


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

Applicant/Program: Americana Community Center Inc
Applicant Requested Amount: \$23,000
Appropriation Request Amount: \$10,000

Executive Summary of Request
Funding for programs and administrative costs.

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

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

21  10,000 11/1/2017
District # Primary Sponsor Signature Amount Date

Primary Sponsor Disclosure
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
None

Approved by:

Appropriations Committee Chairman Date
Final Appropriations Amount: _____

Applicant/Program:

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:

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	
Program Name and Request Amount	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="button" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="button" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="button" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="button" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="button" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="button" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="button" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="button" value="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?	<input type="button" value="No"/>
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="button" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="button" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="button" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="button" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="button" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="button" value="N/A"/>
Is the most recent annual audit (if required by organization) included?	<input type="button" value="Yes"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="button" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="button" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="button" value="Yes"/>
Is the IRS Form W-9 included?	<input type="button" value="Yes"/>
Is the IRS Form 990 included?	<input type="button" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="button" value="Yes"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="button" value="Yes"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="button" value="Yes"/>
Prepared by: Ray Manley	Date: 11/1/2017

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Americana Community Center, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 4801 Southside Drive, Louisville, KY 40214			
Website: www.americanacc.org			
Applicant Contact:	Clare Rutz	Title:	Director of Development
Phone:	502-366-7813 x203	Email:	clare@americanacc.org
Financial Contact:	Abram Deng	Title:	Finance Manager
Phone:	502-366-7813 x225	Email:	abram@americanacc.org
Organization's Representative who attended NDF Training: Clare Rutz			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	4801 Southside Drive, Louisville, KY		
Council District(s):	21	Zip Code(s):	40214
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Americana Community Center			
Total Request: (\$)	23,000	Total Metro Award (this program) in previous year: (\$)	20,000
Purpose of Request (check all that apply):			
<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)			
The Following are Required Attachments:			
<ul style="list-style-type: none"> ✓ IRS Exempt Status Determination Letter ✓ Current year projected budget ✓ Current financial statement ✓ Most recent IRS Form 990 or 1120-H ✓ Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense 		<ul style="list-style-type: none"> Signed lease if rent costs are being requested ✓ IRS Form W9 ✓ Evaluation forms if used in the proposed program ✓ Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable 	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	External Agencies Fund (Youth)	Amount: (\$)	20,000
Source:	External Agencies Fund (Comm)	Amount: (\$)	33,000
Source:	Neighborhood Development Funds	Amount: (\$)	2,300
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			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Americana's mission is to provide holistic services to Louisville's refugee, immigrant and underserved population to build strong and healthy families, create a safe and supportive community and help every individual realize their potential.

Our programs and activities offered include:

- 1) Family Education: Provides English language and employment-related skill building and information to immigrant and refugee families, connecting the whole family through education, literacy, and language development. Components include Adult Education, Children's Education, Parent Education, Parent and Child Together (PACT) Time, and Family Coaching;
- 2) Americana Youth Program: year-round educational and enrichment programming for K-12 youth;
- 3) Adult Education: GED and ESL classes offered morning and evening in partnership with Jefferson County Public Schools Adult and Continuing Education;
- 4) Free Tax Preparation for low-income families offered during tax season in partnership with the Louisville Asset Building Coalition;
- 5) Mental Health Services: counseling provided to program participants by Psychology Doctorate interns providing individual, group, and family sessions. Referrals are also made to adult participants to in-house partners: Survivors of Torture Recovery Center;
- 6) Fiberworks: a women's fiber arts group where refugee and immigrant women learn entrepreneurial and fiber arts skills while improving their English; and
- 7) A seasonal Community Garden for community members to grow fresh produce, learn new gardening techniques, and build a support system.

On-site partners include the Family Health Centers-Americana and the Survivors of Torture Recovery Center. These partners expand our participants' access to health services and allow us to provide holistic, comprehensive services. Several ethnic community groups also have offices in our building, such as the Oromo Community, Haitian Community of Kentucky, and the American Indian Resource Center, which keeps us connected to the communities we serve.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Gregory Carroll	June 30, 2020
Barry Gary	June 30, 2020
J. Barry Barker	June 30, 2020
Ryan C. Simpson	June 30, 2020
Sharon Landrum	June 30, 2020
Eric Haner	June 30, 2020
Gregory J. Brotzge	June 30, 2020
Shawn Adams	June 30, 2018
Hillary Hargis	June 30, 2018
Maria Elbl	June 30, 2018
David Vawter	June 30, 2018
Gill Holland	June 30, 2018
Tom Bohnert	June 30, 2018
Paul Bagley	June 30, 2019
Charles "Chuck" Theiler	June 30, 2019
Chip Hancock	June 30, 2019
Katie Carter, Scott Shoenberger, Beth McFarland	June 30, 2019

Describe the Board term limit policy:

Article VII, Section 3: 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 office for each member shall expire on June 30 of the year specified by the Nominating 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
Emilie Dyer	\$45,000
Clare Rutz	\$49,159

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 programs are designed to provide children and teens in our community with diverse, meaningful opportunities for academic and personal development to ensure their success in school and life. Our youth programs include the After School Program, Summer Youth Program, and the Creative Arts Program. These out-of-school-time programs provide a safe, welcoming, and encouraging environment for school-aged youth. Programming supports their achievement in school through homework help and tutoring, English as a Second Language instruction, college and career readiness programs, creative arts, counseling, youth coaching, a hot meal from Dare to Care Kids' Café, teen leadership, and health and wellness activities such as basketball, soccer, garden club, and nutrition lessons. The program also incorporates parental involvement into children's academic success. Parents participate in monthly workshops on life skills and learn alongside their children in weekly college and career readiness workshops. Parental involvement is a crucial aspect of equipping youth with skills and know-how to achieve.

The Family Education Program supports immigrant and refugee parents in acquiring the tools necessary to promote their children's academic success while increasing their own English language proficiency and meeting personal health, education, and personal goals. Parents and their children participate in some activities together, promoting parents in their role as a child's first teacher and improving collaboration as a family unit. The five components of our Family Education Program are: 1) Interactive literacy activities between parents and their children; 2) Training for parents regarding how to be the primary teacher for their children and full partners in the education of their children; 3) Parent literacy training that leads to economic self-sufficiency; 4) An age-appropriate education to prepare children for success in school and life experiences; and 5) Setting and meeting personal goals through Family Coaching. The early childhood classes emphasize kindergarten readiness and the school-age classrooms enable youth to have continued academic success. To improve families' physical and mental health, we also provide access to free counseling through Spalding University's Psychology Doctorate program and an annual health fair.

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

Funding will be used to support the Americana Youth Program and Family Education Program by supplementing salary and utility expenses related to these programs. The salaries funded will include staff with support and implement the programs: the Executive Director, the Programs Director, the Director of Development, the Grants Coordinator, Youth and Family Coaches, and the Finance Manager. The funds for utilities will be representative of a proportion necessary for operating the building during these programs.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

The expected benefits for the Youth Program are listed below. We use EZ Reports, CASCADE, and Americana records to track and measure these.

1. A minimum of 250 school-age youth will participate in the program.
2. Youth in grades 6-12 will have an average GPA of 2.8 and K-12 youth will increase their commitment to school as evidenced by an average school attendance of over 94%.
3. 60% of youth will attend programs on a regular basis, defined as a minimum of 3 days a week. Enrichment opportunities will be offered 4 days a week throughout the year.
4. 8 youth will participate in Youth Coaching, setting and making steps toward personalized goals. Youth who have reported behavioral incidents in school or the community will be provided with services by Spalding University students.

The expected benefits for the Family Education Program are below. We use intake/exit surveys, the Ages and Stages Questionnaire, and Americana records to measure these.

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

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 offer a web of opportunities to participants with less overhead cost to the organization. One key partnership, providing educational services, is Jefferson County Public Schools Adult and Continuing Education with whom we have partnered with since 1995. Teachers provided by JCPS teach our ESL, GED and Family Education Programs. Citizenship classes at Americana are provided by Kentucky Refugee Ministries and community groups, preparing students to become naturalized U.S. citizens. We also partner with a variety of organizations that provide enrichment opportunities to youth participants. These organizations include Dare to Care Kid's Cafe, Fund for the Arts and Louisville Youth Choir, yoga studios, and more based upon the interest of the youth. In 2012, Americana developed a partnership with Spalding University School of Professional Psychology to begin mental health counseling services. Two Psy.D. practicum students serve at Americana for one-year periods to provide counseling to Youth and Family Education Program participants free of charge; we also host practicum students from the University of Louisville social work programs. Our volunteers are another vital resource, supporting Americana's ability to serve so many individuals. Each year, approximately 1,500 volunteers from the community help with regular programming, such as the Family Education Program, events, and facility renovations. Finally, Americana provides a home for a variety of community groups to hold health fairs, special events, meetings, and ethnic celebrations.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	15000	466,696	471696
B: Rent/Utilities	8000	48382	56382
C: Office Supplies		32814	32814
D: Telephone		10151	10151
E: In-town Travel		7711	7711
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials		25423	25423
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)		26395	26395
*TOTAL PROGRAM/PROJECT FUNDS	23000	607572	630572
% of Program Budget	3.6 %	96.4 %	100%

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

Other State, Federal or Local Government	7500
United Way	87234
Private Contributions (do not include individual donor names)	81700
Fees Collected from Program Participants	0
Other (please specify)	400208
Total Revenue for Columns 2 Expenses **	576642

**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
Security			960
Business Insurance			7929
IT Repair and Maintenance			7506
Interpretation			10000
Total	0	26395	26395

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
3750 hours of volunteer service	\$86,512	Value of service hours based on federal standard
Miscellaneous donated items	\$15,000	Cash and in-kind donation tracking system
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$101,512	

*** 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:

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 will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. 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 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.

