

O-128-22
(as amended)

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

Applicant/Program: Americana Community Center, Inc. / Workforce Development + *Re-Striping*
Applicant Requested Amount: \$30,000
Appropriation Request Amount: ~~\$13,000~~ \$25,250

Executive Summary of Request
Support to Americana Community Center's Youth and Family Educational Programs through operational cost including salary and utility expenses as well as parking lot restriping. These programs are offered four days per week, year round. A minimum of 220 school-aged children will participate in the out-of-school program. 40 parents or caregivers will enroll in the Family Education program with their children to pursue success.

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 District # *Nicole George* Primary Sponsor Signature \$13,000 Amount 4/6/2022 Date

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

Councilwoman Nicole George's husband, Ricky George, is a board member of Americana Community Center, Inc.

Approved by:

_____ Date
Appropriations Committee Chairman
Final Appropriations Amount: _____

sh

Applicant/Program:
Americana Community Center, Inc. / Workforce Development + Re-stripping

Additional Disclosure and Signatures

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

Council Member Signature and Amount

District 1	_____	\$ _____
District 2	<i>Bart Dine</i>	\$ 500
District 3	<i>Keisha Dorsey</i>	\$ 1,000
District 4	<i>Keone Arthur</i>	\$ 1,000
District 5	<i>Donna Harris</i>	\$ 250
District 6	<i>Don Dine</i>	\$ 500
District 7	_____	\$ _____
District 8	<i>Cassie Chambers Armstrong</i>	\$ 500
District 9	<i>Bill Hollander</i>	\$ 500
District 10	<i>Ermon P. White</i>	\$ 500
District 11	_____	\$ _____
District 12	<i>Rick Blackwell</i>	\$ 1,000
District 13	<i>Mark Fox</i>	\$ 500
District 14	<i>Lindi Fowler</i>	\$ 1,000
District 15	<i>Karen Triplett</i>	\$ 1,000

Applicant/Program:
Americana Community Center, Inc. / Workforce Development + Re-striping

Additional Disclosure and Signatures

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

District 16 Scott Reed \$ 500

District 17 Markus Winkler \$ 500

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 Stuart Benson \$ 500

District 21 _____ \$ _____

District 22 Robin J. Engel \$ 500

District 23 _____ \$ _____

District 24 Madonna Flood \$ 2,000

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Americana Community Center, Inc.	
Program Name and Request Amount Workforce Development + Re-striping / \$30,000	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Prepared by: Rachel Roarx District 21 Legislative Aide Date: 4/6/2022	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records AMERICANA COMMUNITY CENTER, INC.</i>			
Main Office Street & Mailing Address: 4801 Southside Drive, Louisville, KY 40214			
Website: americanacc.org			
Applicant Contact:	Emilie Dyer	Title:	Executive Director
Phone:	5023667813	Email:	emilie@americanacc.org
Financial Contact:	Abram Deng	Title:	Finance Manager
Phone:	5023667813	Email:	abram@americanacc.org
Organization's Representative who attended NDF Training: Gianna Bennett			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	4801 Southside Drive, Louisville, KY 40214		
Council District(s):	21	Zip Code(s):	40214
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Workforce Development + <i>Re-striping</i>			
Total Request: (\$)	30,000	Total Metro Award (this program) in previous year: (\$)	16500
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	External Agencies Fund	Amount: (\$)	10000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Shawn Adams	06/01/2022
Paul Bagley	06/01/2023
Tom Bohnert	06/01/2022
Katie Carter	06/01/2023
David Vawter	06/01/2022
Ann Triplett	06/01/2022
Allyson Ibrahim	06/01/2022
Sowmya Telaprolu	06/01/2022
Hillary Bonistalli	06/01/2022
Gill Holland	06/01/2022
Dr. Rana Latif	06/01/2023
Charles Theiler II	06/01/2023
Alejandro Pousa	06/01/2022
Ricky George	06/01/2023
J. Barry Barker	06/01/2023
Steve Woodworth	06/01/2023

Describe the Board term limit policy:

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

Three Highest Paid Staff Names	Annual Salary
Emilie Dyer	75000
Abram Deng	47000
Edgardo Mansilla	55000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Americana's Youth Program includes out of school activities for low-income youth both foreign and US born. This critical programming provides youth the opportunity to develop academically and personally while providing a safe place during out of school hours. During the school year, services are provided from Monday through Thursday including homework help, behavioral counseling, creative arts classes, an on-site Dare to Care Kids Café, and recreational activities. The Summer Program, offered during June and July, provides English as a Second Language (ESL) instruction and enrichment activities that engage learning and self expression. The Youth Program is designed to support the success of children in school, through the development of both academic and behavioral skills, in spite of the many challenges our students face coming from international and/or low-income families. Serving 2000+ participants annually at our campus means parking comes at a high premium. We also plan to re-stripe the existing parking lot in to better serve the participants receiving services at our center.

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

Funding supports the Americana Youth Program and the Family Education Program by supporting the salary and utility expenses related to these programs. Offered four days a week year round, the staff involved in these programs include Youth Programs Coordinator, Adult Services Coordinator, and a Youth and Family Coach. The funding also provides support for the Executive Director, Programs Director, Director of Development, Grants Coordinator, and Finance Manager. In addition to salaries and program expenses, this funding will contribute to the re-striping of our parking lot which we will contract a company to do.

This funding will support utilities related to these programs for FY23 only.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

1. A minimum of 220 school-aged children will participate in our out-of-school-program
2. Youth in grades 6-12 will maintain an average GPA of 3.0, and will increase their commitment to school as evidenced by an average attendance rate of 94%.
3. 60% of youth will attend programs on a regular basis, defined as a minimum of three days per week. Enrichment opportunities will be offered four days per week throughout the year.
4. Eight youth will participate in Youth Coaching, which involves setting and making steps towards personalized goals. Youth who have reported behavioral incidents will be referred to counseling services provided by Spalding University PsyD students.

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

For our Family Education Program we expect the following outcomes:

1. 40 parents or caregivers will enroll in Family Education with their children to pursue personal and educational success.
2. 90% of preschool-aged children will test at the appropriate developmental level.
3. 15 parents or caregivers will participate in coaching to set and achieve personal goals related to challenges commonly faced by internationals, including employment, education, housing and homeownership, healthcare and financial literacy.

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

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	17000	551805	568805
B: Rent/Utilities	8000 8,604	34000	42000 42,604
C: Office Supplies		4750	4750
D: Telephone		4200	4200
E: In-town Travel		2000	2000
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials		48150	48150
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	5000 4,396		5000 4,396
L: Other Expenses (See Detailed List on Page 8)		53970	53970
*TOTAL PROGRAM/PROJECT FUNDS	30000	698875	674905 728,875
% of Program Budget	0.037042	0.96295	100%

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

Other State, Federal or Local Government	38500
United Way	34000
Private Contributions (do not include individual donor names)	608375
Fees Collected from Program Participants	
Other (please specify) \$15,800 Rent; \$1,200 Interest; \$1000 Fiberworks Sales	18000
Total Revenue for Columns 2 Expenses **	698875

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

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Business Insurance		16320	16320
IT Maintenance and Repair		15900	15900
Interpretation		11000	11000
Security		1250	1250
Audit		9500	9500
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
Total	0	53970	53970

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteer Hours (8450)	204067	
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	204067	

*** 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: 07/01/2022

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

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications


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

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

see Attached.

