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

Applicant/Program: Americana Community Center, Inc.

Executive Summary of Request:

The Americana Community Center, Inc. is requesting Neighborhood Development Funds to support programs, salaries including staff to implement and support the programs, and utilities related to the programming.

Programming includes youth programs and family education programs.

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	Dan Johnson	$20,500	1-25-16
District #	Council Member Signature	Amount	Date

by BM w/ Express permission

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman ____________________ Date

Clerk's Office Only:

Request Amount: ____________ Committee Amended Appropriation: ____________

Original Appropriation: ____________ Council Amended Appropriation: ____________

Applicant/Program:	Americana Community Center, Inc.

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST	
Legal Name of Applicant Organization: Americana Community Center, Inc.	
Program Name and Request Amount: operating expenses - $20,500	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	N/A
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission?	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
Is the most recent annual audit (if required by organization) included?	Yes
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	N/A
Prepared by: Bryan Mathews Date: 1-25-16	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: *(as listed on: http://www.sos.ky.gov/business/records)*	Americana Community Center, Inc.		
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 x18	**Email:**	clare@americanacc.org
Financial Contact:	Abram Deng	**Title:**	Finance Manager
Phone:	(502)366-7813 x21	**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 Dr. Louisville, KY		
Council District(s):	21	**Zip Code(s):**	40214

SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME:	Americana Community Center		
Total Request: ($)	20,500	**Total Metro Award (this program) in previous year: ($)**	17,500

Purpose of Request (check all that apply):

- [x] Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- [ ] Programming/services/events for direct benefit to community or qualified individuals
- [ ] Capital Project of the organization (equipment, furnishing, building, etc)

The Following are Required Attachments:

- [x] IRS Exempt Status Determination Letter
- [x] Current Year Projected Budget
- [x] List of Board of Directors (include term & term limits
- [x] Current financial statement
- [x] Most recent IRS Form 990 or 1120-H
- [x] Articles of Incorporation
- [ ] Cost estimates from proposed vendor if request is for capital expense
- [ ] Signed lease if rent costs are being requested
- [x] IRS Form W9
- [ ] Evaluation forms if used in the proposed program
- [x] Annual audit (if required by organization)
- [ ] Faith Based Organization Certification Form, if required
- [x] Staff including the 3 highest paid staff

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: ($)	17,800
Source:	External Agencies Fund	Amount: ($)	33,000
Source:		Amount: ($)	

Has the applicant contacted the BBB Charity Review for participation? [x] Yes [ ] No

Has the applicant met the BBB Charity Review Standards? [x] Yes [ ] No

Applicant's Initials CR

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Americana Community Center is a non-profit organization, which provides a spectrum of services for the many diverse residents of Metro Louisville. These services enable people to discover and utilize resources to build strong families, create a safe, supportive community and realize their individual potential. The core values driving our organization are human dignity, social justice, and holistic development. Currently, our program participants represent 99 countries and 37 zip codes around Louisville. Our main programs include:

1) Out of School Time Youth Programs: academic and enrichment programs for K-12 students after-school and during the summer
2) Family Education: a holistic program that provides coaching, education, and skill building to the entire family to facilitate refugee and immigrant integration into US systems and culture
3) Adult GED, English as a Second Language (ESL), and Adult Basic Education Classes
4) Mental Health Services: counseling provided to program participants by Psychology Doctorate interns. Referrals are also made to adult participants to in-house partner Survivors of Torture Recovery Center.
5) A seasonal Community Garden: 12 individual plots, 2 plots used by the Survivors of Torture Recovery Center for therapy purposes, a no-mow edible garden space, pollinator flower beds, rain barrels, a seed starting greenhouse, a grape vine, a garden shed, an outdoor classroom, and composting bins.
6) Volunteer Income Tax Assistance (VITA): offering free tax preparation during tax season

The Americana facility also provides space for a multitude of community events, from health fairs to ethnic community celebrations. Over 5,000 community members participated in activities taking place at ACC last year. Other organizations that utilize the Americana campus include Family Health Centers, Kent School of Social work, and Survivors of Torture Recovery Center, as well as community organizations including the Burundian Community of Kentucky, the Kentucky American Indian Resource Center, the Hispanic Latino Coalition, the Young Somalis of Louisville, Liberian Community of KY and Southern Indiana, the Haitian Community, and the Oromo Community of KY.

Applicant's Initials CR

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – 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.):

The Youth Program includes out of school activities for low-income youth both foreign and US born. Programming includes English as a Second Language instruction, homework help, behavioral counseling, art classes, an on-site Dare to Care Kid's Café, and recreational activities. The Youth Program is designed to support the success of children in school, through the development of both academic and behavioral skills, in spite of the many challenges our students face coming from international and/or low-income families. The Youth Program runs all year with an afterschool program during the school year and an all day program during the summer.

The Family Education Program works with refugee and immigrant families, supporting parents in achieving academic and life goals, while focusing on school preparedness for their children. We have adapted a nationally recognized family literacy model to serve an international population. The four components of the program include: 1) Adult ESL Instruction; 2) Children's Education, 3) Parent Time (providing resources to increase understanding of U.S. society and culture) and 4) Parent and Child Together (PACT) time. Parents in the program can also enroll in Family Coaching to set and achieve goals toward the family's success. Family Education occurs each school year.

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

To support these programs, the funding will be spent on salaries and utilities related to these programs. The salaries will include staff to implement and support these programs: the Executive Director, the Programs Director, Youth and Family Coaches, the Grants Coordinator, the Director of Development, and the Finance Manager. The funds for utilities will be representative of a portion of the utilities necessary for operating the building during these programs.

Applicant's Initials CR

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:

☐ Effective October 24, 2013, reimbursements should not be made 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.

■ 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.

Applicant's Initials CR

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 Youth Program provides support to the development of refugee, immigrant, and US born youth. These school-age youth will participate in out of school programming which will enable them to: achieve academic success, learn to make positive and healthy personal choices that support their emotional development, and have a safe environment and supportive relationships with staff. Measurable outcomes for these goals are: 1) 300 youth will be served; 2) 75% of youth will attend program regularly (3 out of 4 days a week); and 3) youth enrolled will have an average school attendance rate of 92%. We use KidTrax and CASCADE to measure these outcomes.

The Family Education Program supports the education and successful integration of the entire family. The program focuses on parents achieving academic and life goals and school preparedness for their children. Measurable outcomes include: 1) 40 will participate in Family Education; 2) 75% of parents will increase their English language level; 3) 35 families will participate in Family Coaching and achieve steps toward goals; and 4) 90% of children in the Early Childhood room will test at the appropriate developmental level according to the Ages and Stages Questionnaire. We use Individual Success Plans and CASAS to measure these data.

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.