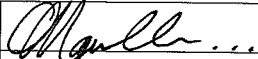
Standard Certifications

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

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	10/27/17
Legal Signatory: (please print):	Edgardo Mansilla	Title:	Executive Director
Phone:	502-366-7813	Extension:	201
Email:	edgardo@americanacc.org		

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

DEPARTMENT OF THE TREASURY

Date: JUL 30 29 1999

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

Employer Identification Number:

[REDACTED]
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.

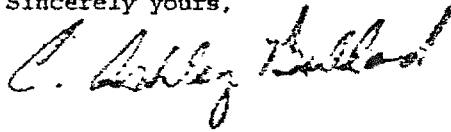
Because this letter could help resolve any questions about your private foundation status, you should keep it in your permanent records.

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. Liberty Bullock".

District Director

Enclosure:
Addendum

-3-

AMERICANA COMMUNITY CENTER INC

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

Letter 1078 (DO/CG)

**AMERICANA COMMUNITY CENTER
Fiscal Year July 1, 2017 through June 30, 2018
Annual Budget**

Updated: 5/17/2017

				2015-16	2016-17	2017-18
				Actual	Actual	Annual Budget
Income						
	3000 · Donations			60,578.00	70,055.00	122,100.00
	3000 · Grants					
		Corporate		135,000.00	70,000.00	80,000.00
		Foundations		678,488.00	1,174,876.00	745,760.00
		Local Organizations		5,372.00	5,899.00	55,000.00
		Government - Federal		7,650.00	22,400.00	13,535.00
		Government - Local		54,650.00	78,450.00	76,000.00
		General Funds/ Comm Activities		109,140.00	119,747.00	62,100.00
		Other income (rent, interest, fees)		13,460.00	69,318.00	39,465.00
	Total Ordinary Income			\$ 1,064,338.00	\$ 1,610,745.00	\$ 1,193,960.00
		In-Kind Donations		5000.00	16743.00	10570.00
		Volunteer Hours (value of service hours based on federal standards)		76030.00	92314.00	86512.00
	Total non-monetary contributions			\$ 81,030.00	\$ 109,057.00	\$ 97,082.00
				*Please note the surplus in the budget is due to our 3-year campaign to build a reserve fund.		
Expenses						
	Administration/ Overhead			342,653.00	364,634.00	370,632.00
	Advancement			104,681.00	118,929.00	121,109.00
	Americana Serves the Youth					
		Family Program		147,024.00	178,324.00	62,546.00
		Out of School Programming		28,586.00	30,850.00	240,771.00
		Family Program		204,423.00	272,367.00	210,523.00
		Adult Education		90,331.00	91,231.00	96,841.00
		Americana Fiberworks		12,686.00	12,411.00	12,787.00
	Total 00 · Programs			930,384.00	1,068,746.00	1,115,209.00
	Gain/(loss)			133,954.00	541,999.00	78,751.00

AMERICANA COMMUNITY CENTER
 Fiscal Year July 1, 2016 through June 30, 2017
 Annual Budget

Updated: 5/17/2017

Budget Breakdown		
	2016-17	2017-18
	(7/1/16-4/30/17)	
Account	Actual	Projection
Payroll Expense	545,241	558,633
Payroll Expense	55,380	58,149
Background Checks	312	328
Workers Comp Insurance	3,769	3,958
Insurance-Health/Life	65,545	68,823
Insurance - Business	15,960	16,758
Interpretation	9,631	10,113
Fees and Registrations - org	1,894	1,988
Supplies (Office/Program)	56,933	58,237
Telephone	9,667	10,151
Internet	1,335	1,402
Postage and Shipping/Printing & copying	1,524	1,600
Dues, Subscriptions & Memberships	2,504	2,630
Repairs & Maintenance	17,856	18,749
Computer Service & Mntnc - IT	16,448	17,271
Garbage Removal	1,730	1,817
Janitorial Supplies	5,499	5,774
Janitorial Service	34,128	35,834
Utilities-Gas/Electric	43,434	45,606
Utilities-Water/Sewer	8,532	8,959
Travel-All	7,344	7,711
Security/ Tyco	1,950	2,048
Kosair Loan Payment	100,000	100,000
Audit/Professional Service	34,650	19,983
Consolidated Loan Interest Expense	28,482	29,906
VISTA Cost Share Program	27,413	28,783
	1,097,163	1,115,209

Americana Community Center

Balance Sheet

As of September 30, 2017

Sep 30, 17

ASSETS	
Current Assets	
Checking/Savings	
1009 · Republic Bank- (New) Checking	46,554.63
1011 · Republic Bank-Savings	1,008.88
1012 · Republic Charitable Gaming	165.50
1015 · PNC Bank - Savings - Cap Cmpn	675,539.10
1040 · Petty cash	50.00
Total Checking/Savings	<u>723,318.11</u>
Accounts Receivable	
1110 · Accounts receivable	56,865.29
1240 · Grants receivable	158,753.70
1241 · Capital Improvement Grants Recv	300,200.00
1245 · Discounts - long-term grants	(26,693.00)
Total Accounts Receivable	<u>489,125.99</u>
Other Current Assets	
Total Current Assets	1,214,025.98
Fixed Assets	
1610 · Land - operating	81,800.00
1625 · Building and Improvements	2,223,544.72
1630 · Leasehold improvements	10,258.11
1640 · Furniture, fixtures, & equip	117,348.60
1720 · Accumulated Depreciation All	(480,166.89)
Total Fixed Assets	<u>1,952,784.54</u>
TOTAL ASSETS	<u><u>3,166,810.52</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
2051 · VISA/MasterCard	(1,224.10)
2052 · Sam's Club	(48.03)
Total Credit Cards	<u>(1,272.13)</u>
Other Current Liabilities	
1320 · Notes/loans receivables	(100.00)
2110 · Accrued payroll	17,021.44
2120 · Accrued paid leave	21,753.98
2150 · Accrued Expenses - other	17,428.78
2310 · Deferred grant revenue	154,488.21
2311 · Deferred Capital Grants	319,400.00
2560 · Current portion- long-term loan	364,111.17
2565 · REPUBLIC BANK LOAN - KOSAIR	299,970.48
Total Other Current Liabilities	<u>1,194,074.06</u>
Total Current Liabilities	<u>1,192,801.93</u>
Total Liabilities	1,192,801.93
Equity	
3010 · Unrestrict (retained earnings)	1,500,512.83
3100 · Temporarily restrict net asset	(26,693.00)
32000 · Unrestricted Net Assets	437,256.96
Net Income	62,931.80
Total Equity	<u>1,974,008.59</u>
TOTAL LIABILITIES & EQUITY	<u><u>3,166,810.52</u></u>

FY18 BUDGET BD APPROVED

Total

Opening Balances

	July Actual	August Actual	September Actual	October Projection	November Projection	December Projection	January Projection	February Projection	March Projection	April Projection	May Projection	June Projection	Total
Individual Donations	852	5,370	2,077	6,000	30,000	11,000	3,500	6,000	7,000	12,000	6,000	15,000	104,799
Community Contributions (churches, local	605	651	440	850	150	150	150	1,250	500	150	1,200	150	6,246
Giving Campaigns (Give Local, etc)		3,279	7,782	100	100	100	100	1,500	2,000	1,000	100	100	16,161
Fiberworks/Americana Merchandise			5,176	1,000	50	50	50	50	50	1,000	50	50	7,526
Other (Incl rent & interest)	222	412		2,624	53	3,313	2,000	150	220	250	13,500	200	27,944
Americorps VISTA Support	5,835				3,184				2,980	5,835	7,166		25,000
UofL Kent School - STRC (Rent)	5,500	5,000										2,000	10,500
Louisville Asset Building Coalition													2,000
Sponsors													
Brown-Forman					5,000								5,000
LG&E and KU Energy									10,000				10,000
Passport Health Plan				800						3,000			3,800
ValuMarket												4,000	4,000
Metro Louisville (NDF)				800	3,000						1,500	2,000	2,300
Kosair Charities											6,000		6,000
Nortor Healthcare Foundation				25,000							5,000		30,000
Other				10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	90,000
Potential Non-Annual Grants													
Corporate Grants													
Brown-Forman			35,000										35,000
Toyota Motor Manufacturing, KY						20,000							20,000
Old National Bank						10,000		10,000					10,000
Republic Bank													10,000
PNC Bank					10,000								10,000
LG&E and KU Energy											5,000		5,000
Foundation Grants													
James Graham Brown Foundation										250,000			250,000
Jewish Heritage Fund for Excellence			15,000										
Kosair Charities (Plg, Grant, Contr.)	10,000	1,500			10,000	25,000	100,000			5,000			151,500
Gheens Foundation	100,000												100,000
Louis. Asset Building Coalition	2,000												2,000
Lift A life Foundation		15,000											15,000
Metro United Way (including BLOCS)	6,843	6,843	6,843	6,843	6,843	6,843	6,843	6,843	6,843	6,843	6,843	12,544	87,818
CE&S Foundation												30,000	30,000
Humana Foundation	25,000	1,800		18,000									26,800
Community Foundation													18,000
Norton Foundation						15,000							15,000
UPS Foundation													
Good Samaritan Foundation		3,660											3,660
WHAS Crusade for Children			3,494						5,000				8,494
Cralle Foundation						8,000						8,000	8,000
Honorable Order of KY Colonels												8,000	8,000
William E. Bath Foundation										5,000			5,000
Mildred V. Horn Foundation		1,000		5,000		2,000							2,000
KY Foundation for Women										7,000			7,000
Dollar General Literacy Foundation									2,500				2,500
VV Cooke Foundation											1,000		1,000
Norton Healthcare Foundation													
Metro Louisville Grants													
Lou Metro F&H Svc (EAF)			8,250		8,250			8,250			8,250		24,750
Lou Metro Youth Svc (EAF)				5,000	5,000			5,000		5,000			20,000
Louisville Metro Council (NDF)									13,000	10,000			23,000

