 · Other personnel Expenses	9,398.61	10,400.00	(1,001.39)	34,650.00	35,901.00	(1,251.00)	32,417.73	2,232.27
8100 · Other Operating Expenses	13,374.81	14,350.00	(975.19)	37,856.14	47,201.00	(9,344.86)	30,055.48	7,800.66
8200 · Occupancy Expenses	14,594.95	14,500.00	94.95	47,638.67	49,291.00	(1,652.33)	42,423.73	5,214.94
8310 · Travel-All	1,085.35	480.00	605.35	3,118.74	2,297.00	821.74	1,557.43	1,561.31
8600 · Professional Services	2,000.00	0.00	2,000.00	2,000.00	3,500.00	(1,500.00)	2,050.00	(60.00)
8700 · Interest Expense	517.19	500.00	17.19	2,198.65	2,038.00	160.65	8,489.34	(8,330.69)
<b>Total Expense</b>	<b>93,452.23</b>	<b>96,780.00</b>	<b>(3,327.77)</b>	<b>366,017.63</b>	<b>388,761.00</b>	<b>(22,743.37)</b>	<b>339,673.91</b>	<b>28,343.72</b>
<b>Net Ordinary Income</b>	<b>(46,563.33)</b>	<b>23,204.00</b>	<b>(69,767.33)</b>	<b>6,660.43</b>	<b>112,168.00</b>	<b>(105,507.57)</b>	<b>191,123.30</b>	<b>(184,482.87)</b>



**AOAWBRS**

Ordinary Income/Expense

	Oct 1 - 25, 19	Budget	\$ Over/(Under) Budget	October YTD Actual	October YTD Budget	\$ Over/(Under) Budget	October PYTD Actual	Variance
<b>Income</b>								
4000 · Donations	13,297.75	16,000.00	(2,702.25)	29,277.71	79,805.00	(50,527.29)	14,787.14	14,490.57
4500 · Grants	26,795.72	91,984.00	(65,188.28)	308,125.91	366,693.00	(58,567.09)	483,304.97	(185,179.06)
5000 · Special events	5,690.00	9,000.00	(3,310.00)	20,390.00	19,000.00	1,390.00	13,790.76	6,599.24
5005 · Other Income	1,105.43	3,000.00	(1,894.57)	14,884.44	35,441.00	(20,556.56)	8,914.34	5,970.10
<b>Total Income</b>	<b>46,888.90</b>	<b>119,984.00</b>	<b>(73,095.10)</b>	<b>372,678.06</b>	<b>500,929.00</b>	<b>(128,250.94)</b>	<b>530,797.21</b>	<b>(158,119.15)</b>
<b>Expense</b>								
7100 · Payroll Expenses	48,166.66	52,350.00	(4,183.34)	219,680.43	230,194.00	(10,513.57)	203,291.70	16,388.73
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8200 · Occupancy Expenses	14,594.95	14,500.00	94.95	47,638.67	49,291.00	(1,652.33)	42,423.73	5,214.94
8310 · Travel-All	1,085.35	480.00	605.35	3,118.74	2,297.00	821.74	1,557.43	1,561.31
8600 · Professional Services	2,000.00	0.00	2,000.00	2,000.00	3,500.00	(1,500.00)	2,050.00	(50.00)
8700 · Interest Expense	517.19	500.00	17.19	2,138.65	2,038.00	100.65	8,489.34	(8,330.69)
<b>Total Expense</b>	<b>93,452.23</b>	<b>96,780.00</b>	<b>(3,327.77)</b>	<b>386,017.63</b>	<b>386,761.00</b>	<b>(72,743.37)</b>	<b>339,673.91</b>	<b>28,343.72</b>
<b>Net Ordinary Income</b>	<b>(46,563.33)</b>	<b>23,204.00</b>	<b>(69,767.33)</b>	<b>6,660.43</b>	<b>112,168.00</b>	<b>(105,507.57)</b>	<b>191,123.30</b>	<b>(184,462.87)</b>



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

Notice	CP211A
Tax period	June 30, 2019
Notice date	December 2, 2019
Employer ID number	61-1251306
To contact us	Phone 877-829-5500 FAX 877-792-2864

166178.207175.219171.9524 1 AB 0.412 370



AMERICANA COMMUNITY CENTER INC  
% EXECUTIVE DIRECTOR  
4801 SOUTHSIDE DR  
LOUISVILLE KY 40214-2111

Page 1 of 1



166178

Important information about your June 30, 2019 Form 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2019 Form 990.