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	02/16/2022
Legal Signatory: (please print):	Emilie Dyer	Title:	Executive Director
Phone:	5023667813	Extension:	201
Email:	emilie@americanacc.org		

Page 10 Relationship Disclaimer:

Board Member Ricky George is married to Councilwoman Nicole George who represents District 21.

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

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

Dear Applicant:

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

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

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

This supersedes our letter dated September 29, 1994.

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

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

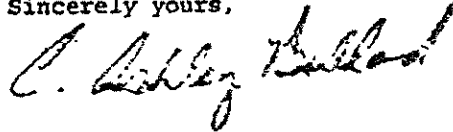
Because this letter could help resolve any questions about your private foundation status, you should keep it in your permanent records.

Letter 1078 (DO/CG)

AMERICANA COMMUNITY CENTER INC

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

Sincerely yours,

A handwritten signature in cursive script, appearing to read "C. Ashley Bullock".

District Director

Enclosure:
Addendum

-3-

AMERICANA COMMUNITY CENTER INC

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

Letter 1078 (DO/CG)

Audi	\$ 9,500.00	23%	\$ 2,185.00	\$ 3,325.00	\$ 1,235.00	\$ 475.00	\$ 1,140.00	\$ 1,140.00
Social Solution	\$ 2,500.00	50%	\$ 1,250.00	\$ 1,250.00	\$ -	\$ -	\$ -	\$ -
Garbage Removal	\$ 1,500.00	30%	\$ 450.00	\$ 300.00	\$ 450.00	\$ 150.00	\$ 75.00	\$ 75.00
Gas/Electric	\$ 42,000.00	30%	\$ 12,600.00	\$ 10,500.00	\$ 12,600.00	\$ 2,100.00	\$ 2,100.00	\$ 2,100.00
Insurance - Business	\$ 18,500.00	23%	\$ 4,255.00	\$ 6,475.00	\$ 2,405.00	\$ 925.00	\$ 2,220.00	\$ 2,220.00
Insurance - Health/Dental/Disability	\$ 98,400.00	23%	\$ 22,632.00	\$ 34,400.00	\$ 12,792.00	\$ 4,920.00	\$ 11,808.00	\$ 11,808.00
Insurance - Workers Comp	\$ 5,500.00	23%	\$ 1,265.00	\$ 1,925.00	\$ 715.00	\$ 275.00	\$ 660.00	\$ 660.00
Interpretation	\$ 11,000.00	100%	\$ 11,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
IT Administrator	\$ 15,900.00	30%	\$ 4,770.00	\$ 3,975.00	\$ 4,770.00	\$ 795.00	\$ 795.00	\$ 795.00
Lawn & Tree Services	\$ 4,500.00	20%	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 450.00	\$ 450.00
Network For Good	\$ 2,500.00	40%	\$ 1,000.00	\$ 1,000.00	\$ 375.00	\$ 125.00	\$ -	\$ -
Postage	\$ 500.00	10%	\$ 50.00	\$ 50.00	\$ 50.00	\$ -	\$ 50.00	\$ 300.00
Printer	\$ 2,850.00	10%	\$ 285.00	\$ 285.00	\$ 570.00	\$ -	\$ 570.00	\$ 1,140.00
Repair/Maintenance	\$ 8,750.00	30%	\$ 2,625.00	\$ 2,187.50	\$ 2,625.00	\$ 437.50	\$ 437.50	\$ 437.50
Staff Development (leas & registrations)	\$ 1,250.00	20%	\$ 250.00	\$ 250.00	\$ 125.00	\$ 62.50	\$ 312.50	\$ 250.00
Supplies - After School	\$ 5,000.00	\$ -	\$ -	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Supplies - Community Garden	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies - Creative Arts	\$ 15,400.00	\$ -	\$ -	\$ 15,400.00	\$ -	\$ -	\$ -	\$ -
Supplies - Family Education	\$ 3,500.00	50%	\$ 1,750.00	\$ -	\$ 1,750.00	\$ -	\$ -	\$ -
Supplies - Fleetworks	\$ 5,000.00	\$ -	\$ -	\$ -	\$ 5,000.00	\$ -	\$ -	\$ -
Supplies - Janitorial	\$ 16,000.00	30%	\$ 4,800.00	\$ 3,200.00	\$ 4,800.00	\$ 1,600.00	\$ 800.00	\$ 800.00
Supplies - Technology	\$ 18,500.00	30%	\$ 5,550.00	\$ 4,625.00	\$ 5,550.00	\$ 925.00	\$ 925.00	\$ 925.00
Telephone/Internet	\$ 13,000.00	30%	\$ 3,900.00	\$ 3,250.00	\$ 3,900.00	\$ 650.00	\$ 650.00	\$ 650.00
Client Assistance	\$ 25,000.00	100%	\$ 25,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Transportation	\$ 2,000.00	49%	\$ 990.00	\$ 900.00	\$ 200.00	\$ -	\$ -	\$ -
Background Checks - Volunteer/Staff	\$ 500.00	25%	\$ 125.00	\$ 150.00	\$ 100.00	\$ 25.00	\$ 50.00	\$ 50.00
VISTA Cost-Share	\$ 5,650.00	20%	\$ 1,130.00	\$ 1,130.00	\$ 565.00	\$ 282.50	\$ 1,412.50	\$ 1,130.00
Direct cost of special events	\$ 7,000.00	30%	\$ 2,100.00	\$ 1,750.00	\$ 2,100.00	\$ 350.00	\$ 350.00	\$ 350.00
Interest Expense	\$ 8,900.00	30%	\$ 2,670.00	\$ 2,225.00	\$ 2,670.00	\$ 445.00	\$ 445.00	\$ 445.00
Water/Sewer	\$ 971,107.00	\$ -	\$ 282,753.97	\$ 306,656.37	\$ 143,173.77	\$ 103,868.01	\$ 57,668.91	\$ 57,668.91
Total Expense	\$ (238,951.00)	\$ -	\$ (88,475.57)	\$ (44,078.37)	\$ (54,073.77)	\$ (54,718.01)	\$ 83.09	\$ (28,688.27)
Net Income/Loss								
TOTAL PROGRAM COST:								
OTHER (MANAGEMENT & FUNDRAISING):								
TOTAL BUDGET:								
	\$ 846,354.00		\$ 124,725.00		\$ 971,107.00			

Americana Community Center, Inc.
Balance Sheet Prev Year Comparison
 As of February 28, 2021