Americana Community Center
Profit & Loss Budget vs: Actual
September 2017

	<u>Sep 17</u>	<u>Budget</u>	<u>\$ Over Budget</u>
Ordinary Income/Expense			
Income			
4000 · Donations	10,299.04	11,650.00	(1,350.96)
4500 · Grants	76,000.78	35,843.00	40,157.78
5005 · Other Income	5,175.53	2,805.00	2,370.53
Total Income	<u>91,475.35</u>	<u>50,298.00</u>	<u>41,177.35</u>
Expense			
7100 · Payroll Expenses	36,586.53	44,320.00	(7,733.47)
7231 · Contract Labor	5,760.93	4,200.00	1,560.93
7500 · Other personnel Expenses	5,724.76	5,882.00	(157.24)
8100 · Other Operating Expenses	10,989.84	13,847.00	(2,857.16)
8200 · Occupancy Expenses	12,448.17	8,750.00	3,698.17
8310 · Travel-All	652.75	542.00	110.75
8700 · Interest Expense	2,518.03	2,489.00	29.03
Total Expense	<u>74,681.01</u>	<u>80,030.00</u>	<u>(5,348.99)</u>
Net Ordinary Income	<u>16,794.34</u>	<u>(80,030.00)</u>	<u>46,526.34</u>
Net Income/(Loss)	<u><u>16,794.34</u></u>	<u><u>(80,030.00)</u></u>	<u><u>46,526.34</u></u>

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

OMB No. 1545-0047
2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**


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	C Name of organization AMERICANA COMMUNITY CENTER, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4801 SOUTHSIDE DRIVE City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40214	D Employer identification number <div style="background-color: black; width: 100px; height: 20px;"></div> E Telephone number 502-366-7813 G Gross receipts \$ 843,523. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number
I 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		
J Website: N/A		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Year of formation: 1993 M State of legal domicile: KY		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROVIDE A SPECTRUM OF SERVICES FOR THE MANY DIVERSE RESIDENTS OF LOUISVILLE METRO. THESE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	1603
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 655,416.	Current Year 818,915.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74.	13.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,866.	24,595.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	681,356.	843,523.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	455,282.	449,903.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	105,244.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	367,859.	490,339.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	823,141.	940,242.	
19 Revenue less expenses. Subtract line 18 from line 12	-141,785.	-96,719.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,361,570.	End of Year 2,724,582.
	21 Total liabilities (Part X, line 26)	521,631.	981,362.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,839,939.	1,743,220.

Part II Signature Block

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

Sign Here	 Signature of officer	6-30-2015 Date
	EDGARDO MANSILLA, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BARBARA A. LASKY	Preparer's signature <div style="background-color: black; width: 100px; height: 20px;"></div>	Date <div style="background-color: black; width: 100px; height: 20px;"></div>	Check if self-employed <input type="checkbox"/>	PTIN <div style="background-color: black; width: 100px; height: 20px;"></div>
	Firm's name ANDERSON, BRYANT, LASKY & WINSLOW, PSC	Firm's EIN <div style="background-color: black; width: 100px; height: 20px;"></div>		Firm's address 943 SOUTH FIRST STREET LOUISVILLE, KY 40203	
	Phone no. (502) 584-9793				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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.

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 [X] No

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

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 \$ 334,842. 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 FY15 CAME FROM 99 DIFFERENT COUNTRIES AND 38 ZIP CODES THROUGHOUT LOUISVILLE METRO. IN FY15 THERE WERE: 854

4b (Code:) (Expenses \$ 312,519. 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 FY 2015, 306 YOUTH PARTICIPATED IN OUT-OF-SCHOOL PROGRAMMING, INCLUDING AFTER SCHOOL, DURING THE SUMMER, AND WINTER/SPRING BREAK PERIODS.

4c (Code:) (Expenses \$ 104,173. including grants of \$) (Revenue \$) COMMUNITY SERVICES

COMMUNITY SERVICES FOSTER COMMUNITY SUPPORT, PARTICIPANT ENRICHMENT, AND OPPORTUNITIES FOR MULTICULTURAL 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. 238 TAX RETURNS WERE PREPARED AT OUR VITA SITE IN FY15.

THE AMERICANA FIBERWORKS IS AN ARTS AND EDUCATIONAL PROGRAM THAT

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

4e Total program service expenses 751,534.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
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? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants 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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	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):		
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c	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
35b	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	Section 501(c)(3) organizations. 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?		
38	Note. 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

Main form table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	19			
b Enter the number of voting members included in line 1a, above, who are independent		19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 - 502-366-7813
4801 SOUTHSIDE DR, LOUISVILLE, KY 40214

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 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) GREGORY J. BROTZGE CHAIR	2.00	X		X				0.	0.	0.
(2) BARRY GARY VICE CHAIR	1.00	X		X				0.	0.	0.
(3) RYAN C. SIMPSON SECRETARY	1.00	X		X				0.	0.	0.
(4) SHAWN ADAMS DIRECTOR	1.00	X						0.	0.	0.
(5) AIDA BABAHMETOVIC DIRECTOR	1.00	X						0.	0.	0.
(6) TOM BOHNERT DIRECTOR	1.00	X						0.	0.	0.
(7) J. BARRY BARKER DIRECTOR	1.00	X						0.	0.	0.
(8) GREGORY CARROLL DIRECTOR	1.00	X						0.	0.	0.
(9) BILLY CARTER DIRECTOR	1.00	X						0.	0.	0.
(10) MARIA ELBL DIRECTOR	1.00	X						0.	0.	0.
(11) CHIP HANCOCK DIRECTOR	1.00	X						0.	0.	0.
(12) ERIC HANER DIRECTOR	1.00	X						0.	0.	0.
(13) HILLARY HARGIS DIRECTOR	1.00	X						0.	0.	0.
(14) GILL HOLLAND DIRECTOR	1.00	X						0.	0.	0.
(15) STEVEN HUESTON DIRECTOR	1.00	X						0.	0.	0.
(16) SHARON LANDRUM DIRECTOR	1.00	X						0.	0.	0.
(17) FAUSTIN NDAGIJIMANA DIRECTOR	1.00	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 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			
(18) SHAHID QAMAR DIRECTOR	1.00	X						0.	0.	0.
(19) DAVID VAWTER DIRECTOR	1.00	X						0.	0.	0.
(20) EDGARDO MANSILLA EXECUTIVE DIRECTOR	40.00			X				89,420.	0.	0.
1b Sub-total								89,420.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								89,420.	0.	0.

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 **0**

	Yes	No
3 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
4 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
5 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
NONE		

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	75,300.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	743,615.			
	g Noncash contributions included in lines 1a-1f: \$		61,659.			
	h Total. Add lines 1a-1f		818,915.			
	Program Service Revenue	2 a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13.		13.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISC. INCOME	624110	24,595.	24,595.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		24,595.				
12 Total revenue. See instructions.		843,523.	24,595.	0.	13.	

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	89,420.	63,255.	10,523.	15,642.
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	275,229.	194,696.	32,388.	48,145.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	55,340.	39,147.	6,514.	9,679.
10 Payroll taxes	29,914.	21,161.	3,521.	5,232.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,741.	1,939.	7,323.	479.
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 Sch O.)	1,300.	1,300.		
12 Advertising and promotion				
13 Office expenses	3,562.	2,977.	228.	357.
14 Information technology				
15 Royalties				
16 Occupancy	128,664.	118,371.	8,749.	1,544.
17 Travel	10,346.	7,903.	983.	1,460.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	30,666.	28,213.	2,085.	368.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,723.	63,224.	4,674.	825.
23 Insurance	27,643.	25,432.	1,879.	332.
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	155,036.	155,036.		
b SUPPLIES	34,003.	13,820.	2,299.	17,884.
c TELEPHONE	7,747.	5,480.	912.	1,355.
d MISCELLANEOUS EXPENSE	5,905.	4,177.	695.	1,033.
e All other expenses	7,003.	5,403.	691.	909.
25 Total functional expenses. Add lines 1 through 24e	940,242.	751,534.	83,464.	105,244.
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 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		
Assets	1	Cash - non-interest-bearing	256,905.	1	122,019.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	794,419.	3	581,528.	
	4	Accounts receivable, net	10,349.	4	12,086.	
	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 instr). Complete Part II of Sch 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	2,420,154.			
		10a				
	b	Less: accumulated depreciation	411,205.	1,299,897.	10c	2,008,949.
		10b				
	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	Total assets. Add lines 1 through 15 (must equal line 34)	2,361,570.	16	2,724,582.		
Liabilities	17	Accounts payable and accrued expenses	78,586.	17	82,628.	
	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	443,045.	23	898,734.	
	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	Total liabilities. Add lines 17 through 25	521,631.	26	981,362.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	911,054.	27	1,154,692.	
	28	Temporarily restricted net assets	928,885.	28	588,528.	
	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	Total net assets or fund balances	1,839,939.	33	1,743,220.		
34	Total liabilities and net assets/fund balances	2,361,570.	34	2,724,582.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	843,523.
2	Total expenses (must equal Part IX, column (A), line 25)	2	940,242.
3	Revenue less expenses. Subtract line 2 from line 1	3	-96,719.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,839,939.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,743,220.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number

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

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

- 1. A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2. A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3. A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4. A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6. A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8. A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10. An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above or IRC section (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		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	778,574.	1,118,066.	571,893.	655,416.	818,915.	3,942,864.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	778,574.	1,118,066.	571,893.	655,416.	818,915.	3,942,864.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,709,000.
6 Public support. Subtract line 5 from line 4.						2,233,864.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	778,574.	1,118,066.	571,893.	655,416.	818,915.	3,942,864.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52.	1,645.	157.	74.	13.	1,941.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,851.	22,074.	22,768.	25,866.	24,595.	114,154.
11 Total support. Add lines 7 through 10						4,058,959.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	55.04	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	58.06	%
16a 33 1/3% support test - 2014. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. 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	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2014

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
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.		