Americana Community Center collaborates with partners offering similar programs to prevent the duplication of services and maximize resources to the community. We partner with Kentucky Refugee Ministries' citizenship program for a citizenship class held at our facility. Jefferson County Public Schools provides the instructors and resources for our Adult Education (ESL, GED, ABE) classes. Dare to Care offers a Kids Café to our youth participants. We partner with the Spalding University Doctorate of Psychology Program, the Kent School of Social Work, and the Survivors of Torture Recovery Clinic to offer counseling services. The Family Health Centers are located on our campus to expand health services to community members whether or not they have health insurance. Additionally, we partner with organizations that offer enrichment activities to youth and adults in our programs, including PNC Bank, Junior Achievement, Walden Theatre, Louisville Ballet, the Fund for the Arts, Jefferson Memorial Forest, KYNECT, and more. Several ethnic communities have offices at ACC's campus, keeping us engaged with the current needs of the community. The foreign-born population in Louisville has increased dramatically over recent years, and it takes the work of more than one agency to meet the needs of this group. In forming partnerships, we can offer a wide spectrum of holistic services.

Applicant's Initials CR

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – 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 Proposed Metro Funds	Column 2 Non-Metro Funds	Column (1+2)=3 Total Funds
A: Personnel Costs Including Benefits	15,500	543,975	559,475
B: Rent/Utilities	5,000	55,960	60,960
C: Office Supplies		37,500	37,500
D: Telephone		7,480	7,480
E: In-town Travel		8,250	8,250
F: Client Assistance (Attach Detailed List)		750	750
G: Professional Service Contracts		19,500	19,500
H: Program Materials		14,500	14,500
I: Community Events & Festivals (Attach Detail List)		22,250	22,250
J: Machinery & Equipment		5,000	5,000
K: Capital Project			
L: Other Expenses (Attach Detail List)		167,845	167,845
***TOTAL PROGRAM/PROJECT FUNDS**	20,500	883,010	903,510
% of Program Budget	2.2 %	97.8 %	**100%**

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

Other State, Federal or Local Government	6,000
United Way	95,220
Private Contributions (do not include individual donor names)	90,000
Fees Collected from Program Participants	
Other (please specify)	691,790
Total Revenue for Columns 2 Expenses **	883,010

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

***Must equal or exceed total in column 2.*

Applicant's Initials CR

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
10,400 Hours of Volunteer Service in 2014-15FY	$204,672	Total volunteer hours valued $19.68/hour per national standards
Total Value of In-Kind (***to match Program Budget Line Item.*** Volunteer Contribution &Other In Kind)	$204,672	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO ☒ **YES** ☐

If YES, please explain:

Applicant's Initials CR

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – 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.

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 7 – 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:	Clare Rutz			**Date:**	1/8/16
Legal Signatory: (please print):	Clare Rutz			**Title:**	Director of Development
Phone:	5023667813	**Extension:**	18	**Email:**	clare@americanacc.org

Applicant's Initials CR

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

DEPARTMENT OF THE TREASURY

Date: 30 JUL 29 1999

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

[redacted]fication Number:

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

Dear Applicant:

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

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

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

This supersedes our letter dated September 29, 1994.

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

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

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

Letter 1078 (DO/CG)

AMERICANA COMMUNITY CENTER INC

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

Sincerely yours,

District Director

Enclosure:
Addendum

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	4/6/2015
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	Ryan Simpson
Treasurer	Sharon Landrum
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	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

	Effective	**Org.**

Filing	File Date	Date	Referenced
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 <u>Request For Corporate Documents</u> 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
Administrative Dissolution	11/1/1995	1 page
Annual Report	7/1/1995	2 pages
Annual Report	7/1/1994	2 pages
Amendment	6/30/1994	3 pages
Articles of Incorporation	8/4/1993	3 pages

AMERICANA COMMUNITY CENTER
FY16 BUDGET

	FY16	FY15	YOUTH
			32%
EXPENSE	**Projected**	**Projected**	
Payroll Expense	484,775	422,500	155,128
Background Checks	1,250	1,250	400
Workers Comp Insurance	5,700	5,425	1,824
Insurance-Health/Life	69,000	55,200	22,080
Training	2,500	1,000	800
Interpretation	10,000	9,000	3,200
Fees and Registrations - org	1,000	700	320
Supplies (Office/Program)	37,500	35,012	12,000
Fundraising/Community Rental-Other	21,500		6,880
Fiberworks Coordinator	7,500	7,488	2,400
License & Permits	260	260	83
License & Permits-AWF Mstr Vendor	750	750	240
Telephone	7,000	5,000	2,240
Telephone-Internet	480	660	154
Postage and Shipping	750	500	240
Printing & copying	750	500	240
Dues, Subscriptions & Memberships	2,000	2,000	640
Insurance - Business	23,100	22,000	7,392
Transportation	3,000	2,000	960
Computer Supplies & Maintenance	5,000	2,000	1,600
IT Administrator	12,000	12,000	3,840
Client Assistance	750	2,000	240
Garbage Removal	960	900	307
Janitorial Supply Expense	7,200	3,300	2,304
Janitorial Service	34,800	32,400	11,136
Utilities-Gas/Electric	60,000	40,000	19,200
Utilities-Water/Sewer	8,000	8,000	2,560
Repair & Mntnc	12,825	16,340	4,104
Security	2,250	2,000	720
Handyman	23,660	23,660	7,571
Travel-All	8,000	4,500	2,560
Business Meals	250	250	80
Audit	7,000	6,500	2,240
Consolidated Loan Interest Expense	15,000	15,000	4,800
Consolidated Loan Principal-Bal Sht	15,000	15,000	4,800
Interest on CC Loan for PH II	12,000	30,000	3,840
Totals	$903,510.00	$ 785,095.00	$ 289,123.20

INCOME			**Youth Income**
Americana Dream	**790,617**		252,997.44
Donations	90,000	43,000	28,800.00
Corporations	74,893	80,250	23,965.76
Foundations	100,000	484,000	32,000.00
Americana Community Center	75,000	85,100	24,000.00
Federal	8,000	6,000	2,560.00
State	-	-	-

Personnel Costs
Utilities
Office Supplies
Telephone
In-Town Travel
Client Assistance
Contracts
Program Materia
Community Even
Machinery/Equip
Capital Project
Other Expenses

559,475	543,975
68,000	
5,460	
7,480	
8,250	
750	
19,500	
37,500	
22,250	
5,000	
$169,845.00	
903,510	883,010
	0.02

Other Income FY16

Source	Projection
James Graham Brown	175,000
Humana Fdn	25,000
Norton Health Fdn	50,000
Brown-Forman	33,333
CE&S	166,000
Gheens	100,000
LG&E	3,057
Community Foundation	1,200
Cralle Fdn	7,000
Dollar General	15,000
General Mills	20,000
KY Colonels	1,200
Old National Bank	10,000
Passport	5,000
PNC Bank	15,000
Republic Bank	20,000
Toyota	20,000
Norton Found	15,000
VV Cooke	5,000
WHAS Crusade for Children	5,000
Total Income	**691,790**