	Explanations provided for Asset and Liability changes greater than \$15,000 or 10%				
	FEB. 22	June 30, 21	\$ Change	% Change	Explanation
ASSETS					
Current Assets					
Checking/Savings					
1009 - Republic Bank - Operating	487,175.41	337,423.62	149,751.79	44%	Received unexpected grants
1011 - Republic Bank - Savings	1,010.14	1,010.14	0.00		
10118 - Republic Bank - Money Market	102,604.93	102,604.93	0.00		
1012 - Republic Charitable Gaming	9,165.50	4,665.50	4,500.00		
1015 - PNC Bank - Savings - Cap Cmpn	106,111.37	106,111.37	0.00		
1040 - Petty cash	50.00	50.00	0.00		
Total Checking/Savings	706,117.35	551,865.56	154,251.79		
Accounts Receivable					
1110 - Accounts receivable	198,315.61	53,970.01	144,345.60	287%	VISTA cost-share/grants
1240 - Grants receivable	93,524.20	95,409.00	(1,884.80)		
Total Accounts Receivable	291,839.81	149,379.01	142,460.80		
Total Current Assets	997,957.16	701,244.57	296,712.59		
Fixed Assets					
1610 - Land - operating	81,800.00	81,800.00	0.00		
1625 - Building and Improvements	2,247,755.26	2,247,755.26	0.00		
1630 - Leasehold Improvements	54,558.11	54,558.11	0.00		
1640 - Furniture, fixtures, & equip	144,163.60	144,163.60	0.00		
1720 - Accumulated Depreciation All	(778,033.89)	(778,033.89)	0.00		
Total Fixed Assets	1,750,243.08	1,750,243.08	0.00		
TOTAL ASSETS	2,748,200.24	2,451,487.65	296,712.59		
LIABILITIES & EQUITY					
2310 - Deferred grant revenue					
Total Other Current Liabilities	443,885.72	280,537.70	183,348.02	100%	Office for Glob. Reimbursement grant
Total Current Liabilities	408,533.03	235,859.72	172,673.31		
Equity					
3010 - Unrestricted (retained earnings)	1,465,229.43	1,465,229.43	0.00		
32000 - Unrestricted Net Assets	649,951.32	328,691.32	321,260.00		
Net Income	224,486.46	421,707.18	(197,220.72)		
Total Equity	2,339,667.21	2,215,627.93	124,039.28		
TOTAL LIABILITIES & EQUITY	2,748,200.24	2,451,487.65	296,712.59		

Form **990**
(Rev. January 2020)
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 private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Americana Community Center, Inc.		D Employer identification number 61-1251306
	Doing business as		E Telephone number 502-366-7813
	Number and street (or P.O. box if mail is not delivered to street address) 4801 Southside Drive		
	City or town, state or province, country, and ZIP or foreign postal code Louisville KY 40214		G Gross receipts \$ 1,067,849

F Name and address of principal officer:
Edgardo Mansilla

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

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

J Website: ▶ **americanacc.org** **H(c)** Group exemption number ▶

K Form of organization: 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: See Schedule O		
	2 Check this box <input type="checkbox"/> 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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	975
	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 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	956,030	1,011,941
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,032	72
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,873	27,622
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,009,935	1,055,032
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	714,834	685,136
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 139,387		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	505,411	534,921
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,220,245	1,220,057	
19 Revenue less expenses. Subtract line 18 from line 12	-210,310	-165,025	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,318,159	2,101,324
	22 Net assets or fund balances. Subtract line 21 from line 20	222,580	170,770
		2,095,579	1,930,554

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 Edgardo Mansilla	Date			
	Type or print name and title Executive Director				
Paid Preparer Use Only	Print/Type preparer's name Christopher Hatcher	Preparer's signature Christopher Hatcher	Date 03/22/21	Check <input type="checkbox"/> if self-employed	PTIN P00340931
	Firm's name ▶ Baldwin CPAs, PLLC	Firm's EIN ▶ 20-1416603			
	Firm's address ▶ 10180 Linn Station Road Suite 200 Louisville, KY 40223	Phone no. 859-626-9040			

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

For Paperwork Reduction Act Notice, see the separate instructions. **Form 990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Our mission is to build strong and healthy families, create a safe and supportive community and help every individual realize their potential. We are bridging the gap from surviving to thriving.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

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

4a (Code:) (Expenses \$ **45,595** including grants of \$) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ **899,731** including grants of \$) (Revenue \$)

See Schedule O

4c (Code:) (Expenses \$ **3,646** including grants of \$) (Revenue \$)

See Schedule O

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

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

4e Total program service expenses **948,972**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24c			
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28a			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
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		X
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		X
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		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		X
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		X
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.		X
38			X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
1c			X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 28		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note:</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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? <i>Note:</i> See the instructions for additional information the organization must report on Schedule O.	13a	
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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
Edgardo Mansilla 4801 SOUTHSIDE DR
Louisville KY 40214 502-366-7813

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

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

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

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

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

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Edgardo Mansilla Executive Director	40.00 0.00			X			120,140	0	23,837	
(2) Shawn Adams Chair	1.00 0.00	X		X			0	0	0	
(3) Paul Bagley Vice Chair	1.00 0.00	X		X			0	0	0	
(4) J. Barry Barker Board Member	1.00 0.00	X					0	0	0	
(5) Tom Bohnert Board Member	1.00 0.00	X					0	0	0	
(6) Hillary Bonistalli Treasurer	1.00 0.00	X		X			0	0	0	
(7) Katie Carter Chair of Advancement	1.00 0.00	X					0	0	0	
(8) Tracy Davis Board Member	1.00 0.00	X					0	0	0	
(9) Tim Findley Chair of HR	1.00 0.00	X					0	0	0	
(10) Ricky George Board Member	1.00 0.00	X					0	0	0	
(11) Gill Holland Board Member	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Allison Ibrahim	1.00									
Board Member	0.00	X					0	0	0	
(13) Rana Latif	1.00									
Board Member	0.00	X					0	0	0	
(14) Ryan Nazar	1.00									
Board Member	0.00	X					0	0	0	
(15) Alejandro Pousa	1.00									
Board Member	0.00	X					0	0	0	
(16) Sowmya Telaprolu	1.00									
Secretary	0.00	X		X			0	0	0	
(17) Charles Theiler	1.00									
Board Member	0.00	X					0	0	0	
(18) Ann Triplett	1.00									
Board Member	0.00	X					0	0	0	
(19) David Vawter	1.00									
Board Member	0.00	X					0	0	0	
1b Subtotal							120,140		23,837	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							120,140		23,837	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 89,197				
	b Membership dues	1b				
	c Fundraising events	1c 19,900				
	d Related organizations	1d				
	e Government grants (contributions)	1e 77,250				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 825,594				
	g Noncash contributions included in lines 1a-1f	1g \$ 139,521				
	h Total. Add lines 1a-1f	▶ 1,011,941				
Program Service Revenue	2a Rental Income	Business Code	10,959		10,959	
	b Fiberworks		4,438	4,438		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 15,397				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	72		72	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales exps.	7b			
		c Gain or (loss)	7c			
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including \$ 19,900 of contributions reported on line 1c). See Part IV, line 18	8a	39,250			
		b Less: direct expenses	8b	12,817		
c Net income or (loss) from fundraising events	▶	26,433			26,433	
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities	▶					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue	11a Misc. Income	Business Code	1,189	1,189		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 1,189				
12 Total revenue. See instructions	▶	1,055,032	5,627	0	37,464	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	143,977	96,020	21,165	26,792
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	416,557	277,803	61,233	77,521
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	77,399	51,615	11,378	14,406
10 Payroll taxes	47,203	31,480	6,939	8,784
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	9,500		9,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	61,658	58,526	1,382	1,750
12 Advertising and promotion				
13 Office expenses	16,842	11,232	2,475	3,135
14 Information technology	3,417	2,279	502	636
15 Royalties				
16 Occupancy	105,110	96,701	7,148	1,261
17 Travel	11,041	7,363	1,623	2,055
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,936	3,621	268	47
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,906	69,833	5,162	911
23 Insurance	21,751	20,011	1,479	261
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Expense	215,940	215,940		
b Supplies	9,460	6,308	1,391	1,761
c Training	360	240	53	67
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,220,057	948,972	131,698	139,387
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	162,876	1	231,898
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	283,410	3	95,409
	4 Accounts receivable, net	50,491	4	23,775
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,528,277		
	b Less: accumulated depreciation	10b 778,035	1,821,382	10c 1,750,242
	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 33)		2,318,159	16	2,101,324
Liabilities	17 Accounts payable and accrued expenses	72,357	17	50,882
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	99,970	24	35,000
	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	50,253	25	84,888
	26 Total liabilities. Add lines 17 through 25	222,580	26	170,770
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,796,003	27	1,835,145
	28 Net assets with donor restrictions	299,576	28	95,409
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,095,579	32	1,930,554
33 Total liabilities and net assets/fund balances	2,318,159	33	2,101,324	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,055,032
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,220,057
3	Revenue less expenses. Subtract line 2 from line 1	3	-165,025
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,095,579
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,930,554

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Americana Community Center, Inc.