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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
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.		
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.		
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.		
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.		

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

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 Total annual distributions. 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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014



Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

Employer identification number

AMERICANA COMMUNITY CENTER, INC.

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

AMERICANA COMMUNITY CENTER, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOYOTA MFG OF KY 1001 CHERRY BLOSSOM WAY LOUISVILLE, KY 40324	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE NORTON FOUNDATION, INC. 4350 BROWNSBORO RD., SUITE 133 LOUISVILLE, KY 40207	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BROWN FORMAN PO BOX 740024 LOUISVILLE, KY 40201	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	C. E. AND S. FOUNDATION 101 SOUTH FIFTH ST LOUISVILLE, KY 40202	\$ 227,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GENERAL MILLS PO BOX 1113 MINNEAPOLIS, MN 55440	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KOSAIR CHARITIES 982 EASTERN PARKWAY LOUISVILLE, KY 40233	\$ 44,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMERICANA COMMUNITY CENTER, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	METRO UNITED WAY PO BOX 4488 LOUISVILLE, KY 40202	\$ 102,862.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PNC FOUNDATION 500 WEST JEFFERSON ST. LOUISVILLE, KY 40202	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	LOUISVILLE/JEFFERSON CO GOVERNMENT 609 W. JEFFERSON STREET LOUISVILLE, KY 40202	\$ 66,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMERICANA COMMUNITY CENTER, INC.	Employer identification number <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div>
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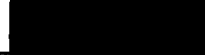
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization

Employer identification number

AMERICANA COMMUNITY CENTER, INC.



Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to Form 990, Part IV, line 8.

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.

b 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 in 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 in 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

- 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" to 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
1c	
1d	
1e	
1f	

- 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 in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 in 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
3a(i)		
3a(ii)		
3b		

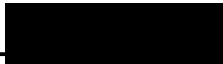
b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

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" to 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
1a Land		81,800.		81,800.
b Buildings				
c Leasehold improvements		2,224,479.	306,771.	1,917,708.
d Equipment		113,875.	104,434.	9,441.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,008,949.



Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to 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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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)	
Total. (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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	843,523.
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		0.
3	Subtract line 2e from line 1		3	843,523.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	843,523.

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

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

1	Total expenses and losses per audited financial statements		1	940,242.
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		0.
3	Subtract line 2e from line 1		3	940,242.
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		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	940,242.

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, LINE 2:

MANAGEMENT HAS CONCLUDED THAT ANY TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT CRITERION OF FASB ASC 740-10 WOULD BE IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	260	61,659.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2014)



Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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, PROGRAM SERVICE ACCOMPLISHMENTS:

ESL ENROLLMENTS; 42 FAMILIES PARTICIPATED IN FAMILY EDUCATION; 485
ENROLLMENTS IN GED AND ADULT BASIC EDUCATION CLASSES; AND 70 STUDENTS
ATTENDING CITIZENSHIP CLASSES BECAME U.S. CITIZENS.

AMERICANA PARTNERS WITH JEFFERSON COUNTY PUBLIC SCHOOLS ADULT AND
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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AMERICANA STAFF AND VOLUNTEERS PLAN AND SUPERVISE ALL YOUTH ACTIVITIES.
MEALS ARE PROVIDED THROUGH A PARTNERSHIP WITH DARE TO CARE FOOD BANK
(KIDS' CAFE).

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDES A SUPPORTIVE ENVIRONMENT WHERE IMMIGRANT AND REFUGEE WOMEN LEARN AND PRACTICE VARIOUS FIBER ARTS, BUSINESS SKILLS, AND ESL COMPETENCY. TWELVE IMMIGRANT AND REFUGEE WOMEN PARTICIPATE IN THE AMERICANA FIBERWORKS PROGRAM REGULARLY.

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, SOMALI COMMUNITY, KENTUCKY AMERICAN INDIAN RESOURCE CENTER).

FORM 990, PART VI, SECTION B, LINE 11:

REVIEW OF THE 990 REPORT BECOMES A BOARD MEETING AGENDA ITEM UPON 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.

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number



FORM 990, PART VI, SECTION B, LINE 15:

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 DIRECTORS OF COMPENSATION FOR THE FISCAL YEAR.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE THROUGH GUIDESTAR.ORG AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PREVIOUS FILING OF FORM 990.

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. AMERICANA COMMUNITY CENTER, INC.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions. 4801 SOUTHSIDE DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40214	

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

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

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

COMPANY

• The books are in the care of **4801 SOUTHSIDE DR - LOUISVILLE, KY 40214**
Telephone No. **502-366-7813** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2016**

5 For calendar year _____, or other tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
BOOKS ARE NOT COMPLETE.

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

Signature and Verification must be completed for Part II only.

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

Signature  Title **EXECUTIVE DIRECTOR** Date **6-30-15**

318578

ARTICLES OF INCORPORATION
of
AMERICANA COMMUNITY CENTER, INC.

RECEIVED & FILED
8.00

Aug 4 3 44 PM '93

BOYD BRIDGE
STATE
273 OF KENTUCKY

The undersigned, acting as the incorporator of a corporation organized under and pursuant to the provisions of Chapter 273 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

720779

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

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

Dr. Luyen Cao
3025 Stonebridge Road
Louisville, Kentucky 40241

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

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

Stew Wetzel
Kenwood Optimists
622 Amherst Place
Louisville, Kentucky 40223

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

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

Jackie Spalding
Seven Counties
2105 Crums Lane
Louisville, Kentucky 40216

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

Sharon Landrum
Landrum Realty
4012 DuPont Circle
Louisville, Kentucky 40207

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

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

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.**

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> 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) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 4801 Southside Drive		Requester's name and address (optional)
	6 City, state, and ZIP code Louisville, KY 40214		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
	-
	-

or

Employer identification number	
--------------------------------	--

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Clare Reg*

Date ▶ *8/31/17*

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Americana's Progress in Evaluation in 2016-17

Americana staff, in partnership with Evaluation Works Director, Jeffrey Tucker, and our Board of Directors' Programs Committee, have made significant progress in improving Americana's evaluation of our services and programs. At the beginning of the grant cycle, Americana worked directly with a different outside evaluator, but due to personal obligations the evaluator was no longer able to give the amount of time required to complete the evaluation. We immediately began to look to transition to another evaluator, and after many recommendations, began work with Evaluation Works in August. Evaluation Works was able to build from the initial steps the first evaluator completed to give the Americana staff guidance on how to streamline current evaluation efforts and to implement new surveys and evaluation tools for all offered programs including: Family Education Program, Adult Education, Youth Program, Fiberworks, Community Garden, Ethnic Leaders Trainings, and Community Events.

Many of these programs were at various levels of current evaluation. For instance, we thoroughly measure the grades and attendance of the children enrolled in the After School Program for Metro United Way's reporting with a complete logic model with goals and objectives. The Fiberworks program, however, needed to first officially identify goals and objectives before moving forward with constructing a survey.

Evaluation Works and Americana prioritized the evaluation of the Family Education Program and the Youth Program. The Adult Education Program is a collaboration between Americana and JCPS and, therefore, much of the current data and the potential evaluation has to be considered and agreed upon by both parties. Americana has drafted a Memorandum Agreement about the data that we hope to collect from JCPS so we can analyze that information.

Evaluation Works focused on the vital creation of the intake and exit surveys (included in the attached materials) that will be given every year to our enrolled families in the Family Education Program. Staff were able to quickly begin using this new form to capture new information regarding finances, health, education, understanding of U.S. Systems, and personal confidence. The exit survey will be distributed in May and will help the Americana staff to better understand the participant's progress and the success of the program. This intake and exit survey will also be altered slightly for our families with children enrolled in the Youth Program so that we can better understand the holistic need of their household and the individual child.

Additionally, Evaluation Works was able to work with the Programs Director to identify an updated software for the After School Youth Program to use in conjunction with CASCADE. This new software will allow staff to accurately capture data for youth programs while allowing staff to store data in one place.

Evaluation Works has been instrumental in reviewing current evaluation methods by staff and helping to create electronic, mainstream sources for storing this data. One major challenge staff faced with data collection was that multiple staff had different sources of data stored either in

hard copies or electronically but was not necessarily sharing that information with each other. Reporting often became difficult due to this challenge. Evaluation Works was able to work within the programs to help staff identify the best collection method for each program, thereby streamlining our collection process.