Board Roster 2015-2016

	Name	Affiliation	E-mail
	Shawn Adams		[redacted]
	Aida Babahmetovic	Fogle, Keller Purdy, Associate Attorney	
	Barry J. Barker	Executive Director - TARC	
	Tom Bohnert	SVP, Wells Fargo Advisors	
Chair	Gregory J Brotzge	Impact Government Relations	
	Gregory Carroll	PNC Bank	
	Billy Carter	Underhill Associates	
	Maria Elbl	Brown-Forman	
Vice Chair	Barry Gary	Norton Health Care	
	Chip Hancock	Republic Bank	
	Eric Haner	Judge	
	Hillary Hargis	Crowe Horwath LLP	
	Steve Hueston	Whayne Supply	
	Gill Holland	Entrepreneur	
Treasurer	Sharon Landrum	Sharon Landrum Realty	
	Faustin Ndagijimana	Strothman and Company	
	Shahid Qamar	Pakistani Doctors Assn	
Secretary	Ryan C. Simpson	U of L, Assist Director, Office of Diversity and Inclusion	
	David Vawter	Doe-Anderson Advertising	

Board Roster: Term and Term Limits

June 30-2016	June 30-2017	June 30-2018
Aida Babahmetovic	Gregory Carroll	Shawn Adams
Faustin Ndagijimana	Barry Gary	Steve Heuston
Chip Hancock	J. Barry Barker	Hilary Hargis
	Shahid Qamar	Maria Elbl
	Ryan C. Simpson	David Vawter
	Sharon Landrum	Billy Carter
	Eric Haner	Gill Holland
	Gregory J Brotzge	Tom Bohnert

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.

Americana Community Center
Balance Sheet Prev Year Comparison
As of June 30, 2015

	Jun 30, 15	Jun 30, 14	$ Change	% Change
ASSETS				
Current Assets				
Checking/Savings				
1010 · Republic Bank - Checking	117,845.19	5,648.03	112,197.16	1,986.48%
1011 · Republic Bank-Savings	1,007.84	1,026.88	(19.04)	(1.85%)
1012 · Republic Charitable Gaming	164.50	2,414.50	(2,250.00)	(93.19%)
1015 · PNC Bank - Savings - Cap Cmpn	2,999.87	29,567.71	(26,567.84)	(89.85%)
1017 · ESCROW - REPUBLIC BANK LOAN	0.00	218,247.95	(218,247.95)	(100.0%)
Total Checking/Savings	122,017.40	256,905.07	(134,887.67)	(52.51%)
Accounts Receivable				
1110 · Accounts receivable	11,885.92	9,748.56	2,137.36	21.93%
1240 · Grants receivable	16,075.55	225,899.60	(209,824.05)	(92.88%)
1241 · Capital Improvement Grants Recv	506,608.78	606,608.78	(100,000.00)	(16.49%)
1245 · Discounts - long-term grants	(38,090.00)	(38,090.00)	0.00	0.0%
Total Accounts Receivable	496,480.25	804,166.94	(307,686.69)	(38.26%)
Other Current Assets				
1310 · Employee & trustee receivables	200.00	600.00	(400.00)	(66.67%)
Total Other Current Assets	200.00	600.00	(400.00)	(66.67%)
Total Current Assets	618,697.65	1,061,672.01	(442,974.36)	(41.72%)
Fixed Assets				
1610 · Land - operating	81,800.00	81,800.00	0.00	0.0%
1625 · Building and Improvements	1,993,880.95	1,436,445.45	557,435.50	38.81%
1630 · Leasehold improvements	10,658.11	10,258.11	400.00	3.9%
1640 · Furniture, fixtures, & equip	334,654.84	113,874.84	220,780.00	193.88%
1720 · Accumulated Depreciation All	(342,481.56)	(342,481.56)	0.00	0.0%
Total Fixed Assets	2,078,512.34	1,299,896.84	778,615.50	59.9%
TOTAL ASSETS	**2,697,209.99**	**2,361,568.85**	**335,641.14**	**14.21%**
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
2010 · Accounts payable-Operations	36,426.36	60,148.10	(23,721.74)	(39.44%)
Total Accounts Payable	36,426.36	60,148.10	(23,721.74)	(39.44%)
Credit Cards				
2051 · VISA/MasterCard	3,481.18	2,991.19	489.99	16.38%
2052 · Sam's Club	(930.21)	66.96	(997.17)	(1,489.2%)
Total Credit Cards	2,550.97	3,058.15	(507.18)	(16.59%)

Americana Community Center
Profit & Loss
July 2014 through June 2015

	Jul '14 - Jun 15
Ordinary Income/Expense	
Income	
4000 · Donations	52,026.04
4500 · Grants	649,917.92
4556.01 · Good Samaritan Foundation, Inc.	14,000.00
5000 · Community Activities	77,043.04
5300 · Other Income	40,881.31
5601 · K'LEA - UofL	3,385.39
5700 · Capital Campaign	100,000.00
5800 · Special events	340.00
5900 · In-Kind Donations	7,439.00
Total Income	945,032.70
Expense	
66900 · Reconciliation Discrepancies	19.04
7100 · Payroll Expenses	373,665.01
7140 · Bonus	2,505.00
7231 · Contract Labor	1,300.00
7500 · Other personnel expenses	63,573.13
8100 · Other Operating Expenses	146,856.71
8190 · Memberships	200.00
8200 · Occupancy expenses	123,775.43
8310 · Travel-All	7,656.38
8330 · Business Meals	464.67
8500 · Misc expenses	2,482.05
8600 · Professional Services	7,000.00
8700 · Interest Expense	28,709.63
8800 · Taxes	83.71
Total Expense	758,290.76
Net Ordinary Income	186,741.94
Other Income/Expense	
Other Income	
9000 · Interest Income	12.66
Total Other Income	12.66
Net Other Income	12.66
Net Income	186,754.60

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] 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, town, or post office, state, and ZIP code
LOUISVILLE, KY 40214

F Name and address of principal officer: EDGARDO MANSILLA
SAME AS C ABOVE

D Employer identification number
[redacted]

E Telephone number
502-366-7813

G Gross receipts $ 594,818.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.AMERICANACC.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1993 **M** State of legal domicile: KY

Part I Summary

Activities & Governance

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 ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	31
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,118,066.	571,893.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,645.	157.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,074.	22,768.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,141,785.	594,818.
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)	531,725.	497,839.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	31,250.	6,887.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 118,427.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	281,504.	313,009.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	844,479.	817,735.
19	Revenue less expenses. Subtract line 18 from line 12	297,306.	-222,917.

Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,842,744.	2,241,633.
21	Total liabilities (Part X, line 26)	638,103.	259,909.
22	Net assets or fund balances. Subtract line 21 from line 20	2,204,641.	1,981,724.