Employer identification number

61-1251306

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B**.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	867,562	1,585,724	1,078,132	1,006,283	1,011,941	5,549,642
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	867,562	1,585,724	1,078,132	1,006,283	1,011,941	5,549,642
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)						1,259,129
6 Public support. Subtract line 5 from line 4						4,290,513

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	867,562	1,585,724	1,078,132	1,006,283	1,011,941	5,549,642
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	72	614	1,056	2,032	11,031	14,805
9 Net income from unrelated business activities, whether or not the business is regularly carried on	11,737	33,003	19,894	15,917		80,551
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,192	10,904	8,943	15,917	39,250	87,206
11 Total support. Add lines 7 through 10						5,732,204
12 Gross receipts from related activities, etc. (see instructions)					12	5,627
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	74.85 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	85.79 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

\$ 47,956

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Americana Community Center, Inc.	Employer identification number 61-1251306
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Organization type (check one):

- | Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
<input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization **Americana Community Center, Inc.** Employer identification number **61-1251306**

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	C. E. and S. Foundation 101 South Fifth Street, Suite 1650 Louisville KY 40202	\$ 112,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Brown-Forman Corporation P.O. Box 740024 Louisville KY 40201	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Metro United Way 334 E. Broadway Louisville KY 40204	\$ 89,197	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Gheens Foundation 401 W Main St #705 Louisville KY 40202	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Metro Government 601 W. Jefferson Street Louisville KY 40202	\$ 46,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	James Graham Brown Foundation 4350 Brownsboro Road Ste 200 Louisville KY 40207	\$ 43,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Americana Community Center, Inc.

Employer identification number

61-1251306

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	Genentech Housing Fund 31 DNA Way South San Francisco CA 94080	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

Americana Community Center, Inc.

61-1251306

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advised funds and grant fund usage.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and questions about monitoring and reporting.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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 Term endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		81,800		81,800
b Buildings		2,302,313	646,934	1,655,379
c Leasehold improvements				
d Equipment		144,164	131,101	13,063
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,750,242

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) refundable advance (PPP)	49,713
(3) custodial funds	35,175
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	84,888

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,055,032
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,055,032
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,055,032

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

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

1	Total expenses and losses per audited financial statements		1	1,220,057
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,220,057
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,220,057

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

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.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Americana Community Center, Inc.

Employer identification number

61-1251306

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Gala Dinner</u> (event type)	<u>World Festival</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	53,400	5,750	59,150
	2	Less: Contributions	19,900		19,900
	3	Gross income (line 1 minus line 2)	33,500	5,750	39,250
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,715		3,715
	7	Food and beverages	8,912		8,912
	8	Entertainment			
	9	Other direct expenses	190		190
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				26,433

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
 - a The organization's facility

13a	%
13b	%
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Americana Community Center, Inc.

Employer identification number

61-1251306

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	139,521	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		X
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

Americana Community Center, Inc.

Employer identification number

61-1251306

Form 990 - Organization's Mission or Most Significant Activities

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

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

Assist refugee, immigrant and U.S. Born residents of Louisville metro in educational, cultural, social transition, and growth.

Served individuals this fiscal year through family education, family coaching, and adult education which includes English as a second language (ESL), GED/ABE (adult basic education), and citizenship classes.

Program participants served in FY20 came from 101 different countries and 38 zip codes throughout Louisville metro.

In FY20, there were 1,056 ESL enrollments; 42 families participated in family education; 221 enrollments in GED and adult basic education classes; and 53 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.

Name of the organization Americana Community Center, Inc.	Employer identification number 61-1251306
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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 - Second Accomplishment
Americana youth program

Provide year round out-of-school time programs to refugee, immigrant and low-income youth. Programming includes homework assistance, tutoring, JCPS k-5 ESL classes, mentoring, meals, creative arts, recreation, incentive-based field trips and other enrichment programs.

In FY20, 312 youth participated in out-of-school programming, including after school, during the summer, and winter/spring break periods. Americana staff and volunteers plan and supervise all youth activities. Meals are provided through a partnership with Dare to Care food bank (kids' cafe).

Form 990, Part III, Line 4c - Third Accomplishment
Community services

Name of the organization

Americana Community Center, Inc.

Employer identification number

61-1251306

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. 238 tax returns were prepared at our vita site in FY20.

The Americana Fiberworks is an arts and educational program that provides a supportive environment where immigrant and refugee women learn and practice various fiber arts, business skills, and ESL competency. Twelve immigrant and refugee women participate in the Americana Fiberworks program regularly.

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

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

Name of the organization

Americana Community Center, Inc.

Employer identification number

61-1251306

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

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

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

If an employee has a second job or participates in a possible conflicting business or financial activity, the employee must notify the supervisor immediately. The supervisor will thoroughly discuss the opportunity with the employee to make sure that it will not interfere with their job at Americana Community Center, nor pose a conflict of interest. Board member conflicts are reviewed at the board level to determine if a conflict actually exists. If the conflict exists then the individual must abstain from participating in the matter related to the conflict.

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

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

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

Name of the organization

Employer identification number

Americana Community Center, Inc.