Evaluation Works also helped us identify what evaluation methods we currently use and will be helping us to identify new measurement tools that supplement or complement current evaluations. Currently, Americana utilizes the CASAS test, Individual Success Plans, and Ages and Stages Questionnaire for families enrolled in the Family Education program. Moving forward, we will also be using the family intake and exit form to capture data as well as the BRIGANCE test (Kindergarten readiness). For the After School Program, we will move towards the updated software, continue utilizing CASCADE, and maintaining our evaluations through MUW (YPQI individual and outside assessments and SAYO Survey).

There is also an identified need to implement additional surveys for our participants in each program, including Fiberworks and the Community Garden. Data was collected in both of these programs, but an annual intake and exit survey for the individual participant will be implemented. We have recently updated or created objectives and goals that will be expanded to logic models for every program to work from as we build these evaluation tools. Jeff Tucker has graciously extended the agreement with Americana to December 2017 because of the belated start of his evaluation. With this additional time that he has given to Americana, we will be able to have thoughtful surveys and effective evaluation tools for every program.

Throughout the entire evaluation and design process, Evaluation Works educated key staff members on the data collection systems. Administrative staff were also able to train all staff members on the importance of evaluation and data collection, including grant reporting and keeping data accurate and complete. This training will continue throughout the year.

Success story

Family Coaching is a critical element to the Family Education Program. Families engaged in Family Coaching at Americana have set and achieved goals like continuing their education, completing their GED, buying a house, earning employment certifications, and obtaining citizenship. Coaching is based on the belief that the family has the answers they need and the family coach is trained to support them in discovering these answers rather than simply providing answers. Having a family coach is like having a mirror to help you see your own potential and possibility, and is all about supporting the family to take charge of their life in order to be fulfilled and successful.

As a result of the new family intake forms, Family Coaches have been able to learn more about families upon enrollment and offer appropriate resources. The new intake form also acts as a basic needs assessment. Although family coaching is about empowering our participants to set goals and achieve them, they may not be able to determine priorities as they are becoming more familiar with the cultural systems of the United States. For instance, a participant may

want to become a teacher, but we have to have a thorough knowledge of their previous education in their country of origin to understand the next steps. Also, simply indicating the insurance status of the family in combination with the family income allows family coaches to open a conversation about affordable health insurance options for which they are otherwise unaware. The new family intake form will ask for this information upon enrollment and family coaches will have the opportunity to know immediately what potential obstacles and priorities they will be facing.

The intake form also includes information on a participant's immigration status and the year they arrived in the United States. This is an important factor considered in whether or not a participant is eligible for public assistance programs or specific grants for which only to refugees who have been in the country for less than 5 years can qualify. For example, during the fall semester three participants were immediately referred to an Individual Development Account (IDA) Match Savings Program for refugees who have been in the country less than 5 years. This program allows qualifying participants to go through educational program about home ownership and, upon completion, their savings account that was set up at the beginning of the course, would be matched to help with buying their first home. Without the information that was collected for the new intake form, the Family Coaches would not have known that they qualified for this program as soon as they did.

What is different about your organization as a result of this grant?

Americana is already benefiting from the result of the external evaluation. Due to the nature of this work, the full benefits will be better seen in two to three years, however, we are encouraged as we better understand the potential results of Americana's holistic collection of data and continuous evaluation of our programming.

Americana staff will have a better understanding of the needs of all of our participants - both young and old - through basic assessment. This information will allow us to better serve them in a multitude of ways. We will also be able to better show our successes and the impact on our community. This will be vital as we continually adapt to the greater need within our current programming. Americana has a tradition of never being satisfied with the status quo. Our programs have proven to be effective, but there is always room for improvement and with a waiting list for every program we offer there is opportunity to build capacity. Our improved system of constant evaluation and data analysis will allow us to make these changes more effectively.

This project will also be make us better stewards of funds from local foundations, companies, and individuals. We believe it is imperative to be transparent about our progress, programming, and data - especially to our funders. The external evaluation will substantially improve this important step.

Please find attached the progress report from Evaluation Works along with the intake and exit survey for our participating families. The last document in the PDF document is our current flyer that highlights some important data.



**Evaluation to Improve the Quality of
Americana World Community Center Programs
2016 Fund for Louisville Capacity Building Grant
Community Foundation of Louisville**

Evaluation Works was retained in September 2016 by the Americana World Community Center (AWCC) to assist with this project, replacing the prior evaluator. The goal of the project is to develop an evaluation system for all AWCC programs, including an evaluation plan for each program that can be executed primarily by AWCC staff. The project was originally designed with a timeline of January-December 2016. Due to the lack of progress at the time of our engagement, our offer to continue development and bring the project to completion by the end of this program year was agreed to by the Executive Director. This report summarizes the development to date by describing evaluation plan development, issues regarding the importance of electronic data, and the new initial assessment of families enrolled in the Family Education Program.

Evaluation Plan Development

The foundation for the Family Education Program at AWCC is the family literacy model developed by the National Center for Families Learning in the early 1990s, built around these four components: adult education, child education, parent and child together time (PACT), and parenting. All of these components are part of the AWCC Family Education Program, along with the addition of a fifth component, Family Coaching.

An effective evaluation plan for family education programming needs to be created around the general goals of the program from which direct, measurable objectives can be developed and implemented. Attached to these objectives are the necessary performance indicators, targets, and data sources. Since the Family Education Program, Afterschool Program, and Summer Youth Program already had existing, well-defined goals, these were the natural starting points for evaluation plan development. For illustration, *Attachment 1* is a final draft of the goals and objectives for the Family Education/Coaching Program. Drafts have also been developed for the Afterschool and Summer Youth Programs, and development for the soon-to-be-starting Fiberworks, Community Garden, and Community Ethnic Leader programs is well underway. Together, these will serve as the roadmap for the collection of data to be used to demonstrate the outcomes for the objectives of each program.

Electronic Data

Regardless of how good the evaluation plan, the information is useless until data on paper is converted to electronic data. Once a workable electronic data collection system is in place, any experienced evaluator can assist staff with the analysis of data and reporting of outcomes.

Discussions are ongoing regarding various approaches that include the possible use of an online data collection program such as Survey Gizmo. However, given the time constraint described above as well as concerns regarding data security, it was not possible to finalize this decision in time to incorporate its use this program year; it will, however, be in place by the beginning of next program year. All data currently being collected for this program year is being converted to electronic data by Evaluation Works staff. *Attachment 2* provides an example of outcome reporting, after paper surveys were converted to electronic data, from the *Ages and Stages Questionnaire* for the 2015-2016 program year.

New Family Intake

Early in the engagement, it was determined that the collection of data from families at initial intake needed revision. AWCC and Evaluation Works together drafted a new instrument that was subsequently implemented with the first 27 families who enrolled this year. *Attachment 3* shows the outputs from this data that provides detailed information about the families enrolled. For example, we know that:

- the majority of families come from Burma, Iraq, Mexico, and Somalia, and average number of years in the United States is six;
- the average age of the enrolled parent is 34 years, and 70% are married;
- the average number of years of schooling completed for parents in their native country is just over 8.5;
- the average number of household members is just under five;
- average household income is slightly over \$19,000;
- less than one in five families on their own home;
- 25 of 27 families receive Medicaid;
- the primary Adult Goal for parents is improving English language skills in order to gain employment and/or attain US citizenship.

This kind of information is crucial in providing staff detailed information about family background and the specific goals families hope to achieve. In addition, all of the data collected this year will serve as reliable, comparative benchmarks in coming years.

Summary

Evaluation Works looks forward to continuing work on the project in ongoing collaboration with AWCC staff. Once the program year is concluded with the Summer Youth Program, we will begin the process of producing the *2016-2017 Final Evaluation Report* that will describe in detail the outcomes for every program. We are confident that the Community Foundation will be interested in the findings contained in this document.

There can be no doubt that the kinds of programs offered by AWCC are becoming increasingly important, given the many serious circumstances facing refugees across the globe and the current political environment in the United States. We also know that the kinds of services provided by the Americana World Community Center are at the forefront of Louisville's characterization as a "compassionate city." We hope that this improved approach to evaluation, in addition to guiding program improvement and documenting positive changes for both families and community, will demonstrate to potential funders a depth and breadth of outcomes that warrants additional funding to expand services to even more families in Louisville.

Evaluation Works

3044 Bardstown Rd. #290 ♦ Louisville, KY 40205
(502) 458-9448 ♦ mail@evalworks.net

"Helping decision-makers identify, measure, and utilize key metrics."

Family Education/Coaching Program: Goals & Objectives Americana World Community Center

Goals for the Program: The Family Education and Coaching Program supports immigrant and refugee parents in acquiring the tools necessary to promote their children's academic success, while increasing their own English language proficiency and meeting personal health, education, and personal goals. Parents and their children participate in activities together, promoting parents in their role as a child's first teacher and improving collaboration as a family unit.