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 | Date

▶ EDGARDO MANSILLA, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
BARBARA A. LASKY				[redacted]

Firm's name ▶ ANDERSON, BRYANT, LASKY & WINSLOW, PSC — Firm's EIN ▶

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) [X] Yes [ ] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 239,991. including grants of $) (Revenue $)
FAMILY EDUCATION INITIATIVES

ASSIST REFUGEE, IMMIGRANT AND U.S. BORN RESIDENTS OF LOUISVILLE METRO IN EDUCATIONAL, CULTURAL, AND SOCIAL TRANSITION AND GROWTH.

SERVED 2,513 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 FY13 CAME FROM 96 DIFFERENT COUNTRIES AND 37 ZIP CODES THROUGHOUT LOUISVILLE METRO. IN FY13 THERE WERE: 884

4b (Code:) (Expenses $ 231,961. including grants of $) (Revenue $)
AMERICANA YOUTH PROGRAM

TO 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 2013, 405 YOUTH PARTICIPATED IN OUT-OF-SCHOOL PROGRAMMING, INCLUDING AFTER SCHOOL, DURING THE SUMMER, AND WINTER/SPRING BREAK PERIODS.

4c (Code:) (Expenses $ 113,920. including grants of $) (Revenue $)
COMMUNITY SERVICES

COMMUNITY SERVICES FOSTER COMMUNITY SUPPORT, PARTICIPANT ENRICHMENT, AND OPPORTUNITIES FOR MULTI-CULTURAL EXPERIENCES.

AMERICANA IS A VOLUNTEER INCOME TAX ASSISTANCE (VITA) SITE DURING TAX SEASON. VOLUNTEERS PROVIDE FREE TAX PREPARATION TO COMMUNITY MEMBERS WITH AN INCOME OF LESS THAN $50,000. THE VITA SITE IS COORDINATED BY AN AMERICANA STAFF MEMBER. 461 TAX RETURNS WERE PREPARED AT OUR VITA SITE IN FY13.

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** ▶ 585,872.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
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? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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*	23		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 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		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*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Form **990** (2012)

232005
12-10-12

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 to any question in this Part VI .... [X]

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	15		
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?	2			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?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		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*	9			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?	10a		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?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c		X
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		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?	16b		

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 [X] Another's website [X] 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

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 to any question 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) J. BARRY BARKER BOARD CHAIR	2.00	X		X				0.	0.	0.
(2) SHARON LANDRUM VICE CHAIR/TREASURER	1.00	X		X				0.	0.	0.
(3) KELLY MCDONOUGH SECRETARY	1.00	X		X				0.	0.	0.
(4) NATHALIA BLANCO BOARD MEMBER	1.00	X						0.	0.	0.
(5) GREGORY BROTZGE BOARD MEMBER	1.00	X						0.	0.	0.
(6) PATRICK BOULDIN BOARD MEMBER	1.00	X						0.	0.	0.
(7) GREGORY CARROLL BOARD MEMBER	1.00	X						0.	0.	0.
(8) CHIP HANCOCK BOARD MEMBER	1.00	X						0.	0.	0.
(9) JOHN JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(10) FAUSTIN NDAGIJIMANA BOARD MEMBER	1.00	X						0.	0.	0.
(11) DAVID OWEN BOARD MEMBER	1.00	X						0.	0.	0.
(12) DR. SHAHID QAMAR BOARD MEMBER	1.00	X						0.	0.	0.
(13) RYAN SIMPSON BOARD MEMBER	1.00	X						0.	0.	0.
(14) NADARECA THIBEAUX, PMP BOARD MEMBER	1.00	X						0.	0.	0.
(15) SCOTT WEGENAST BOARD CHAIR	1.00	X						0.	0.	0.
(16) EDGARDO MANSILLA EXECUTIVE DIRECTOR	40.00			X				82,092.	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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Sub-total ▶								82,092.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								82,092.	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*	3		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*	4		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*	5		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 NONE	(B) Description of services	(C) Compensation

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

Part VIII **Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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	98,496.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	473,397.				
	g Noncash contributions included in lines 1a-1f: $		6,100.				
	h **Total.** Add lines 1a-1f ▶			571,893.			
Program Service Revenue			Business Code				
	2 a						
	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) ▶			157.			157.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	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	22,768.	22,768.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶			22,768.			
	12 **Total revenue.** See instructions. ▶			594,818.	22,768.	0.	157.

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 to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,092.	55,822.	11,493.	14,777.
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	276,384.	166,242.	51,502.	58,640.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	110,702.	68,569.	19,461.	22,672.
10 Payroll taxes	28,661.	17,752.	5,039.	5,870.
11 Fees for services (non-employees):				
a Management	5,820.	5,820.		
b Legal				
c Accounting	8,779.	1,721.	6,489.	569.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,887.			6,887.
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.)				
12 Advertising and promotion				
13 Office expenses	5,942.	4,401.	724.	817.
14 Information technology				
15 Royalties				
16 Occupancy	108,190.	99,535.	7,357.	1,298.
17 Travel	11,510.	8,249.	898.	2,363.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,528.	9,686.	716.	126.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,119.	41,508.	3,069.	542.
23 Insurance	29,398.	27,046.	1,999.	353.
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	55,613.	55,613.		
b SUPPLIES	20,816.	16,670.	2,194.	1,952.
c TELEPHONE	4,216.	2,884.	623.	709.
d MISCELLANEOUS EXPENSE	3,159.	1,753.	1,326.	80.
e All other expenses	3,919.	2,601.	546.	772.
25 **Total functional expenses.** Add lines 1 through 24e	817,735.	585,872.	113,436.	118,427.
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 to any question in this Part X ☐

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			779,010.	1	27,965.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			957,297.	3	898,936.
	4	Accounts receivable, net			10,882.	4	5,608.
	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	10a	1,604,058.			
	b	Less: accumulated depreciation	10b	294,934.	1,095,555.	10c	1,309,124.
	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)			2,842,744.	16	2,241,633.
Liabilities	17	Accounts payable and accrued expenses			429,602.	17	26,903.
	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			208,501.	23	233,006.
	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			638,103.	26	259,909.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			922,659.	27	988,181.
	28	Temporarily restricted net assets			1,281,982.	28	993,543.
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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			2,204,641.	33	1,981,724.
	34	Total liabilities and net assets/fund balances			2,842,744.	34	2,241,633.

Form **990** (2012)

232011
12-10-12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	594,818.
2	Total expenses (must equal Part IX, column (A), line 25)	2	817,735.
3	Revenue less expenses. Subtract line 2 from line 1	3	-222,917.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,204,641.
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	1,981,724.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash [X] Accrual ☐ 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?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: [X] Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a		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	3b		

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. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: AMERICANA COMMUNITY CENTER, INC.
Employer identification number: [redacted]

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 that describes the type of supporting organization and complete lines 11e through 11h.
   a ☐ Type I   b ☐ Type II   c ☐ Type III - Functionally integrated   d ☐ Type III - Non-functionally integrated
e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170[redacted]**

(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	713,214.	324,683.	778,574.	1,118,066.	571,893.	3,506,430.
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	713,214.	324,683.	778,574.	1,118,066.	571,893.	3,506,430.
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)						1,258,409.
6 **Public support.** Subtract line 5 from line 4.						2,248,021.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	713,214.	324,683.	778,574.	1,118,066.	571,893.	3,506,430.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20.	10.	52.	1,645.	157.	1,884.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	24,880.	19,991.	18,851.	22,074.	22,768.	108,564.
11 **Total support.** Add lines 7 through 10						3,616,878.