61-1251306

No documents available to the public

61-1251306

Federal Asset Report

FYE: 6/30/2020

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:										
1	40 Chairs - donated	7/01/96	0			0	7	HY 200DB	0	0
2	15 Chairs	6/10/99	0			0	7	HY 200DB	0	0
3	37 Chairs	3/21/97	0			0	7	HY 200DB	0	0
4	6 Tables	7/01/96	0			0	7	HY 200DB	0	0
5	10 Tables	6/10/99	0			0	7	HY 200DB	0	0
6	2 Tables	3/21/97	0			0	7	HY 200DB	0	0
7	3 Filing Cabinets	11/08/96	0			0	7	HY 200DB	0	0
8	4 Office Desks - donated	7/01/96	0			0	7	HY 200DB	0	0
9	2 TV's - donated	7/01/96	0			0	7	HY 200DB	0	0
10	TV - Panasonic	12/10/98	0			0	7	HY 200DB	0	0
11	VCR	12/10/98	0			0	7	HY 200DB	0	0
12	Microwave	1/18/96	0			0	7	HY 200DB	0	0
13	Stove - donated	7/01/96	0			0	7	HY 200DB	0	0
14	Cupboard - donated	7/01/96	0			0	7	HY 200DB	0	0
15	2 TV Tables/Stands - donated	7/01/96	0			0	7	HY 200DB	0	0
16	Computer Desk - donated	7/01/96	0			0	7	HY 200DB	0	0
17	4 Bookshelves - donated	7/01/96	0			0	7	HY 200DB	0	0
18	2 Med Exam Tables - donated	7/01/96	0			0	7	HY 200DB	0	0
19	Refridgerator - donated	7/01/96	0			0	7	HY 200DB	0	0
20	Refridgerator	11/08/96	0			0	7	HY 200DB	0	0
21	10 Computers - donated	7/01/96	0			0	5	HY 200DB	0	0
22	Computer	3/30/99	0			0	5	HY 200DB	0	0
23	Computer - laptop	6/15/99	0			0	5	HY 200DB	0	0
24	Computer	6/20/97	0			0	5	HY 200DB	0	0
25	Computer	9/25/97	0			0	5	HY 200DB	0	0
26	Computer	9/25/97	0			0	5	HY 200DB	0	0
27	Computer	9/25/97	0			0	5	HY 200DB	0	0
28	3 Printers	3/21/98	0			0	5	HY 200DB	0	0
29	Printer	12/20/97	0			0	5	HY 200DB	0	0
30	2 Copiers	3/21/98	0			0	7	HY 200DB	0	0
32	Gateway Computer	1/12/01	0			0	5	HY 200DB	0	0
33	Bookcases - donated	5/19/01	0			0	7	HY 200DB	0	0
34	2 Computers - donated	5/19/01	0			0	5	HY 200DB	0	0
35	2 Refridgerators - donated	5/19/01	0			0	7	HY 200DB	0	0
36	2 Countertop Microwaves	5/19/01	0			0	7	HY 200DB	0	0
37	9 Dell Computers	1/08/02	0		X	0	5	HY 200DB	0	0
40	Building	9/07/02	0			0	39	MM S/L	0	0
42	Furniture - used	9/17/02	0		X	0	7	HY 200DB	0	0
43	Renovation	3/01/03	0			0	39	MM S/L	0	0
44	Furniture	7/01/02	0		X	0	7	HY 200DB	0	0
45	Compaq S5600NX	12/31/03	0		X	0	5	HY 200DB	0	0
46	4 Flat Screen Monitors	12/31/03	0		X	0	5	HY 200DB	0	0
47	Software - Fundraiser Jr	12/31/03	0		X	0	5	HY 200DB	0	0
48	Software - KidTrax	12/31/03	0		X	0	5	HY 200DB	0	0
49	Landscaping/Playground	10/31/03	0		X	0	15	HY 150DB	0	0
50	5 Dell Computers w/ color printers	12/31/04	0		X	0	5	HY 200DB	0	0
51	Signs	12/31/04	0		X	0	7	HY 200DB	0	0
52	Fire Alarm Panel/Dialer	12/31/04	0		X	0	7	HY 200DB	0	0
53	4 Dell Computers	12/31/04	0		X	0	5	HY 200DB	0	0
54	Dell 1700N Laser Printer	12/31/04	0		X	0	5	HY 200DB	0	0
55	Building Renovations	1/01/06	0			0	15	HY S/L	0	0
56	Computer	7/18/07	0			0	5	HY 200DB	0	0
57	Dine Company - Oven	6/30/08	0		X	0	7	HY 200DB	0	0
58	Playground	7/11/07	0			0	7	HY 200DB	0	0
59	Lawnmower	5/06/09	0		X	0	7	HY 200DB	0	0
60	Telephone System	4/21/10	0		X	0	7	HY 200DB	0	0
61	PA System	9/29/09	0		X	0	7	HY 200DB	0	0
62	Toddler sink for early childhood room	8/25/09	0		X	0	15	HY 150DB	0	0
63	Tile Floor deposit	6/30/10	0		X	0	15	HY 150DB	0	0
64	Flooring	3/03/11	0		X	0	15	HY S/L	0	0
65	Garden Fencing	2/09/11	0		X	0	15	HY 150DB	0	0
66	Soccer Field Fencing	3/10/11	0		X	0	15	HY 150DB	0	0
67	Playground Improvements	6/24/11	0		X	0	15	HY S/L	0	0
68	IT Asset	8/03/10	0		X	0	5	HY 200DB	0	0
69	Dell Computers	9/08/10	0		X	0	5	HY 200DB	0	0
70	Dishwasher	9/22/10	0		X	0	7	HY 200DB	0	0
71	Playground Renovations	6/01/11	0		X	0	7	HY 200DB	0	0
72	HVAC - Trane	6/30/12	0		X	0	15	HY S/L	0	0
73	HVAC - Labor - Whittenberg	6/30/12	0		X	0	15	HY S/L	0	0

61-1251306

Federal Asset Report

FYE: 6/30/2020

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
74	Improvements	6/30/12	0			X	0	15	HY S/L	0	0
75	Copier - Bizhub	1/12/12	0			X	0	5	HY 200DB	0	0
76	Range - Cafeteria	2/22/12	0			X	0	7	HY 200DB	0	0
77	Improvements - Whittenberg	6/30/12	0			X	0	15	HY S/L	0	0
78	Improvements	12/31/12	0			X	0	15	HY S/L	0	0
79	Storage Cabinet	8/31/12	0			X	0	7	HY 200DB	0	0
80	Garden Equipment	2/25/13	0			X	0	7	HY 200DB	0	0
81	Phase II Improvements	6/25/14	0			X	0	15	HY S/L	0	0
82	Windows	7/30/14	0			X	0	15	HY S/L	0	0
83	PH-2 Louisville Plate Glass Co	7/30/14	0			X	0	15	HY S/L	0	0
84	Whittenburg Construction-PH-2	7/30/14	0			X	0	15	HY S/L	0	0
85	Trane HVAC	7/30/14	0			X	0	15	HY S/L	0	0
86	Trane HVAC	7/30/14	0			X	0	15	HY S/L	0	0
87	Fire Dampers and Diffusers	7/30/14	0			X	0	15	HY S/L	0	0
88	Roof replacement and gutter cleaning	6/04/16	0			X	0	15	HY S/L	0	0
89	Parts for new playground	4/14/16	0			X	0	7	HY 200DB	0	0
			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Other Depreciation:											
38	Deposit on Land	5/31/02	0				0	0	-- Land	0	0
39	Land	9/17/02	0				0	0	-- Land	0	0
41	Survey	9/17/02	0				0	0	-- Land	0	0
90	15 computers	3/13/17	0				0	0	HY	0	0
92	roof and wall repair	11/12/16	0				0	0	HY	0	0
93	5 computers	3/17/17	0				0	0	HY	0	0
94	27 Mac Computers	10/01/16	0				0	0	HY	0	0
95	Projector	6/28/17	0				0	0	HY	0	0
96	Roof Repair	3/27/17	0				0	0	HY	0	0
97	Replaced Carpet in STRC	3/19/18	4,652				4,652	5	MO S/L	1,163	930
98	Community garden fence repair	4/02/18	2,100				2,100	5	MO S/L	525	420
99	Install stage lighting/curtains in Gym	3/19/18	17,701				17,701	20	MO S/L	1,106	885
100	Gym Window Replacement	11/01/18	44,300				44,300	30	MO S/L	984	1,477
101	Water Fountain	3/05/20	0				0	0	HY	0	0
102	Chromebooks	5/01/20	0				0	0	HY	0	0
	Total Other Depreciation		<u>68,753</u>				<u>68,753</u>			<u>3,778</u>	<u>3,712</u>
	Total ACRS and Other Depreciation		<u>68,753</u>				<u>68,753</u>			<u>3,778</u>	<u>3,712</u>
	Grand Totals		68,753				68,753			3,778	3,712
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>68,753</u>				<u>68,753</u>			<u>3,778</u>	<u>3,712</u>