Objectives for Clients

1. Parent/Adult: English as a Second Language—Adult student improvement in English language skills.

Performance Indicator	Target	Assessment	Data Source
Adult learner advances at least one level.	40%	CASAS	JCPS

2. Family: Coaching—Improvement in family condition through attainment of identified goals.

Performance Indicator	Target	Assessment	Data Source
Family will reach all primary goal(s).	90%	Individual Success Plan Worksheet	AWCC Staff

3. Parent-Child—Parental engagement with children.

Performance Indicator	Target	Assessment	Data Source
Educational and extracurricular activities between parents and children are frequent and high-quality.	100%	<i>In development</i>	AWCC Staff

4. Pre-K Child—Development.

Performance Indicator	Target	Assessment	Data Source
Child will meet developmental milestones in Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social.	90%	Ages & Stages Questionnaire	AWCC Staff

5. Kindergarten Child—School readiness.

Performance Indicator	Target	Assessment	Data Source
Child will be deemed "ready for kindergarten."	90%	Brigance	JCPS

6. School-Age Child—Attendance in school.

Performance Indicator	Target	Assessment	Data Source
Individual child attendance rate will be \geq 94%.	100%	School attendance record	JCPS

Program Objective: 40 families will enroll in Family Education and participate in Family Coaching.



**Outcomes from the Ages & Stages Questionnaires (ASQ) Child Assessment
Americana World Community Center
2015-2016 Program Year**

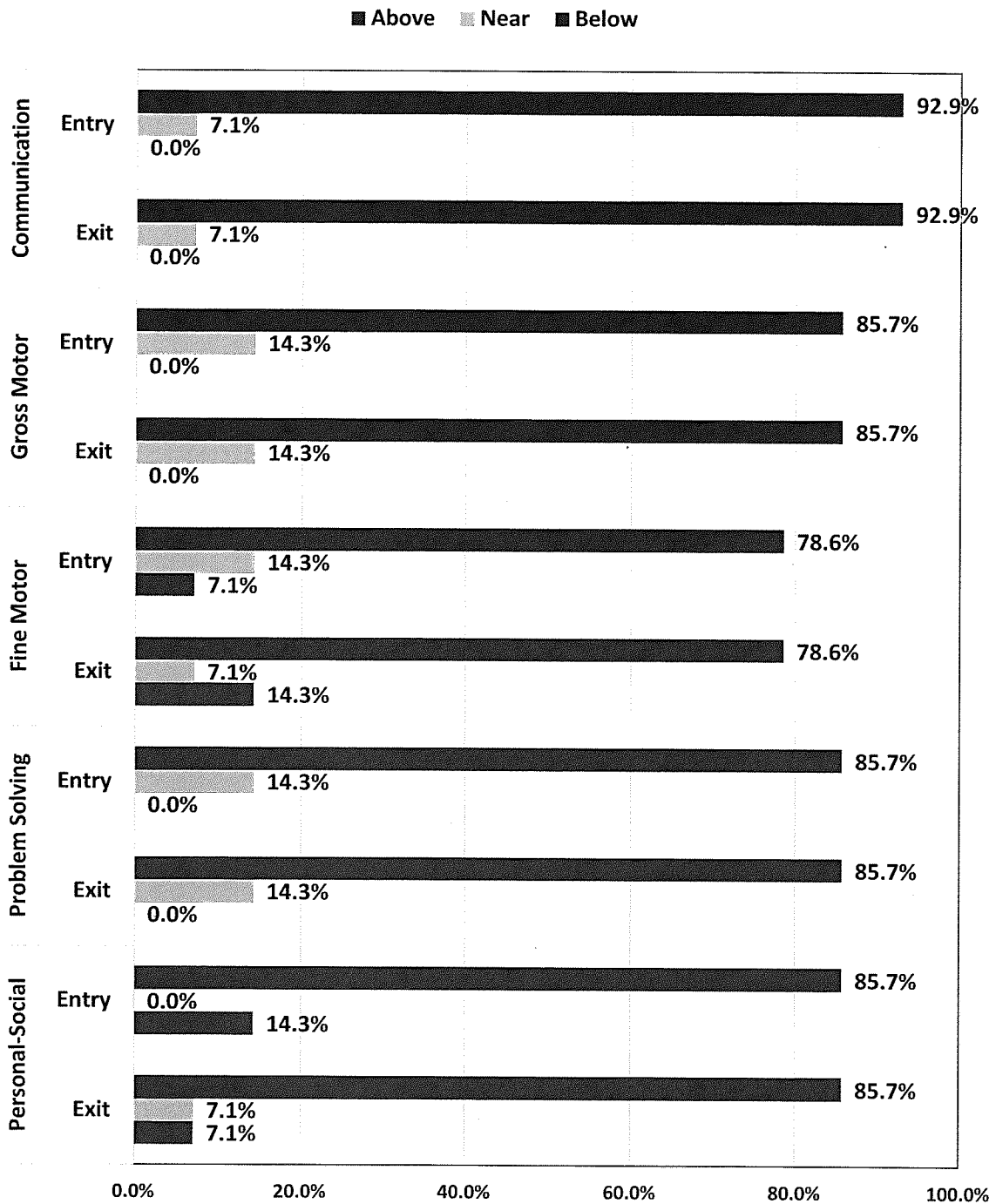
Evaluation Procedures

Data Source	2015-2016 ASQ assessments were submitted to Evaluation Works for analysis. Raw data was entered into an Excel spreadsheet and then uploaded in SPSS for analysis. The Excel data file and the SPSS data editor, syntax, and output files for this report are available upon request.
Training Outputs	Outputs are the direct measures of program activities. The primary output for this report is Number of Assessments .
Outcomes	Primary outcomes are the assessment of individual child development on these five skill areas: Communication; Gross Motor; Fine Motor; Problem Solving; and Personal-Social . Scores for each area are reported as <i>Below cutoff</i> , <i>Near cutoff</i> , or <i>Above cutoff</i> . The <i>Gain Sample</i> is defined as those children for whom at least two assessments were given during the program year.

FIGURE 1: Number of Assessments, by Type

Type	N
At program entry	24
At program exit	19
Gain sample	14

FIGURE 2: Gain Sample Outcomes, by Skill Area and Assessment Type



Evaluation Works

3044 Bardstown Rd. #290 ♦ Louisville, KY 40205
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**2016 Family Intake Summary
Americana World Community Center**

Report Description

This report summarizes the data from the 2016 Americana World Community Center (AWCC) Family Intake survey for those families enrolled as of December 12, 2016.

Procedures

Data Source	AWCC and Evaluation Works staff members designed and implemented a new Family Intake survey for 2016. Information was collected by AWCC staff and forwarded to Evaluation Works for analysis. After data is entered into Excel, all quantitative analyses are executed using SPSS.
Comparative Analysis	Number of Families Enrolled and Country of Origin are provided for the both the 2015-2016 and 2016-2017 program years.
Numeric Scaling	The Goals section of the instrument are composed of items with value labels that range from <i>Very unimportant = 1</i> to <i>Very important = 5</i> .

ENROLLMENT AND COUNTRY OF ORIGIN, 2015 and 2016

Figure 1: Number of Families Enrolled, by Year

Year	N
2015	42
2016 (thru 12/12/16)	27
Total	69

Figure 2-1: Country of Origin, by Year

Country	Variable	Year		Total, Both Years
		2015	2016	
Afghanistan	Count	1	1	1
	% within Year	2.4%	3.7%	1.4%
Algeria	Count	1	1	2
	% within Year	2.4%	3.7%	2.9%
Burma (includes both Karen & Chin)	Count	12	9	21
	% within Year	28.6%	33.3%	30.4%
DR Congo	Count	1	1	2
	% within Year	2.4%	3.7%	2.9%
Egypt	Count	1		1
	% within Year	2.4%		1.4%
Eritrea	Count	1		1
	% within Year	2.4%		1.4%
Gambia	Count		1	1
	% within Year		3.7%	1.4%
Guatemala	Count		1	1
	% within Year		3.7%	1.4%
Haiti	Count		1	1
	% within Year		3.7%	1.4%
Honduras	Count	2		2
	% within Year	4.8%		2.9%
Iraq	Count	5	4	9
	% within Year	11.9%	14.8%	13.0%
Jordan	Count		1	1
	% within Year		3.7%	1.4%
Liberia	Count	2		2
	% within Year	4.8%		2.9%
Mexico	Count	7	3	10
	% within Year	16.7%	11.1%	14.5%
Sierra Leone	Count	1		1
	% within Year	2.4%		1.4%
Somalia	Count	4	3	7
	% within Year	9.5%	11.1%	10.1%

Country	Variable	Year		Total, Both Years
		2015	2016	
Sudan	Count	4	1	5
	% within Year	9.5%	3.7%	7.2%
Count		42	27	69
% within Year		100.0%	100.0%	100.0%

FAMILY DEMOGRAPHICS, 2016

Figure 2-2: Parental Age (years)

Minimum	Maximum	Mean
22	52	34.0

Figure 2-3: Time in United States (years)

Minimum	Maximum	Mean
<1	15	6.0

Figure 2-4: Parental Marital Status

Status	Frequency	Percent
Married	19	70.4%
Single	4	14.8%
Separated	3	11.1%
Domestic Partnership	1	3.7%
Total	27	100.0%

Figure 2-5: Number of Household Members

Minimum	Maximum	Mean
2	6	4.9

Figure 2-6: Parental Years of Schooling

Minimum	Maximum	Mean
0	16	8.6

FAMILY FINANCIAL STATUS, 2016

Figure 3-1: Annual Family Income

Minimum	Maximum	Mean
\$0	\$60,000	\$19,149

Figure 3-2: Home Ownership

Status	Frequency	Percent
Own	5	19.2%
Rent/Lease	21	80.8%
Total	26	100.0%

Figure 3-3: Bank Accounts

Account Type	Frequency	Percent
Checking	12	50.0%
Checking & Savings	12	50.0%
Total	24	100.0%