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | 62.15 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | 91.20 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule 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.**

OMB No. 1545-0047

2012

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number

[redacted]

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of $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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: AMERICANA COMMUNITY CENTER, INC.

Employer identification number: [redacted]

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	JEWISH HOSPITAL & STS MARY & ELIZABETH PO BOX 636000 LITTLETON, CO 80163	$ 16,349.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	GHEENS FOUNDATION 401 WEST MAIN ST., STE 705 LOUISVILLE, KY 40202	$ 146,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	METRO UNITED WAY 334 E. BROADWAY LOUISVILLE, KY 40204	$ 59,394.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	LOUISVILLE METRO GOVERNMENT 609 W. JEFFERSON ST. LOUISVILLE, KY 40202	$ 81,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	SISTERS OF CHARITY OF NAZARETH PO BOX 172 NAZARETH, KY 40048	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	KOSAIR CHARITIES PO BOX 37370 LOUISVILLE, KY 40223	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
AMERICANA COMMUNITY CENTER, INC.	[redacted]

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	TOYOTA MANUFACTURING OF KENTUCKY 10001 CHERRY BLOSSOM WAY GEORGETOWN, KY 40324	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	BROADWAY BAPTIST CHURCH 4000 BROWNSBORO RD LOUISVILLE, KY 40207	$ 12,690.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
AMERICANA COMMUNITY CENTER, INC.	[redacted]

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

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. 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 information 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. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: AMERICANA COMMUNITY CENTER, INC.

Employer identification number: [redacted]

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 contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" 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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			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) Revenues 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 Revenues 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 Sim[redacted](continued)

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ______

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

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		1,408,383.	201,103.	1,207,280.
d Equipment		113,875.	93,831.	20,044.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,309,124.

Schedule D (Form 990) 2012

232052
12-10-12

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. 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)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. 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 [X]

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

1	Total revenue, gains, and other support per audited financial statements			1	594,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains 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	594,818.
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	594,818.

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

1	Total expenses and losses per audited financial statements			1	817,735.
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	817,735.
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	817,735.

Part XIII Supplemental Information

Complete this part to 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. FEDERAL AND STATE TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS

Part XIII Supplemental Information *(continued)*

FROM THE DATE THE RETURNS ARE FILED.

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.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: AMERICANA COMMUNITY CENTER, INC.

Employer identification number: [redacted]

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; 576 ENROLLMENTS IN GED AND ADULT BASIC EDUCATION CLASSES; AND 44 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: [redacted]

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. 12 IMMIGRANT AND REFUGEE WOMEN PARTICPATE IN THE AMERICANA FIBERWORKS PROGRAM REGULARLY.

AMERICANA HOSTS AN ANNUAL AMERICANA WORLD FESTIVAL THE FIRST WEEKEND OF JUNE TO CELEBRATE THE DIVERSITY OF THE NEIGHBORHOOD. APPROXIMATELY 5,000 ATTEND THE ANNUAL AMERICANA WORLD FESTIVAL.

PROGRAM PARTICIPANTS ARE INVITED TO AMERICANA FOR A FALL FESTIVAL AND TO A WINTER FESTIVAL EACH YEAR. YOUTH RECEIVE HATS AND GLOVES AT THE WINTER FESTIVAL, ALONG WITH A GIFT.

IN ADDITION TO THE COMMUNITY SERVICES SUMMARIZED ABOVE, AMERICANA PROVIDES PRO-BONO OR $1/YR LEASE MEETING AND OFFICE SPACE FOR MANY DIVERSE GROUPS (I.E. BURUNDI COMMUNITY, HISPANIC LATINO COALITION, SOUTH LOUISVILLE COMMUNITY MINISTRIES, SOMALI COMMUNITY, KENTUCKY AMERICAN INDIAN RESOURCE CENTER). 41 COMMUNITY GROUPS HELD EVENTS AT AMERICANA DURING FISCAL YEAR 2012-13.

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

Name of the organization: AMERICANA COMMUNITY CENTER, INC.

[redacted]ber

TO FINAL ISSUANCE OF FORM 990 FOR SIGNATURE OF THE EXECUTIVE DIRECTOR.

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 19: UPON REQUEST

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2013

Prepared for	Americana Community Center, Inc. 4801 Southside Drive Louisville, KY 40214
Prepared by	Anderson, Bryant, Lasky & Winslow, PSC 943 South First Street Louisville, KY 40203
Amount due or refund	No amount is due. The organization will receive a refund in the amount of $10,462
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2014
Special Instructions	The return should be signed and dated.

200941
05-01-12

REQUEST FOR 45R CREDIT ONLY

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2012 or other tax year beginning JUL 1, 2012 , and ending JUN 30, 2013

OMB No. 1545-0687

2012

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed	Print or Type	Name of organization (☐ Check box if name changed and see instructions.) AMERICANA COMMUNITY CENTER, INC.	D Employer identification number (Employees' trust, see instructions.) [redacted]
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. 4801 SOUTHSIDE DRIVE City or town, state, and ZIP code LOUISVILLE, KY 40214	E Unrelated business activity codes (See instructions)
C Book value of all assets at end of year 2,241,633.	F Group exemption number (see instructions) ▶		
	G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust		

H Describe the organization's primary unrelated business activity. ▶

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☐ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ COMPANY Telephone number ▶ 502-366-7813

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	0.		

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions)
(except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach statement)			18	
19	Taxes and licenses			19	
20	Charitable contributions (see instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach statement)			28	
29	**Total deductions.** Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	0.
31	Net operating loss deduction (limited to the amount on line 30)			31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32	0.
33	Specific deduction (generally $1,000, but see instructions for exceptions)			33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	0.

Part III Tax Computation

35	**Organizations taxable as corporations** (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts taxable at trust rates** (see instructions for tax computation). Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax** (see instructions) ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	Payments: A 2011 overpayment credited to 2012	44a			
b	2012 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f	10,462.		
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44g			
45	**Total payments.** Add lines 44a through 44g			45	10,462.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	10,462.
49	Enter the amount of line 48 you want: **Credited to 2013 estimated tax** ▶ **Refunded** ▶			49	10,462.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (att. statement)	4a					
b	Other costs (attach statement)	4b					
5	**Total.** Add lines 1 through 4b	5					

Sign Here

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

▶ Signature of officer | Date | ▶ EXECUTIVE DIRECTOR Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BARBARA A. LASKY				[redacted]
Firm's name ▶ ANDERSON, BRYANT, LASKY & WINSLOW, PSC			Firm's EIN ▶	
Firm's address ▶ 943 SOUTH FIRST STREET LOUISVILLE, KY 40203			Phone no. (502)584-9793	

- 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 [redacted]
	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) 0 1

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	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of ▶ COMPANY 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, 2014 .