Your new due date is May 15, 2020.

### What you need to do

File your June 30, 2019 Form 990 by May 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a)
- For tax forms, instructions, and publications, visit [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Americana Community Center, Inc.</b>		<b>D</b> Employer identification number <b>61-1251306</b>
	Doing business as		<b>E</b> Telephone number <b>502-366-7813</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4801 Southside Drive</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>Louisville KY 40214</b>		<b>G</b> Gross receipts \$ <b>1,175,904</b>
<b>F</b> Name and address of principal officer: <b>Edgardo Mansilla</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>N/A</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1993</b>
			<b>M</b> State of legal domicile: <b>KY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>See Schedule O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>31</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1050</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>1,585,724</b>	Current Year <b>1,103,632</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>614</b>	<b>1,056</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>74,370</b>	<b>48,731</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,660,708</b>	<b>1,153,419</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>566,116</b>	<b>578,611</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>124,745</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>509,117</b>	<b>578,690</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,075,233</b>	<b>1,157,301</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>585,475</b>	<b>-3,882</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>3,033,136</b>	End of Year <b>2,930,318</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>723,365</b>	<b>624,429</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,309,771</b>	<b>2,305,889</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>Edgardo Mansilla</b> Type or print name and title		<b>Executive Director</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	<b>Barbara Lasky</b>	<b>Barbara Lasky</b>	<b>03/22/19</b>	self-employed <b>P00015280</b>
	Firm's name <b>Baldwin CPAs, PLLC</b>	Firm's EIN <b>20-1416603</b>		
Firm's address <b>943 S 1st Street</b>		Phone no. <b>502-584-9793</b>		
Firm's address <b>Louisville, KY 40203</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No  
For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code: ) (Expenses \$ **911,882** including grants of\$ ) (Revenue \$ )

**Family education initiatives**

Assist refugee, immigrant and U.S. Born residents of Louisville metro in educational, cultural, social transition, and growth. Served individuals this fiscal year through family education, family coaching, and adult education which includes English as a second language (ESL), GED/ABE (adult basic education), and citizenship classes. Program participants served in FY17 came from over 100 different countries and 38 zip codes throughout Louisville metro. In FY17 there were: 1,596 enrolled in adult education classes; 26 earned GED; and 56 students attending citizenship classes became U.S. Citizens.

Americana partners with Jefferson county public schools adult and

4b (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )

**Americana youth program**

Provide year round out-of-school time programs to refugee, immigrant and low-income youth. Programming includes homework assistance, tutoring, JCPS k-5 ESL classes, mentoring, meals, creative arts, recreation, incentive-based field trips and other enrichment programs. In FY17, 389 youth participated in out-of-school programming, including after school, during the summer, and winter/spring break periods. Americana staff and volunteer plan and supervise all youth activities. Meals are provided through a partnership with dare to care food bank (kids' cafe). For the 5th year in row, 100% of seniors graduated and enrolled in higher education.

4c (Code: ) (Expenses \$ including grants of\$ ) (Revenue \$ )

**Community services**

Community services foster community support, participant enrichment, and opportunities for multi-cultural experiences. Americana is a volunteer income tax assistance (vita) site during tax season. Volunteers provide free tax preparation to community members with an income of less than \$50,000. The vita site is coordinated by an Americana staff member. Over 200 tax returns were prepared at our vita site in FY17.

Americana began an adult computer literacy class, which had 32 enrolled and 59 people on the waiting list.

On April 8th, Americana broke ground on Peaceful Eden, a new 2-acre community garden in partnership with Common Earth Gardens. The opening day