61-1251306

AMT Asset Report

FYE: 6/30/2020

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
1	40 Chairs - donated	7/01/96	0				0 10	HY	150DB	0	0
2	15 Chairs	6/10/99	0				0 7	HY	150DB	0	0
3	37 Chairs	3/21/97	0				0 10	HY	150DB	0	0
4	6 Tables	7/01/96	0				0 10	HY	150DB	0	0
5	10 Tables	6/10/99	0				0 7	HY	150DB	0	0
6	2 Tables	3/21/97	0				0 10	HY	150DB	0	0
7	3 Filing Cabinets	11/08/96	0				0 10	HY	150DB	0	0
8	4 Office Desks - donated	7/01/96	0				0 10	HY	150DB	0	0
9	2 TV's - donated	7/01/96	0				0 10	HY	150DB	0	0
10	TV - Panasonic	12/10/98	0				0 10	HY	150DB	0	0
11	VCR	12/10/98	0				0 10	HY	150DB	0	0
12	Microwave	1/18/96	0				0 10	HY	150DB	0	0
13	Stove - donated	7/01/96	0				0 10	HY	150DB	0	0
14	Cupboard - donated	7/01/96	0				0 10	HY	150DB	0	0
15	2 TV Tables/Stands - donated	7/01/96	0				0 10	HY	150DB	0	0
16	Computer Desk - donated	7/01/96	0				0 10	HY	150DB	0	0
17	4 Bookshelves - donated	7/01/96	0				0 10	HY	150DB	0	0
18	2 Med Exam Tables - donated	7/01/96	0				0 10	HY	150DB	0	0
19	Refridgerator - donated	7/01/96	0				0 10	HY	150DB	0	0
20	Refridgerator	11/08/96	0				0 10	HY	150DB	0	0
21	10 Computers - donated	7/01/96	0				0 5	HY	150DB	0	0
22	Computer	3/30/99	0				0 5	HY	150DB	0	0
23	Computer - laptop	6/15/99	0				0 5	HY	150DB	0	0
24	Computer	6/20/97	0				0 5	HY	150DB	0	0
25	Computer	9/25/97	0				0 5	HY	150DB	0	0
26	Computer	9/25/97	0				0 5	HY	150DB	0	0
27	Computer	9/25/97	0				0 5	HY	150DB	0	0
28	3 Printers	3/21/98	0				0 5	HY	150DB	0	0
29	Printer	12/20/97	0				0 5	HY	150DB	0	0
30	2 Copiers	3/21/98	0				0 10	HY	150DB	0	0
32	Gateway Computer	1/12/01	0				0 5	HY	150DB	0	0
33	Bookcases - donated	5/19/01	0				0 7	HY	150DB	0	0
34	2 Computers - donated	5/19/01	0				0 5	HY	150DB	0	0
35	2 Refridgerators - donated	5/19/01	0				0 7	HY	150DB	0	0
36	2 Countertop Microwaves	5/19/01	0				0 7	HY	150DB	0	0
37	9 Dell Computers	1/08/02	0		X		0 5	HY	200DB	0	0
40	Building	9/07/02	0				0 39	MM	S/L	0	0
42	Furniture - used	9/17/02	0		X		0 7	HY	200DB	0	0
43	Renovation	3/01/03	0				0 39	MM	S/L	0	0
44	Furniture	7/01/02	0		X		0 7	HY	200DB	0	0
45	Compaq S5600NX	12/31/03	0		X		0 5	HY	200DB	0	0
46	4 Flat Screen Monitors	12/31/03	0		X		0 5	HY	200DB	0	0
47	Software - Fundraiser Jr	12/31/03	0		X		0 5	HY	200DB	0	0
48	Software - KidTrax	12/31/03	0		X		0 5	HY	200DB	0	0
49	Landscaping/Playground	10/31/03	0		X		0 15	HY	150DB	0	0
50	5 Dell Computers w/ color printers	12/31/04	0		X		0 5	HY	200DB	0	0
51	Signs	12/31/04	0		X		0 7	HY	200DB	0	0
52	Fire Alarm Panel/Dialer	12/31/04	0		X		0 7	HY	200DB	0	0
53	4 Dell Computers	12/31/04	0		X		0 5	HY	200DB	0	0
54	Dell 1700N Laser Printer	12/31/04	0		X		0 5	HY	200DB	0	0
55	Building Renovations	1/01/06	0				0 15	HY	S/L	0	0
56	Computer	7/18/07	0				0 5	HY	150DB	0	0
57	Dine Company - Oven	6/30/08	0		X		0 7	HY	200DB	0	0
58	Playground	7/11/07	0				0 7	HY	150DB	0	0
59	Lawnmower	5/06/09	0		X		0 7	HY	200DB	0	0
60	Telephone System	4/21/10	0		X		0 7	HY	200DB	0	0
61	PA System	9/29/09	0		X		0 7	HY	200DB	0	0
62	Toddler sink for early childhood room	8/25/09	0		X		0 15	HY	150DB	0	0
63	Tile Floor deposit	6/30/10	0		X		0 15	HY	150DB	0	0
64	Flooring	3/03/11	0		X		0 15	HY	S/L	0	0
65	Garden Fencing	2/09/11	0		X		0 15	HY	150DB	0	0
66	Soccer Field Fencing	3/10/11	0		X		0 15	HY	150DB	0	0
67	Playground Improvements	6/24/11	0		X		0 15	HY	S/L	0	0
68	IT Asset	8/03/10	0		X		0 5	HY	200DB	0	0
69	Dell Computers	9/08/10	0		X		0 5	HY	200DB	0	0
70	Dishwasher	9/22/10	0		X		0 7	HY	200DB	0	0
71	Playground Renovations	6/01/11	0		X		0 7	HY	200DB	0	0
72	HVAC - Trane	6/30/12	0		X		0 15	HY	S/L	0	0
73	HVAC - Labor - Whittenberg	6/30/12	0		X		0 15	HY	S/L	0	0