5 For calendar year ______ , or other tax year beginning JUL 1, 2012 , and ending JUN 30, 2013 .

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 READY OR COMPLETE.

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

Signature and Verification 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 ▶

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 20 13

▶ **Do not send to the IRS. Keep for your records.**

OMB No. 1545-1878

2012

Name of exempt organization	Employer identification number
AMERICANA COMMUNITY CENTER, INC.	[redacted]

Name and title of officer
EDGARDO MANSILLA
EXECUTIVE DIRECTOR

Part I **Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b** **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	594818
2a Form 990-EZ check here ▶ [ ]	**b** **Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶ [ ]	**b** **Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶ [ ]	**b** **Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶ [ ]	**b** **Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[ ] I authorize ______________________ to enter my PIN [ ]
ERO firm name — Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________ Date ▶ ______________

Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 61540845801
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ______________________ Date ▶ ______________

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

Form **8941**

Department of the Treasury
Internal Revenue Service

Credit for Small Employer Health Insurance Premiums

▶ Attach to your tax return.

▶ Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

OMB No. 1545-2198

2012

Attachment Sequence No. **63**

Name(s) shown on return	Identifying number
AMERICANA COMMUNITY CENTER, INC.	[redacted]

1a	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1a	31
1b	Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a (see instructions)	1b	61-1251306
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	12
3	Average annual wages you paid for the tax year (see instructions). If you entered $50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	31,000.
4	Premiums you paid during the tax year for employees included on line 1a for health insurance coverage under a qualifying arrangement (see instructions)	4	88,879.
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5	66,781.
6	Enter the **smaller** of line 4 or line 5	6	66,781.
7	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	7	16,695.
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	14,469.
9	If line 3 is $25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	10,462.
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10	
11	Subtract line 10 from line 4. If zero or less, enter -0-	11	88,879.
12	Enter the **smaller** of line 9 or line 11	12	10,462.
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13	10
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14	8
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	16	10,462.
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18	
19	Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit (see instructions)	19	43,323.
20	Tax-exempt small employers, enter the **smaller** of line 16 or line 19 here and on Form 990-T, line 44f	20	10,462.

LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **8941** (2012)

223001
11-26-12

Form 8941	AMERICANA COMMUNITY CENTER, INC.	[redacted]

Information Needed to Complete Lines 1-3

(a) Individuals Considered Employees	[redacted]	(b) Employee Hours of Service	(c) Employee Wages Paid
MANSILLA, EDGARDO	[redacted]	2,080.	82,092.
KRISTIN L BURGOYNE	[redacted]	2,080.	40,236.
DANA L DUNCAN	[redacted]	2,080.	25,265.
EMILIE B DYER	[redacted]	2,080.	25,136.
MARIA B KOERNER	[redacted]	2,080.	33,448.
PRADY J RIVERA	[redacted]	2,080.	18,061.
PATRICIA A GOULD	[redacted]	1,818.	22,843.
REBECKA BLOOMER	[redacted]	1,360.	22,750.
LANEISHA BEVERLY	[redacted]	640.	11,854.
LARA MIRAMONTES	[redacted]	919.	12,898.
NELSON BELMONT	[redacted]	1,147.	10,401.
ALEX GAUGHN	[redacted]	1,114.	8,967.
ALEXANDER UDIS	[redacted]	1,085.	9,844.
QJUAN BRIGHT	[redacted]	1,060.	8,564.
ELIJAH MCKENZIE	[redacted]	960.	7,801.
COREY ARNOLD	[redacted]	576.	4,606.
DHRUBA NEUPANE	[redacted]	495.	3,959.
ERIN SHAW	[redacted]	487.	4,383.
JUNEE KIRK	[redacted]	480.	3,897.
THELMA MURRAY	[redacted]	408.	3,717.
SHERRY COGBURN	[redacted]	382.	3,286.
ALEXANDER SCHULZ	[redacted]	351.	2,859.
MIRAC OZKIR	[redacted]	285.	2,278.
ANGELA RESS	[redacted]	247.	2,273.
MEIA TOBIN	[redacted]	242.	1,934.
Total	[redacted]	26,734.	375,462.

Full-Time Equivalent Employees (FTEs)

1. Enter the total employee hours of service from column (b) above	26,734.
2. Hours of service per FTE	2,080
3. Full-time equivalent employees. Divide line 1 by line 2	12

Average Annual Wages

1. Enter the total employee wages paid from column (c) above	375,462.
2. Enter FTEs from line 3 above	12
3. Average wages. Divide line 1 by line 2	31,000.

Form 8941	AMERICANA COMMUNITY CENTER, INC.	[redacted]

Information Needed to Complete Lines 1-3

(a) Individuals Considered Employees		(b) Employee Hours of Service	(c) Employee Wages Paid
KATIA WELLS	[redacted]	130.	1,097.
NATALIE DAVIS		35.	277.
ZAYDA HERNANDEZ		14.	348.
MAJA SALIPUR		5.	42.
ANITA GETER		1.	14.
JESSICA POWELL		13.	332.
Total		26,734.	375,462.

Full-Time Equivalent Employees (FTEs)

1. Enter the total employee hours of service from column (b) above .... 26,734.
2. Hours of service per FTE 2,080
3. Full-time equivalent employees. Divide line 1 by line 2 12

Average Annual Wages

1. Enter the total employee wages paid from column (c) above .... 375,462.
2. Enter FTEs from line 3 above 12
3. Average wages. Divide line 1 by line 2 .... 31,000.

Form 8941	AMERICANA COMMUNITY CENTER, INC.	[redacted]

Additional Information Needed to Complete Lines 4-14

(a) Enrolled Individuals Considered Employees	[redacted]	(b) Employer Premiums Paid	(c) Employer State Average Premiums	(d) Enrolled Employee Hours of Service
MANSILLA, EDGARDO	[redacted]	21,760.	11,387.	2,080.
KRISTIN L BURGOYNE	[redacted]	10,680.	11,387.	2,080.
DANA L DUNCAN	[redacted]	7,542.	4,660.	2,080.
EMILIE B DYER	[redacted]	6,588.	4,660.	2,080.
MARIA B KOERNER	[redacted]	10,831.	4,660.	2,080.
PRADY J RIVERA	[redacted]	8,712.	4,660.	2,080.
PATRICIA A GOULD	[redacted]	10,500.	4,660.	1,818.
REBECKA BLOOMER	[redacted]	5,557.	4,660.	1,360.
LANEISHA BEVERLY	[redacted]	3,671.	11,387.	640.
LARA MIRAMONTES	[redacted]	3,038.	4,660.	919.
Total		88,879.	66,781.	17,217.