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses **911,882**

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		X

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

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **►**

**Company** 4801 Southside Dr  
**Louisville** KY 40214 502-366-7813



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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Shawn Adams	1.00									
Treasurer	0.00	X		X			0	0	0	
(2) Barry J. Barker	1.00									
Director	0.00	X					0	0	0	
(3) Tom Bohnert	1.00									
Director	0.00	X					0	0	0	
(4) Kataie Carter	1.00									
Director	0.00	X					0	0	0	
(5) Maria Elbl	1.00									
Vice Chair	0.00	X		X			0	0	0	
(6) Barry Gary	1.00									
Chair	0.00	X		X			0	0	0	
(7) Chip Hancock	1.00									
Director	0.00	X					0	0	0	
(8) Eric Haner	1.00									
Director	0.00	X					0	0	0	
(9) Hillary Bonistalli	1.00									
Director	0.00	X					0	0	0	
(10) Gill Holland	1.00									
Director	0.00	X					0	0	0	
(11) Sharon Landrum	1.00									
Director	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Scott T. Shoenberger</b>	1.00									
Director	0.00	X						0	0	
(13) <b>Charles Theiler</b>	1.00									
Director	0.00	X						0	0	
(14) <b>David Vawter</b>	1.00									
Director	0.00	X						0	0	
(15) <b>Paul Bagley</b>	1.00									
Secretary	0.00	X		X				0	0	
(16) <b>Rana Latif</b>	1.00									
Director	0.00	X						0	0	
(17) <b>Bill Summers IV</b>	1.00									
Director	0.00	X						0	0	
(18) <b>Steve Woodworth</b>	1.00									
Director	0.00	X						0	0	
(19) <b>Edgardo Mansilla</b>	40.00									
Executive Director	0.00			X				112,754	0	
<b>1b Sub-total</b>								112,754	2,546	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								112,754	2,546	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
1a	Federated campaigns					
	1b					
	1c	25,500				
	1d					
	1e	126,945				
	1f	951,187				
	g	Noncash contributions included in lines 1a-1f: \$				
<b>h Total. Add lines 1a-1f</b>		<b>1,103,632</b>				
2a	Busn. Code					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	<b>Total. Add lines 2a-2f</b>				
3		1,056			1,056	
4						
5						
6a	(i) Real					
	(ii) Personal					
b						
c						
d						
7a	(i) Securities					
	(ii) Other					
b						
c						
d						
8a		42,379				
b		22,485				
c		19,894			19,894	
9a						
b						
c						
10a						
b						
c						
11a		28,837			28,837	
b						
c						
d						
e		28,837				
12		1,153,419	0	0	49,787	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	112,754	75,207	16,564	20,983
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	352,094	234,847	51,722	65,525
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	77,382	51,614	11,367	14,401
10 Payroll taxes	36,381	24,266	5,344	6,771
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	17,637	6,561	9,245	1,831
12 Advertising and promotion				
13 Office expenses	6,782	4,524	996	1,262
14 Information technology	15,636	10,429	2,297	2,910
15 Royalties				
16 Occupancy	123,324	113,458	8,386	1,480
17 Travel	12,769	8,517	1,876	2,376
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	27,344	25,156	1,860	328
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,969	68,050	5,031	888
23 Insurance	20,099	18,491	1,367	241
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Expense	177,626	177,626		
b Contract Services	71,415	71,415		
c Telephone	11,073	7,385	1,627	2,061
d Supplies	9,938	6,629	1,460	1,849
e All other expenses	11,078	7,707	1,532	1,839
25 Total functional expenses. Add lines 1 through 24e	1,157,301	911,882	120,674	124,745
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	713,967	1	622,663
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	416,566	3	454,568
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,479,212		
	b	Less: accumulated depreciation	10b 626,125	1,902,603	10c 1,853,087
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		3,033,136	16	2,930,318
<b>Liabilities</b>	17	Accounts payable and accrued expenses	55,199	17	72,541
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	668,166	23	551,888
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25		723,365	26
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,871,485	27	1,795,443
	28	Temporarily restricted net assets	438,286	28	510,446
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>		2,309,771	33	2,305,889
34	<b>Total liabilities and net assets/fund balances</b>		3,033,136	34	2,930,318

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,153,419</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,157,301</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-3,882</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>2,309,771</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>2,305,889</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Americana Community Center, Inc.**

Employer identification number

**61-1251306**

**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 or 990-EZ).)
- 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 in 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 generally must 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)						
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	655,416	818,915	867,562	1,585,724	1,103,632	5,031,249
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	655,416	818,915	867,562	1,585,724	1,103,632	5,031,249
<b>5</b> 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)						543,522
<b>6 Public support.</b> Subtract line 5 from line 4.						4,487,727

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	655,416	818,915	867,562	1,585,724	1,103,632	5,031,249
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	74	13	72	614	1,056	1,829
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				40,367	27,837	68,204
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	25,866	24,595	23,929	43,907	42,379	160,676
<b>11 Total support.</b> Add lines 7 through 10						5,261,958

**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**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	85.29%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	15	80.86%

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2017.** 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—2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 <b>Part VI</b> 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 <b>Part VI</b> 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 (b) and (c) below.		
3b	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 <b>Part VI</b> when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 12a or 12b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	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 <b>Part VI</b> 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 (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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 <b>Part VI</b> .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 <b>Part VI</b> .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
9c	Did a disqualified person (as defined in 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 <b>Part VI</b> .		
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 10b below.		
10b	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 in (b) and (c) below, the governing body of a supported organization?	11a	
	b A family member of a person described in (a) above?	11b	
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	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).		