61-1251306

AMT Asset Report

FYE: 6/30/2020

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
74	Improvements	6/30/12	0			X	0	15	HY S/L	0	0
75	Copier - Bizhub	1/12/12	0			X	0	5	HY 200DB	0	0
76	Range - Cafeteria	2/22/12	0			X	0	7	HY 200DB	0	0
77	Improvements - Whittenberg	6/30/12	0			X	0	15	HY S/L	0	0
78	Improvements	12/31/12	0			X	0	15	HY S/L	0	0
79	Storage Cabinet	8/31/12	0			X	0	7	HY 200DB	0	0
80	Garden Equipment	2/25/13	0			X	0	7	HY 200DB	0	0
81	Phase II Improvements	6/25/14	0			X	0	15	HY S/L	0	0
82	Windows	7/30/14	0			X	0	15	HY S/L	0	0
83	PH-2 Louisville Plate Glass Co	7/30/14	0			X	0	15	HY S/L	0	0
84	Whittenburg Construction-PH-2	7/30/14	0			X	0	15	HY S/L	0	0
85	Trane HVAC	7/30/14	0			X	0	15	HY S/L	0	0
86	Trane HVAC	7/30/14	0			X	0	15	HY S/L	0	0
87	Fire Dampers and Diffusers	7/30/14	0			X	0	15	HY S/L	0	0
88	Roof replacement and gutter cleaning	6/04/16	0			X	0	15	HY S/L	0	0
89	Parts for new playground	4/14/16	0			X	0	7	HY 200DB	0	0
			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Other Depreciation:											
38	Deposit on Land	5/31/02	0				0	0	HY	0	0
39	Land	9/17/02	0				0	0	HY	0	0
41	Survey	9/17/02	0				0	0	HY	0	0
90	15 computers	3/13/17	0				0	0	HY	0	0
92	roof and wall repair	11/12/16	0				0	0	HY	0	0
93	5 computers	3/17/17	0				0	0	HY	0	0
94	27 Mac Computers	10/01/16	0				0	0	HY	0	0
95	Projector	6/28/17	0				0	0	HY	0	0
96	Roof Repair	3/27/17	0				0	0	HY	0	0
97	Replaced Carpet in STRC	3/19/18	0				0	0	HY	0	0
98	Community garden fence repair	4/02/18	0				0	0	HY	0	0
99	Install stage lighting/curtains in Gym	3/19/18	0				0	0	HY	0	0
100	Gym Window Replacement	11/01/18	0				0	0	HY	0	0
101	Water Fountain	3/05/20	0				0	0	HY	0	0
102	Chromebooks	5/01/20	0				0	0	HY	0	0
	Total Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		0				0			0	0
	Less: Dispositions and Transfers		0				0			0	0
	Net Grand Totals		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

61-1251306

Bonus Depreciation Report

FYE: 6/30/2020

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
37	9 Dell Computers	1/08/02	0		0	0	0	0
42	Furniture - used	9/17/02	0		0	0	0	0
44	Furniture	7/01/02	0		0	0	0	0
45	Compaq S5600NX	12/31/03	0		0	0	0	0
46	4 Flat Screen Monitors	12/31/03	0		0	0	0	0
47	Software - Fundraiser Jr	12/31/03	0		0	0	0	0
48	Software - KidTrax	12/31/03	0		0	0	0	0
49	Landscaping/Playground	10/31/03	0		0	0	0	0
50	5 Dell Computers w/ color printers	12/31/04	0		0	0	0	0
51	Signs	12/31/04	0		0	0	0	0
52	Fire Alarm Panel/Dialer	12/31/04	0		0	0	0	0
53	4 Dell Computers	12/31/04	0		0	0	0	0
54	Dell 1700N Laser Printer	12/31/04	0		0	0	0	0
57	Dine Company - Oven	6/30/08	0		0	0	0	0
59	Lawnmower	5/06/09	0		0	0	0	0
60	Telephone System	4/21/10	0		0	0	0	0
61	PA System	9/29/09	0		0	0	0	0
62	Toddler sink for early childhood room	8/25/09	0		0	0	0	0
63	Tile Floor deposit	6/30/10	0		0	0	0	0
64	Flooring	3/03/11	0		0	0	0	0
65	Garden Fencing	2/09/11	0		0	0	0	0
66	Soccer Field Fencing	3/10/11	0		0	0	0	0
67	Playground Improvements	6/24/11	0		0	0	0	0
68	IT Asset	8/03/10	0		0	0	0	0
69	Dell Computers	9/08/10	0		0	0	0	0
70	Dishwasher	9/22/10	0		0	0	0	0
71	Playground Renovations	6/01/11	0		0	0	0	0
72	HVAC - Trane	6/30/12	0		0	0	0	0
73	HVAC - Labor - Whittenberg	6/30/12	0		0	0	0	0
74	Improvements	6/30/12	0		0	0	0	0
75	Copier - Bizhub	1/12/12	0		0	0	0	0
76	Range - Cafeteria	2/22/12	0		0	0	0	0
77	Improvements - Whittenberg	6/30/12	0		0	0	0	0
78	Improvements	12/31/12	0		0	0	0	0
79	Storage Cabinet	8/31/12	0		0	0	0	0
80	Garden Equipment	2/25/13	0		0	0	0	0
81	Phase II Improvements	6/25/14	0		0	0	0	0
82	Windows	7/30/14	0		0	0	0	0
83	PH-2 Louisville Plate Glass Co	7/30/14	0		0	0	0	0
84	Whittenburg Construction-PH-2	7/30/14	0		0	0	0	0
85	Trane HVAC	7/30/14	0		0	0	0	0
86	Trane HVAC	7/30/14	0		0	0	0	0
87	Fire Dampers and Diffusers	7/30/14	0		0	0	0	0
88	Roof replacement and gutter cleaning	6/04/16	0		0	0	0	0
89	Parts for new playground	4/14/16	0		0	0	0	0
Grand Total			<u>0</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

102895 Americana Community Center, Inc.

03/22/2021 10:07 AM

61-1251306

Depreciation Adjustment Report

FYE: 6/30/2020

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Future Depreciation Report**FYE: 6/30/21**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
1	40 Chairs - donated	7/01/96	0	0	0
2	15 Chairs	6/10/99	0	0	0
3	37 Chairs	3/21/97	0	0	0
4	6 Tables	7/01/96	0	0	0
5	10 Tables	6/10/99	0	0	0
6	2 Tables	3/21/97	0	0	0
7	3 Filing Cabinets	11/08/96	0	0	0
8	4 Office Desks - donated	7/01/96	0	0	0
9	2 TV's - donated	7/01/96	0	0	0
10	TV - Panasonic	12/10/98	0	0	0
11	VCR	12/10/98	0	0	0
12	Microwave	1/18/96	0	0	0
13	Stove - donated	7/01/96	0	0	0
14	Cupboard - donated	7/01/96	0	0	0
15	2 TV Tables/Stands - donated	7/01/96	0	0	0
16	Computer Desk - donated	7/01/96	0	0	0
17	4 Bookshelves - donated	7/01/96	0	0	0
18	2 Med Exam Tables - donated	7/01/96	0	0	0
19	Refridgerator - donated	7/01/96	0	0	0
20	Refridgerator	11/08/96	0	0	0
21	10 Computers - donated	7/01/96	0	0	0
22	Computer	3/30/99	0	0	0
23	Computer - laptop	6/15/99	0	0	0
24	Computer	6/20/97	0	0	0
25	Computer	9/25/97	0	0	0
26	Computer	9/25/97	0	0	0
27	Computer	9/25/97	0	0	0
28	3 Printers	3/21/98	0	0	0
29	Printer	12/20/97	0	0	0
30	2 Copiers	3/21/98	0	0	0
32	Gateway Computer	1/12/01	0	0	0
33	Bookcases - donated	5/19/01	0	0	0
34	2 Computers - donated	5/19/01	0	0	0
35	2 Refridgerators - donated	5/19/01	0	0	0
36	2 Countertop Microwaves	5/19/01	0	0	0
37	9 Dell Computers	1/08/02	0	0	0
40	Building	9/07/02	0	0	0
42	Furniture - used	9/17/02	0	0	0
43	Renovation	3/01/03	0	0	0
44	Furniture	7/01/02	0	0	0
45	Compaq S5600NX	12/31/03	0	0	0
46	4 Flat Screen Monitors	12/31/03	0	0	0
47	Software - Fundraiser Jr	12/31/03	0	0	0
48	Software - KidTrax	12/31/03	0	0	0
49	Landscaping/Playground	10/31/03	0	0	0
50	5 Dell Computers w/ color printers	12/31/04	0	0	0
51	Signs	12/31/04	0	0	0
52	Fire Alarm Panel/Dialer	12/31/04	0	0	0
53	4 Dell Computers	12/31/04	0	0	0
54	Dell 1700N Laser Printer	12/31/04	0	0	0
55	Building Renovations	1/01/06	0	0	0
56	Computer	7/18/07	0	0	0
57	Dine Company - Oven	6/30/08	0	0	0
58	Playground	7/11/07	0	0	0
59	Lawnmower	5/06/09	0	0	0
60	Telephone System	4/21/10	0	0	0
61	PA System	9/29/09	0	0	0
62	Toddler sink for early childhood room	8/25/09	0	0	0
63	Tile Floor deposit	6/30/10	0	0	0
64	Flooring	3/03/11	0	0	0
65	Garden Fencing	2/09/11	0	0	0
66	Soccer Field Fencing	3/10/11	0	0	0
67	Playground Improvements	6/24/11	0	0	0
68	IT Asset	8/03/10	0	0	0
69	Dell Computers	9/08/10	0	0	0
70	Dishwasher	9/22/10	0	0	0
71	Playground Renovations	6/01/11	0	0	0