Figure 3-4: Health Insurance

Status	Frequency	Percent
Has Insurance	18	75.0%
No Insurance	6	25.0%
Total	24	100.0%

Figure 3-5: Miscellaneous Financial (% of families)

Status	Frequency	Percent
<i>Public Assistance Received:</i>		
Medicaid	25	92.6%
Food stamps/SNAP	14	51.9%
TANF/Cash assistance	3	11.1%
Files taxes annually	21	77.8%
Has current loans/debt	9	33.3%

SCHOOL CHOICE, 2016

Figure 4: Child Enrollment in School (% responding "yes")

Status	Frequency	Percent
Child is currently enrolled in desired school?	22	81.5%
Know that can apply for school of choice?	8	29.6%

IDENTIFICATION OF GOALS, 2016

Figure 5-1: Adult Goals

Goal Importance	% "Very Important"
1. To improve my English speaking, reading, and writing skills.	85.2%
2. To get a paying job.	51.9%
3. To upgrade my skills so I can keep/advance in my current job.	44.4%
4. To get a different job requiring a higher skill level that pays more/has better benefits.	29.6%
5. To improve my computer literacy skills.	51.9%
6. To earn a GED or high school diploma.	51.9%
7. To achieve the skills necessary to enroll in a job training or higher education program.	55.6%
8. To obtain the skills necessary to pass the US citizenship test.	73.1%

Figure 5-2: Parent/Family Goals

Goal Importance	% "Very Important"
1. To get my child(ren) enrolled into an infant/toddler/preschool program.	92.6%
2. To be a better parent.	85.2%
3. To become a better teacher of my child.	92.6%
4. To improve my child(ren)'s chance of future success.	96.3%
5. To improve my family's financial stability.	77.8%

Evaluation Works

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**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

AMERICANA COMMUNITY CENTER, INC.

JUNE 30, 2016 AND 2015

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Americana Community Center, Inc.

We have audited the accompanying financial statements of Americana Community Center, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2016 and 2015, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Americana Community Center, Inc. as of June 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baldwin CPAs, PLLC

Louisville, Kentucky
March 6, 2017

**STATEMENTS OF FINANCIAL POSITION
AMERICANA COMMUNITY CENTER, INC.
JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
ASSETS		
Cash	\$ 181,812	\$ 122,019
Grants receivable	5,075	12,086
Promises to give	422,594	581,528
Land, building and equipment, net	<u>1,944,173</u>	<u>2,008,949</u>
Total assets	<u>\$ 2,553,654</u>	<u>\$ 2,724,582</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	\$ 7,931	\$ 59,526
Accrued expenses	37,742	23,102
Notes payable	<u>783,685</u>	<u>898,734</u>
Total liabilities	<u>829,358</u>	<u>981,362</u>
NET ASSETS		
Unrestricted	1,282,302	1,154,692
Temporarily restricted	<u>441,994</u>	<u>588,528</u>
Total net assets	<u>1,724,296</u>	<u>1,743,220</u>
Total liabilities and net assets	<u>\$ 2,553,654</u>	<u>\$ 2,724,582</u>

The accompanying notes are an integral part of these financial statements

STATEMENTS OF ACTIVITIES
AMERICANA COMMUNITY CENTER, INC.
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015

	2016		2015	
	Unrestricted	Temporarily Restricted	Unrestricted	Temporarily Restricted
Revenue and support:				
Government grants	\$ 114,200	\$ -	\$ 114,200	\$ 75,300
Contributions and grants	584,631	126,752	711,383	435,818
Special events income	65,908	-	65,908	19,576
Special events expense	(12,192)	-	(12,192)	-
Interest income	72	-	72	13
Miscellaneous	48,199	-	48,199	24,595
Total revenue and support	<u>800,818</u>	<u>126,752</u>	<u>927,570</u>	<u>435,818</u>
Net assets released from restrictions				
Restrictions satisfied by payments	<u>273,286</u>	<u>(273,286)</u>	<u>-</u>	<u>(776,175)</u>
Total revenue, support and reclassifications	<u>1,074,104</u>	<u>(146,534)</u>	<u>927,570</u>	<u>(340,357)</u>
Expenses:				
Program services	711,243	-	711,243	751,534
Management and general	130,802	-	130,802	83,464
Fund raising	104,449	-	104,449	105,244
Total expenses	<u>946,494</u>	<u>-</u>	<u>946,494</u>	<u>940,242</u>
Increase (decrease) in net assets	127,610	(146,534)	(18,924)	(340,357)
Net assets at beginning of year	<u>1,154,692</u>	<u>588,528</u>	<u>1,743,220</u>	<u>928,885</u>
Net assets at end of year	<u>\$ 1,282,302</u>	<u>\$ 441,994</u>	<u>\$ 1,724,296</u>	<u>\$ 588,528</u>
				<u>\$ 1,743,220</u>

The accompanying notes are an integral part of these financial statements

**STATEMENTS OF FUNCTIONAL EXPENSES
AMERICANA COMMUNITY CENTER, INC.
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015**

	2016			2015				
	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fund Raising</u>	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fund Raising</u>
Salaries	\$ 421,015	\$ 278,980	\$ 69,695	\$ 72,340	\$ 364,649	\$ 257,951	\$ 42,911	\$ 63,787
Payroll taxes	30,853	20,492	5,085	5,276	29,914	21,161	3,521	5,232
Employee benefits	51,942	34,500	8,560	8,882	55,340	39,147	6,514	9,679
Contract services	52,359	52,359	-	-	1,300	1,300	-	-
Supplies	42,100	27,776	6,892	7,432	34,003	13,820	2,299	17,884
Office expense	1,762	1,171	290	301	4,287	3,490	313	484
Program expense	60,188	60,188	-	-	155,036	155,036	-	-
Postage	114	76	19	19	570	403	67	100
Occupancy	94,906	87,314	6,453	1,139	128,664	118,371	8,749	1,544
Insurance	27,115	24,946	1,844	325	27,643	25,432	1,879	332
Interest	27,973	25,735	1,902	336	30,666	28,213	2,085	368
Professional fees	13,430	4,138	8,227	1,065	9,741	1,939	7,323	479
Telephone	9,817	6,520	1,618	1,679	7,747	5,480	912	1,355
Travel	10,012	7,793	1,089	1,130	10,346	7,903	983	1,460
Training	225	150	37	38	305	216	36	53
Dues, subscriptions & journals	10,605	7,027	1,756	1,822	3,597	2,545	423	629
Equipment rental	1,579	1,499	80	-	1,806	1,726	80	-
Bad debt	10,795	-	10,795	-	-	-	-	-
Miscellaneous	10,742	7,135	1,770	1,837	5,905	4,177	695	1,033
Depreciation	68,962	63,444	4,690	828	68,723	63,224	4,674	825
Total expenses	\$ 946,494	\$ 711,243	\$ 130,802	\$ 104,449	\$ 940,242	\$ 751,534	\$ 83,464	\$ 105,244

The accompanying notes are an integral part of these financial statements

**STATEMENTS OF CASH FLOWS
AMERICANA COMMUNITY CENTER, INC.
FOR THE YEARS ENDED JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (18,924)	\$ (96,719)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Disposition of fixed assets	-	841
Depreciation	68,962	68,723
Debt forgiveness	-	(30,000)
(Increase) decrease in operating assets:		
Grants receivable	7,011	(1,737)
Promises to give	158,934	212,891
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	<u>(36,955)</u>	<u>4,042</u>
Net cash provided (used) by operating activities	<u>179,028</u>	<u>158,041</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
(Increase) decrease in restricted cash	-	256,905
Purchase of improvements and equipment	<u>(4,186)</u>	<u>(778,616)</u>
Net cash provided (used) by investing activities	<u>(4,186)</u>	<u>(521,711)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from notes payable	-	600,000
Payments on notes payable	<u>(115,049)</u>	<u>(114,311)</u>
Net cash provided (used) by financing activities	<u>(115,049)</u>	<u>485,689</u>
Net increase (decrease) in cash	59,793	122,019
Cash at beginning of year	<u>122,019</u>	<u>-</u>
Cash at end of year	<u>\$ 181,812</u>	<u>\$ 122,019</u>
SUPPLEMENTAL DISCLOSURES:		
Cash paid for interest	<u>\$ 27,973</u>	<u>\$ 30,666</u>

The accompanying notes are an integral part of these financial statements

NOTES TO FINANCIAL STATEMENTS - CONTINUED
AMERICANA COMMUNITY CENTER, INC.
JUNE 30, 2016 AND 2015

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Americana Community Center, Inc. (the Center) is a not-for-profit organization, located in Louisville, Kentucky, which seeks to provide a spectrum of services for the many diverse residents of Metro Louisville. This enables people to discover and utilize resources to build strong families, create a safe, supportive community and realize their individual potential.

Among the programs offered by the Center are the following: Family Education, Adult Education (including GED, English as a Second Language, and citizenship classes), Youth Programs (after-school and summer program), Asset Building, the annual Americana World Festival, a Community Garden, Community Building activities and special events, and the Family Health Center-Americana in partnership with Family Health Centers, Inc. Funds to provide these services are provided by individuals, corporations, foundations and the City of Louisville.

Basis of Accounting

The Center prepares its financial statements in accordance with the accounting principles generally accepted in the United States of America.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) with regards to financial statements of Not-for-Profit Organizations. Under this guidance, the Center is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. A description of the three net assets categories follows:

Unrestricted Net Assets: include the portion of expendable funds that are not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets: include gifts for which donor-imposed restrictions have not been met.