**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?		
	2		
	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 entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described in (a) 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.		
	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
	b Did the organization exercise a substantial degree of direction over 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.	3b	

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 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	<b>Distributable Amount.</b> 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).

**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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; 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 and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part II, Line 10 - Other Income Detail**

\$ 118,297

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

Americana Community Center, Inc.

61-1251306

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items; 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Temporarily restricted endowment ▶ ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>81,800</b>		<b>81,800</b>
<b>b</b> Buildings .....		<b>2,247,756</b>	<b>498,941</b>	<b>1,748,815</b>
<b>c</b> Leasehold improvements .....		<b>10,258</b>	<b>7,506</b>	<b>2,752</b>
<b>d</b> Equipment .....		<b>139,398</b>	<b>119,678</b>	<b>19,720</b>
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **1,853,087**



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,153,419
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	1,153,419
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,153,419

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,157,301
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	1,157,301
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,157,301

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part X - FIN 48 Footnote**

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-1- would be immaterial to the financial statement taken as a whole. Accordingly, the accompanying financial statement do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the operating statement or accrued in the balance sheet.

**Part XIII** Supplemental Information *(continued)*

Area with horizontal dotted lines for supplemental information.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Open to Public Inspection

Name of the organization

**Americana Community Center, Inc.**

Employer identification number

**61-1251306**

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

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

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

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

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

**Total** .....

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

.....

.....

.....

.....

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	<u>Gala Dinner</u> (event type)	<u></u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))	
1	Gross receipts	67,879		67,879	
2	Less: Contributions	25,500		25,500	
3	Gross income (line 1 minus line 2)	42,379		42,379	
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	4,494		4,494
	7	Food and beverages	9,591		9,591
	8	Entertainment			
	9	Other direct expenses	8,400		8,400
10	Direct expense summary. Add lines 4 through 9 in column (d)			22,485	
11	Net income summary. Subtract line 10 from line 3, column (d)			19,894	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_



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

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**Americana Community Center, Inc.**

Employer identification number

**61-1251306**

**Form 990 - Organization's Mission or Most Significant Activities**

To provide a spectrum of services for the many diverse residents of  
Louisville Metro. These services enable people to discover and utilize  
resources to build strong families, create a safe, supportive community and  
realize their individual potential.

**Form 990 - Organization's Mission**

To provide a spectrum of services for the many diverse resident of  
Louisville Metro. These services enable people to discover and utilize  
resources to build strong families, create a safe, supportive community and  
realize their individual potential.

**Form 990, Part III, Line 4a - First Accomplishment**

continuing education to offer ESL, GED/ABE and family education classes.  
JCPS does not provide revenue, therefore, family initiative expenses  
include operating and occupancy costs associated with these programs, such  
as utilities, internet, janitorial, and front office staff who assist with  
information for program participants as well as Americana staff members who  
provide support to these programs, such as the family coach and family  
education staff.

JCPS has provided approximately \$250,000 in salaries in-kind to support  
these programs.

Other On-Site Partners include Family Health Centers, Survivor of Torture  
Recovery Center, Louisville Asset Building Coalition providing tax  
assistance, and multiple community ethnic groups.

Name of the organization

Employer identification number

Americana Community Center, Inc.

61-1251306

## Form 990, Part III, Line 4c - Third Accomplishment

event kicked off with blessings of the garden by the Burundi and Chin communities. Volunteers helped the immigrant and refugee gardeners spread the first layer of compost and create a vision for the sustainability of the space. In addition to the new garden plots, Peaceful Eden features expanded space for the children's garden where students in the Youth Program learn about nutrition, environmental education, and technology through a partnership with Kentucky State University and 4-H Tech Wizards. In FY17 the community garden had an increase of 12 families with plots to a total of 140 garden plots.