FTE Limitation

1. Enter the amount from Form 8941, line 7	16,695.
2. Enter the amount from Form 8941, line 2	12
3. Subtract 10 from line 2 (if line 2 is 10 or less, skip to line 6)	2.
4. Divide line 3 by 15	.133
5. Multiply line 1 by line 4	2,226.
6. Subtract line 5 from line 1. Reported this amount on Form 8941, line 8	14,469.

Average Annual Wages Limitation

1. Enter the amount from Form 8941, line 8	14,469.
2. Enter the amount from Form 8941, line 7	16,695.
3. Enter the amount from Form 8941, line 3	31,000.
4. Subtract 25,000 form line 3	6,000.
5. Divide line 4 by 25,000	.240
6. Multiply line 2 by line 5	4,007.
7. Subtract line 6 from line 1. Reported this amount on Form 8941, line 9	10,462.

FTEs Enrolled in Coverage

1. Enter the total enrolled employee hours of service from column (d) above	17,217.
2. Hours of service per FTE	2,080
3. Divide line 1 by line 2. Report this amount on Form 8941, line 14	8

217792
05-01-12

318578

RECEIVED & FILED
8.00
AUG 4 3 44 PM '93
BOB BABBAGE
SECRETARY OF STATE
COMMONWEALTH OF KENTUCKY

ARTICLES OF INCORPORATION
of
AMERICANA COMMUNITY CENTER, INC.

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 Mansilla
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 Delahanty
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

Graham Phillips, Incorporator

[illegible]
August [illegible] 1993 [illegible]

318528

RECEIVED & FILED
Ck 8/90

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

JUN 30 2 30 PM '94

#318578

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

758056

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

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

THIRD: The Amendments are as follows:

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

"ARTICLE TWO

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

Attachment C

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

Bob Babbage

Secretary of State, Commonwealth of Kentucky

SSC-208

VR

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

See Specific Instructions on page 2.
Print or type

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:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. 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.
☑ 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)
(Applies to accounts maintained outside the U.S.)

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
[redacted]

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** ▶ Kristin Bengoyme **Date** ▶ 10/7/15

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.

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

AMERICANA COMMUNITY CENTER, INC.

JUNE 30, 2014 AND 2013

CONTENTS

	PAGE
INDEPENDENT AUDITOR'S REPORT	3
FINANCIAL STATEMENTS:	
STATEMENTS OF FINANCIAL POSITION	5
STATEMENTS OF ACTIVITIES	6
STATEMENTS OF FUNCTIONAL EXPENSES	7
STATEMENTS OF CASH FLOWS	8
NOTES TO FINANCIAL STATEMENTS	9

Anderson
Bryant
Lasky & Winslow
PSC
Certified Public Accountants

Founders & Principals
John D. Winslow, CPA
Barbara A. Lasky, CPA
Margaret H. Anderson, CPA
Ellis Bryant, CPA

943 South First Street
Louisville, KY 40203-2242

Phone: 502.584.9793
Fax: 502.584.9796
Web: www.ablw-cpas.com
E-mail: ablw@ablw-cpas.com

Providing timely, accurate, useful information to decision makers

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)(the Center) which comprise the statements of financial position as of June 30, 2014 and 2013, 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.

STATEMENTS OF FINANCIAL POSITION
AMERICANA COMMUNITY CENTER, INC.
JUNE 30, 2014 AND 2013

	2014	2013
ASSETS		
Cash	$ -	$ -
Grants receivable	10,349	5,608
Promises to give	794,419	898,936
Restricted cash	256,905	27,965
Land, building and equipment, net	1,299,897	1,309,124
Total assets	$ 2,361,570	$ 2,241,633
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	$ 61,825	$ 13,332
Accrued expenses	16,761	13,571
Line of credit	-	100,000
Notes payable	443,045	133,006
Total liabilities	521,631	259,909
NET ASSETS		
Unrestricted	911,054	988,181
Temporarily restricted	928,885	993,543
Total net assets	1,839,939	1,981,724
Total liabilities and net assets	$ 2,361,570	$ 2,241,633

The accompanying notes are an integral part of these financial statements

STATEMENTS OF ACTIVITIES
AMERICANA COMMUNITY CENTER, INC.
FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014			2013		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
Revenue and support:						
Government grants	$ 56,200	$ -	$ 56,200	$ 98,496	$ -	$ 98,496
Contributions and grants	172,966	426,250	599,216	99,397	374,000	473,397
Interest income	74	-	74	157	-	157
Miscellaneous	25,866	-	25,866	22,768	-	22,768
Total revenue and support	255,106	426,250	681,356	220,818	374,000	594,818
Net assets released from restrictions						
Restrictions satisfied by payments	490,908	(490,908)	-	662,439	(662,439)	-
Total revenue, support and reclassifications	746,014	(64,658)	681,356	883,257	(288,439)	594,818
Expenses:						
Program services	644,678	-	644,678	585,872	-	585,872
Management and general	82,449	-	82,449	113,436	-	113,436
Fund raising	96,014	-	96,014	118,427	-	118,427
Total expenses	823,141	-	823,141	817,735	-	817,735
Increase (decrease) in net assets	(77,127)	(64,658)	(141,785)	65,522	(288,439)	(222,917)
Net assets at beginning of year	988,181	993,543	1,981,724	922,659	1,281,982	2,204,641
Net assets at end of year	$ 911,054	$ 928,885	$ 1,839,939	$ 988,181	$ 993,543	$ 1,981,724

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, 2014 AND 2013

	2014				2013			
	Total	Program Services	Management and General	Fund Raising	Total	Program Services	Management and General	Fund Raising
Salaries	$ 351,430	$ 244,732	$ 42,911	$ 63,787	$ 358,476	$ 222,064	$ 62,995	$ 73,417
Payroll taxes	32,609	22,705	3,985	5,919	28,661	17,752	5,039	5,870
Employee benefits	71,243	49,606	8,706	12,931	110,702	68,569	19,461	22,672
Contract services	600	600	-	-	12,707	5,820	-	6,887
Supplies	21,411	15,801	2,161	3,449	20,816	16,670	2,194	1,952
Office expense	9,870	7,353	1,005	1,512	5,942	4,401	724	817
Program expense	93,261	93,261	-	-	55,613	55,613	-	-
Postage	346	241	42	63	488	302	86	100
Printing	769	535	94	140	163	101	29	33
Occupancy	125,608	115,559	8,542	1,507	108,190	99,535	7,357	1,298
Insurance	22,876	21,046	1,556	274	29,398	27,046	1,999	353
Interest	12,126	11,156	825	145	10,528	9,686	716	126
Professional fees	9,297	1,947	6,842	508	8,779	1,721	6,489	569
Telephone	5,072	3,499	766	807	4,216	2,884	623	709
Travel	11,631	7,647	848	3,136	11,510	8,249	898	2,363
Training	915	756	64	95	818	681	-	137
Dues, subscriptions & journals	3,380	2,354	413	613	2,450	1,517	431	502
Miscellaneous	3,150	2,138	455	557	3,159	1,753	1,326	80
Depreciation	47,547	43,742	3,234	571	45,119	41,508	3,069	542
Total expenses	$ 823,141	$ 644,678	$ 82,449	$ 96,014	$ 817,735	$ 585,872	$ 113,436	$ 118,427