Permanently Restricted Net Assets: include amounts which the donor has stipulated that the corpus be invested in perpetuity and only the income be

NOTES TO FINANCIAL STATEMENTS - CONTINUED
AMERICANA COMMUNITY CENTER, INC.
JUNE 30, 2016 AND 2015

made available for program operations in accordance with donor restrictions.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Cash

The Center considers all checking accounts and money market accounts to be cash equivalents. Cash received with donor-imposed restrictions limiting its use to long-term purposes is not considered cash for the purposes of the statement of cash flows. Restricted cash includes cash held for campus improvements.

Grants Receivable

Grants receivable consist primarily of amounts due from reimbursement type grants, where the expenditure has already been made, or the program objective has been met, and reimbursement has been requested from the grantor.

Promises to Give

Promises to give are recognized when the donor makes a promise to give to the Center that is, in substance, unconditional. Unconditional pledges receivable becoming due in the next year are recorded at net realizable value. Unconditional pledges receivable in subsequent years are reported at the present value of their net realizable value, using risk free interest rates applicable to the years in which the promises are recognized. Conditional promises to give are recognized when the conditions on which they depend are substantially met.

Land, Building and Equipment

Land, building and equipment is recorded at cost, or if donated, at the approximate fair value at the date of donation. The cost of property and equipment purchased in excess of \$500 is capitalized. Depreciation is computed using primarily the straight-line method over the estimated lives of the assets of 5 to 40 years.

NOTES TO FINANCIAL STATEMENTS - CONTINUED
AMERICANA COMMUNITY CENTER, INC.
JUNE 30, 2016 AND 2015

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

In-Kind Contributions

The Center receives in-kind contributions from various corporations and individuals in the form of supplies and equipment. These in-kind items are recorded as part of the public support on the statements of activities. The donated items are recorded at their fair value at the time of donation and were \$45,432 and \$61,659 for the years ended June 30, 2016 and 2015, respectively.

Donated Services

No amounts have been reflected in the financial statements for donated services. The Center generally pays for services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Center with specific assistance programs, and the Center has partnerships with organizations that provide in-kind contributions including Jefferson County Public Schools Adult Education, Jefferson County Public Schools ESL K-12, Kentucky Refugee Ministries, Family Health Centers, Inc., the Corporation for National & Community Service, AmeriCorps VISTA members, and student interns from the University of Louisville.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform to the presentation in current year financial statements.

NOTES TO FINANCIAL STATEMENTS - CONTINUED
AMERICANA COMMUNITY CENTER, INC.
JUNE 30, 2016 AND 2015

Expense Allocation

Directly identifiable expenses are charged to program and supporting services. Expenses related to more than one function are charged to programs and supporting services based on time studies or square footage.

Income Tax Status

The Center is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Center qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statement of activities or accrued in the statement of financial position.

NOTE 2. CONCENTRATIONS OF CREDIT RISK

Cash - The Center maintains its cash balances in several financial institutions in Louisville, Kentucky. The cash balances are insured by the Federal Deposit Insurance Corporation. At various times during the year, the cash balances exceed amounts federally insured. The risk is managed by maintaining all deposits in high quality financial institutions.

Promises to Give – Financial instruments that are exposed to credit risk consist of promises to give. Promises are principally with foundations and corporations based in the Louisville area. Realization of these accounts is dependent on various individual economic conditions.

NOTES TO FINANCIAL STATEMENTS - CONTINUED
AMERICANA COMMUNITY CENTER, INC.
JUNE 30, 2016 AND 2015

NOTE 3. PROMISES TO GIVE

Promises to give consist of the following at June 30:

	<u>2016</u>	<u>2015</u>
Capital campaign	\$ 400,000	\$ 506,609
Operations	<u>39,860</u>	<u>101,612</u>
	<u>\$ 439,860</u>	<u>\$ 608,221</u>
Receivable in less than one year	\$ 139,860	\$ 208,221
Receivable in one to five years	300,000	400,000
Receivable in more than five years	<u>-</u>	<u>-</u>
Total promises to give	439,860	608,221
Less discounts to net present value	<u>(17,266)</u>	<u>(26,693)</u>
Net promises to give	<u>\$ 422,594</u>	<u>\$ 581,528</u>

Promises to give due in more than one year are recognized at fair value, using present value techniques and a discount rate of 2%. No allowance for doubtful accounts is necessary, as management believes that all amounts are collectible.

NOTES TO FINANCIAL STATEMENTS - CONTINUED
AMERICANA COMMUNITY CENTER, INC.
JUNE 30, 2016 AND 2015

NOTE 4. LAND, BUILDING AND EQUIPMENT

Land, building and equipment consist of the following at June 30:

	<u>2016</u>	<u>2015</u>
Land	\$ 81,800	\$ 81,800
Building and improvements	2,225,879	2,224,479
Furniture and equipment	<u>116,661</u>	<u>113,875</u>
Total costs	2,424,340	2,420,154
Less accumulated depreciation	<u>(480,167)</u>	<u>(411,205)</u>
Land, building and equipment, net	<u>\$ 1,944,173</u>	<u>\$ 2,008,949</u>
Depreciation expense	<u>\$ 68,962</u>	<u>\$ 68,723</u>

NOTE 5. NOTES PAYABLE

Notes payable consisted of the following at June 30:

	<u>2016</u>	<u>2015</u>
Mortgage payable to a bank, secured by real property at 4801 Southside Drive, interest rate of 4.25%, annual principal payment of \$100,000 with a maturity of July 2020.	\$ 399,970	\$ 500,000
Mortgage payable to a bank, secured by real property at 4801 Southside Drive, interest rate of 3.75%, monthly payments of \$2,489 with a maturity of February 2024.	<u>383,715</u>	<u>398,734</u>
	<u>\$ 783,685</u>	<u>\$ 898,734</u>

NOTES TO FINANCIAL STATEMENTS - CONTINUED
AMERICANA COMMUNITY CENTER, INC.
JUNE 30, 2016 AND 2015

The annual maturities for each of the next five years are as follows:

6/30/17	\$ 115,603
6/30/18	116,198
6/30/19	116,816
6/30/20	117,428
6/30/21	18,124
Thereafter	<u>299,516</u>
Total	<u>\$ 783,685</u>

NOTE 6. RESTRICTIONS ON ASSETS

Temporarily restricted net assets consist of the following:

	<u>2016</u>	<u>2015</u>
Renovation	\$ 382,734	\$ 480,110
Programs	<u>59,260</u>	<u>108,418</u>
Total	<u>\$ 441,994</u>	<u>\$ 588,528</u>

NOTE 7. LEASING ARRANGEMENTS

The Center leases office space to other not-for-profit agencies on a month-to-month basis. Annual rents received under this arrangement for the years ended June 30, 2016 and 2015 were \$7,717 and \$11,146, respectively.

NOTE 8. SUBSEQUENT EVENTS

Management has evaluated subsequent events for recognition or disclosure in the financial statements through March 6, 2017, which was the date at which the financial statements were available to be issued.

AMERICANA COMMUNITY CENTER, INC.

General Information

Organization Number	0318578
Name	AMERICANA COMMUNITY CENTER, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	8/4/1993
Organization Date	8/4/1993
Last Annual Report	5/26/2017
Principal Office	4801 SOUTHSIDE DR LOUISVILLE, KY 40214
Registered Agent	SHARON LANDRUM 4801 SOUTHSIDE DR. LOUISVILLE, KY 40214

Current Officers

Chairman	Gregory Brotzge
Vice President	Barry Gary
Secretary	Maria Elbl
Treasurer	Shawn Adams
Director	Faustin Ndagijimana
Director	Chip Hancock
Director	Gregory Carroll
Director	Ryan Simpson
Director	David Owen
Director	Shahid Qamar
Director	J Barry Barker

Individuals / Entities listed at time of formation

Director	GRAHAM PHILLIPS
Director	DALE TUCKER
Director	KAREN HAWKINS
Director	DR LUYEN CAO
Director	MIKE JUPIN
Incorporator	GRAHAM PHILLIPS

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.

Annual Report	5/26/2017	1 page	PDF	
Annual Report	8/11/2016	1 page	PDF	
Annual Report	4/6/2015	1 page	PDF	
Annual Report	7/24/2014	1 page	PDF	
Annual Report	6/21/2013	1 page	PDF	
Annual Report	1/31/2012	1 page	PDF	
Annual Report	6/27/2011	1 page	PDF	
Annual Report	7/15/2010	1 page	tiff	PDF
Annual Report	6/25/2009	1 page	PDF	
Annual Report	2/29/2008	1 page	tiff	PDF
Statement of Change	3/30/2007	1 page	tiff	PDF
Annual Report	3/16/2007	1 page	tiff	PDF
Annual Report	4/5/2006	1 page	tiff	PDF
Annual Report	7/15/2005	1 page	PDF	
Annual Report	8/7/2003	2 pages	tiff	PDF
Annual Report	5/9/2002	1 page	tiff	PDF
Annual Report	5/21/2001	2 pages	tiff	PDF
Annual Report	5/8/2000	1 page	tiff	PDF
Annual Report	7/15/1999	1 page	tiff	PDF
Reinstatement	12/21/1998	2 pages	tiff	PDF
Administrative Dissolution	11/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	2 pages	tiff	PDF
Amendment	6/30/1994	3 pages	tiff	PDF
Articles of Incorporation	8/4/1993	3 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
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
Annual Report	7/15/1999	1 page
Reinstatement	12/21/1998	2 pages
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Annual Report	7/1/1994	2 pages
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