The Fiberworks program promotes the positive integration of refugee and immigrant women into the Louisville community through a shared interest in the fiber arts. Eighteen immigrant and refugee women participate in the Americana Fiberworks program. Participants made 1,000 tote bags for NCFL conference in FY17.

Americana hosts an annual Americana world festival on the first Saturday of June to celebrate the diversity of the neighborhood. Approximately 5,000 attend the annual Americana world festival. Program participants are invited to Americana for a fall festival and to a winter festival each year. Youth receive hats and gloves at the winter festival, along with a gift.

In addition to the community services summarized above, Americana provides pro-bono or \$1/yr lease meeting and office space for many diverse groups (i.e. Burundi community, Hispanic Latino coalition, south Louisville community ministries, Somali community, Kentucky American Indian resource center).



Name of the organization

Employer identification number

Americana Community Center, Inc.

61-1251306

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

Review of the 990 report becomes a board meeting agenda item up on receipt of the draft document from the auditors. Copies are transmitted to board members for review prior to the board meeting. Copies are distributed to attending board members. Upon review and discussion, the board motions to approve the document with changes, if any. The auditors are notified of any necessary changes prior to final issuance of Form 990 for signature of the Executive Director.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Committee of the Board of Directors reviews compensation annually, compares to other comparative Executive Director positions in the area, then reviews the budgeted revenue to make a recommendation to the full Board of Director of compensation for the fiscal year.

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

No documents available to the public

318578

ARTICLES OF INCORPORATION  
of  
AMERICANA COMMUNITY CENTER, INC.

RECEIVED & FILED  
8.00

Aug 4 3 44 PM '93

BOYD BRIDGE  
STATE  
213 OF KENTUCKY  
Fall

The undersigned, acting as the incorporator of a corporation organized under and pursuant to the provisions of Chapter 213 of the Kentucky Revised Statutes, states as follows:

ARTICLE ONE

The name of the corporation is the Americana Community Center, Inc.

ARTICLE TWO

The purpose of the corporation is to provide quality social, educational and cultural services to children and youths, as well as their families, to help build strong families, to create a safe and supportive community and to help each individual realize his or her potential.

ARTICLE THREE

The initial registered agent of the corporation is Sharon Landrum. The initial registered office of the corporation is 100 Southland Boulevard, Louisville, Kentucky 40214.

ARTICLE FOUR

The mailing address of the corporation's principal office is Americana Community Center, Inc., c/o Executive Director, 201 Southland Boulevard, Louisville, Kentucky 40214.

ARTICLE FIVE

The initial board of directors shall consist of thirteen directors. The names and mailing addresses of the initial directors are as follows:

Graham Phillips  
City of Louisville  
200 South Seventh Street  
Louisville, Kentucky 40202

Dale Tucker  
City of Louisville  
200 South Seventh Street  
Louisville, Kentucky 40202

720779

Karen Hawkins  
City of Louisville  
200 South Seventh Street  
Louisville, Kentucky 40202

Marlene Gordon  
Jefferson County Public  
Schools  
3500 Bohne Avenue  
Louisville, Kentucky 40211

Dr. Luyen Cao  
3025 Stonebridge Road  
Louisville, Kentucky 40241

Jackie Spalding  
Seven Counties  
2105 Crums Lane  
Louisville, Kentucky 40216

Mike Jupin  
South Louisville Community  
Ministries  
204 Seneca Trail  
Louisville, Kentucky 40214

Pat Delahanty  
Catholic Charities  
2911 South Fourth Street  
Louisville, Kentucky 40208

Ed Mansilla  
Americana Community Center  
201 Southland Boulevard  
Louisville, Kentucky 40214

Sharon Landrum  
Landrum Realty  
4012 DuPont Circle  
Louisville, Kentucky 40207

Stew Wetzel  
Kenwood Optimists  
622 Amherst Place  
Louisville, Kentucky 40223

Donoso Escobar  
Southern Baptist Theological  
Seminary  
2825 Lexington Road  
Louisville, Kentucky 40280

Sam Neal  
Kent School of Social Work  
University of Louisville  
2301 South Third Street  
Louisville, Kentucky 40292

#### ARTICLE SIX

The name and address of the incorporator is as follows:

Graham Phillips  
200 South Seventh Street  
Louisville, Kentucky 40202

#### ARTICLE SEVEN

Section 1. No director of the corporation shall have or suffer any personal liability for monetary damages for breach of any duties owed to the corporation as a director, provided that this Article shall not limit or eliminate the liability of any director for:

(a) Any transaction in which the director's financial interest is in conflict with the financial interests of the corporation;

(b) Acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law; or

(c) Any transaction from which the director derived an improper personal benefit.