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, 2014 AND 2013

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$ (141,785)	$ (222,917)
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	47,547	45,119
(Increase) decrease in operating assets:		
Grants receivable	(4,741)	5,274
Promises to give	104,517	58,361
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	51,683	(402,699)
Contributions restricted for long-term purposes	(122,600)	-
Net cash provided (used) by operating activities	(65,379)	(516,862)
CASH FLOWS FROM INVESTING ACTIVITIES:		
(Increase) decrease in restricted cash	(228,940)	184,262
Purchase of improvements and equipment	(38,320)	(258,688)
Net cash provided (used) by investing activities	(267,260)	(74,426)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from notes payable	417,800	30,000
Payments on notes payable	(107,761)	(5,495)
Borrowings (payments) on lines of credit	(100,000)	-
Contributions restricted for long-term purposes	122,600	-
Net cash provided (used) by financing activities	332,639	24,505
Net increase (decrease) in cash	-	(566,783)
Cash at beginning of year	-	566,783
Cash at end of year	$ -	$ -
SUPPLEMENTAL DISCLOSURES:		
Cash paid for interest	$ 12,126	$ 10,528

The accompanying notes are an integral part of these financial statements

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 financial statements of the Center have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

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 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.

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 $46,072 and $6,100 for the years ended June 30, 2014 and 2013, 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, and Family Health Centers, Inc. Also, in partnership with the Corporation for National & Community Service, the Center has AmeriCorps VISTA members, and student interns from the University of Louisville.

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. Federal and state tax returns of the entity are generally open to examination by the relevant taxing authorities for a period of three years from the date the returns are filed.

Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through January 23, 2015, which was the date at which the financial statements were available to be issued.

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.

NOTE 3. PROMISES TO GIVE

Promises to give consist of the following at June 30:

	2014	2013
Capital campaign	$ 620,609	$ 727,722
Operations	211,900	223,345
	$ 832,509	$ 951,067
Receivable in less than one year	$ 327,509	$ 331,788
Receivable in one to five years	405,000	419,279
Receivable in more than five years	100,000	200,000
Total promises to give	832,509	951,067
Less discounts to net present value	(38,090)	(52,131)
Net promises to give	$ 794,419	$ 898,936

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.

NOTE 4. LAND, BUILDING AND EQUIPMENT

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

	2014	2013
Land	$ 81,800	$ 81,800
Building and improvements	1,446,703	1,408,383
Furniture and equipment	113,875	113,875
Total costs	1,642,378	1,604,058
Less accumulated depreciation	(342,481)	(294,934)
Land, building and equipment, net	$ 1,299,897	$ 1,309,124
Depreciation expense	$ 47,547	$ 45,119

NOTE 5. LINE OF CREDIT

The Center previously had available a $100,000 line of credit, with $100,000 outstanding on June 30, 2013. Advances on the line of credit carried an interest rate of prime plus 1% (4.25% on June 30, 2014). The credit line was secured by an interest in the property located at 4801 Southside Drive. The outstanding balance on the line was added to the new mortgage (see Note 6).

In July of 2014, a line of credit in the amount of $600,000 was secured for property improvement purposes. This loan carries an interest rate of prime plus 1% (4.25% on June 30, 2014), with a final maturity anticipated in February 2024.

NOTE 6. NOTES PAYABLE

Notes payable consisted of the following at June 30:

	2014	2013
Mortgage payable to a bank, secured by real property at 4801 Southside Drive, interest rate of 5.75%, monthy payments of $977 with a maturity of October 2020.	$ -	$ 103,006
Mortgage payable to a bank, secured by real property at 4801 Southside Drive, interest rate of 3.75%, monthy payments of $2,489 with a maturity of February 2024.	413,045	-
Note payable to a not-for-profit, with an interest rate of 0%, and no required principal payments due until maturity at June 2015	30,000	30,000
	$ 443,045	$ 133,006

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

6/30/15	$ 44,408
6/30/16	14,924
6/30/17	15,542
6/30/18	16,143
6/30/19	16,770
Thereafter	335,258
Total	$ 443,045

NOTE 7. RESTRICTIONS ON ASSETS

Temporarily restricted net assets consist of the following:

	2014	2013
Renovation	$ 713,745	$ 732,208
Programs	215,140	261,335
Total	$ 928,885	$ 993,543

NOTE 8. 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, 2014 and 2013 were $10,778 and $8,838, respectively.

NOTE 9. INTERFUND BORROWINGS

As of June 30, 2014, the Center has borrowed approximately $157,000 of donor-imposed temporarily restricted net assets for use in current operations. The borrowings are unsecured and bear no interest.

NOTE 10. GOING CONCERN

The Center has experienced significant decreases in unrestricted net assets for the last six years, and is having difficulty obtaining sufficient unrestricted funds to provide working capital. Of the $911,054 in unrestricted net assets at June 30, 2014, all is invested in land, buildings and equipment, or is restricted for future improvements and, accordingly, does not represent liquid funds available for operations. Additionally, as of June 30, 2014, the Center's current liabilities of $122,994 exceed its unrestricted current assets of $10,349. Based on these factors, the Center's cash flows may not be sufficient to timely satisfy its current liabilities.

As a result of operational losses, the Center has been forced to borrow, both from banking institutions, other charitable organizations, and from its own reserves of cash restricted by donors, including cash restricted for long term campus improvements.

The Center has sought out means to refinance its existing obligations at more favorable terms, and has sought permission from donors who originally intended to support the capital campaign to allow them to use their funds for operations, or to temporarily use the funds for operations until a shortfall can be restored. It also has sought out additional operating funding from other not-for-profit organizations, and in some cases, has been successful.

The Center is evaluating its options in order to increase revenue, and decrease operating expenditures. It has already implemented some measures, such as salary reductions and total staff reductions in management.

The ability of the Center to continue as a going concern is dependent on the success of these actions. These financial statements do not include any adjustments that might be necessary if the Center is unable to continue as a going concern.

FTE Staff - Americana Community Center

Position	Name	Highest Paid
Executive Director	Edgardo Mansilla	1
Programs Director	Kristin Burgoyne	2
Director of Development	Clare Rutz	3
Family Coach	Emilie Dyer	
Youth Coach	Beverly Thomas	
Facilities Attendant	Prady Rivera	

Part-Time Staff - Americana Community Center

Position	Name
Garden Coordinator	Abby Rudolph
Finance Manager	Abram Deng
Arts Coordinator	Kristi Johnson
Grants Coordinator	Elizabeth Roberts
Fiberworks Coordinator	Belissa Middleton
Maintenance Attendant	Roberto Guerra
Front Desk Assistants	Jean Phillipe
	Mercedes Herrera
	Lydia Quiah
Nursery Teachers	Tha Ku Po
	Alisa Wimbash