Section 2. The corporation may indemnify and hold each director, officer, former director and former officer of the corporation harmless from and against any and all expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which he or she is made a party by reason of being or having been such director or officer, except in relation to matters as to which he or she shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the corporation.

The indemnification authorized under this Article shall be granted only upon the affirmative vote of a majority of a quorum of the directors of the corporation. The directors of the corporation may advance amounts to a director or officer seeking indemnification, prior to the final disposition of the action, suit or proceeding giving rise to the request for indemnification, provided that the director or officer to whom such amounts are advanced undertakes, in writing in form and substance satisfactory to the directors of the corporation, to repay such amounts unless it shall ultimately be determined that the corporation is authorized to indemnify him or her.

  
Graham Phillips, Incorporator

RECEIVED & FILED

ARTICLES OF AMENDMENT  
to the  
ARTICLES OF INCORPORATION  
of  
AMERICANA COMMUNITY CENTER, INC.

Jun 30 2 20 PM '94

*Cheryl*  
#318578  
*Cheryl*

Pursuant to the provisions of KRS 273.267, the undersigned nonstock, nonprofit corporation executes these Articles of Amendment of its Articles of Incorporation:

758056

FIRST: The name of the nonstock, nonprofit corporation is AMERICANA COMMUNITY CENTER, INC. (the "Corporation");

SECOND: There are no members entitled to vote on these Articles of Amendment to the Articles of Incorporation of the Corporation. These Articles of Amendment to the Articles of Incorporation of the Corporation were adopted by the unanimous written consent of the directors of the Corporation, dated as of ~~January 12~~ <sup>April</sup> 12, 1994, as provided in KRS 273.377.

THIRD: The Amendments are as follows:

Article Two of the Articles of Incorporation of the Corporation is hereby amended and modified so that, as amended and modified, it shall read in its entirety as follows:

"ARTICLE TWO

Any provision herein to the contrary notwithstanding, the corporation is organized and shall be operated exclusively for charitable and educational purposes, and for the prevention of cruelty to children, as described within Section 501(c)(3) of the Internal Revenue Code. Specifically, the charitable and educational purposes of the corporation shall include, and the corporation shall endeavor to prevent cruelty to children through,

the provision of quality social, educational and cultural services to children and youths, as well as their families, to help build strong families and to create a safe and supportive community."

A new Article Eight is hereby added to the Articles of Incorporation of the Corporation, which Article Eight shall read in its entirety as follows:

"ARTICLE EIGHT

No part of the earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, 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 Two hereof. 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. 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."

A new Article Nine is hereby added to the Articles of Incorporation of the Corporation, which Article Nine shall read in its entirety as follows:

"ARTICLE NINE

Upon the dissolution of the corporation, the 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."

# Commonwealth of Kentucky

Department of State

Secretary of State

BOB BABBAGE  
FRANKFORT, KENTUCKY

## CERTIFICATE

I, **BOB BABBAGE**, Secretary of State for the Commonwealth of Kentucky, do certify that the foregoing writing has been carefully compared by me with the original record thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of

ARTICLES OF INCORPORATION OF  
AMERICANA COMMUNITY CENTER, INC., FILED AUGUST 4, 1993,  
AMENDMENT TO ARTICLES OF INCORPORATION OF AMERICANA COMMUNITY CENTER, INC.,  
FILED JUNE 30, 1994.

IN WITNESS WHEREOF, I have hereunto  
set my hand and affixed my official seal.

Done at Frankfort this 7TH day of

SEPTEMBER, 19 94

  
Secretary of State, Commonwealth of Kentucky

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**AMERICANA COMMUNITY CENTER, INC,**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ **501 (C) (3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **18815**

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**4801 SOUTHSIDE DRIVE**

6 City, state, and ZIP code  
**LOUISVILLE, KENTUCKY 40214**

7 List account number(s) here (optional).

Requester's name and address (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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
			-							
OR										
Employer identification number										
6	1		-	1	2	5	1	3	0	6

## 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 ▶ **12-13-18**

## 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](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.