Future Depreciation Report**FYE: 6/30/21**

Asset	Description	Date In Service	Cost	Tax	AMT
72	HVAC - Trane	6/30/12	0	0	0
73	HVAC - Labor - Whittenberg	6/30/12	0	0	0
74	Improvements	6/30/12	0	0	0
75	Copier - Bizhub	1/12/12	0	0	0
76	Range - Cafeteria	2/22/12	0	0	0
77	Improvements - Whittenberg	6/30/12	0	0	0
78	Improvements	12/31/12	0	0	0
79	Storage Cabinet	8/31/12	0	0	0
80	Garden Equipment	2/25/13	0	0	0
81	Phase II Improvements	6/25/14	0	0	0
82	Windows	7/30/14	0	0	0
83	PH-2 Louisville Plate Glass Co	7/30/14	0	0	0
84	Whittenburg Construction-PH-2	7/30/14	0	0	0
85	Trane HVAC	7/30/14	0	0	0
86	Trane HVAC	7/30/14	0	0	0
87	Fire Dampers and Diffusers	7/30/14	0	0	0
88	Roof replacement and gutter cleaning	6/04/16	0	0	0
89	Parts for new playground	4/14/16	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>

Other Depreciation:

38	Deposit on Land	5/31/02	0	0	0
39	Land	9/17/02	0	0	0
41	Survey	9/17/02	0	0	0
90	15 computers	3/13/17	0	0	0
92	roof and wall repair	11/12/16	0	0	0
93	5 computers	3/17/17	0	0	0
94	27 Mac Computers	10/01/16	0	0	0
95	Projector	6/28/17	0	0	0
96	Roof Repair	3/27/17	0	0	0
97	Replaced Carpet in STRC	3/19/18	4,652	931	0
98	Community garden fence repair	4/02/18	2,100	420	0
99	Install stage lighting/curtains in Gym	3/19/18	17,701	885	0
100	Gym Window Replacement	11/01/18	44,300	1,477	0
101	Water Fountain	3/05/20	0	0	0
102	Chromebooks	5/01/20	0	0	0
	Total Other Depreciation		<u>68,753</u>	<u>3,713</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>68,753</u>	<u>3,713</u>	<u>0</u>
	Grand Totals		<u>68,753</u>	<u>3,713</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2019
Description Gala Dinner		
Name Americana Community Center, Inc.	Taxpayer Identification Number 61-1251306	

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	33,500
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	19,900
7. Total revenue. Add lines 1 through 6	7.	53,400
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	12,817
15. Total expenses. Add lines 8 through 14	15.	12,817
16. Net Income/Loss. Line 7 minus Line 15	16.	40,583

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	3,715
Food & beverages (Part II only)	8,912
Entertainment (Part II only)	_____
Other direct expenses	190
Total Fundraising Expense	12,817

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2019
Description World Festival		

Name Americana Community Center, Inc.	Taxpayer Identification Number 61-1251306
---	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. <u>5,750</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>5,750</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. Total expenses. Add lines 8 through 14	15. _____
16. Net Income/Loss. Line 7 minus Line 15	16. <u>5,750</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990/990PF	Rent Income and Deduction Worksheet	2019
Description Rental Income		

Name Americana Community Center, Inc.	Taxpayer Identification Number 61-1251306
---	---

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	10,959
Expenses (see details on worksheets below):		
2. Fees for services	2.	
3. Depreciation Expense	3.	
4. Direct Expense	4.	
5. Total expenses. Add lines 8 through 12	5.	
6. Net Income/Loss. Line 7 minus Line 13	6.	10,959

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	
Utilities	
Supplies	
Other expenses	
Total Direct Expense	

Information is being used for the following Form 990-T schedules:

- Schedule C
- Schedule E
- Schedule F
- Schedule G

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	
Second	
Third	
All other	

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		

Name **Americana Community Center, Inc.** Taxpayer Identification Number **61-1251306**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	867,066	934,691	67,625
	2. Membership dues and assessments			
	3. Government contributions and grants	139,217	77,250	-61,967
	4. Program service revenue		15,397	15,397
	5. Investment income	2,032	72	-1,960
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	35,956	26,433	-9,523
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	15,917	1,189	-14,728
	12. Total revenue. Add lines 1 through 11	1,060,188	1,055,032	-5,156
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	139,346	143,977	4,631
	16. Salaries, other compensation, and employee benefits	575,488	541,159	-34,329
	17. Professional fundraising fees			
	18. Other professional fees	38,914	71,158	32,244
	19. Occupancy, rent, utilities, and maintenance	128,182	105,110	-23,072
	20. Depreciation and Depletion	76,003	75,906	-97
	21. Other expenses	262,312	282,747	20,435
	22. Total expenses. Add lines 13 through 21	1,220,245	1,220,057	-188
	23. Excess or (Deficit). Subtract line 22 from line 12	-160,057	-165,025	-4,968
Other Information	24. Total exempt revenue	1,060,188	1,055,032	-5,156
	25. Total unrelated revenue			
	26. Total excludable revenue	53,905	43,091	-10,814
	27. Total assets	2,318,159	2,101,324	-216,835
	28. Total liabilities	172,327	170,770	-1,557
	29. Retained earnings	2,145,832	1,930,554	-215,278
	30. Number of voting members of governing body	20	19	
	31. Number of independent voting members of governing body	20	19	
	32. Number of employees	30	28	
	33. Number of volunteers	1280	975	

Form **990**

Tax Return History

2019

Name

Americana Community Center, Inc.Employer Identification Number
61-1251306

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	867,562	1,585,724		1,006,283	1,011,941	
Membership dues						
Program service revenue					15,397	
Capital gain or loss						
Investment income	72	614		2,032		72
Fundraising revenue (income/loss)	11,737	33,003		35,956	26,433	
Gaming revenue (income/loss)						
Other revenue	48,199	41,367		15,917	1,189	
Total revenue	927,570	1,660,708		1,060,188	1,055,032	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	92,171			139,346	143,977	
Other compensation	411,639	566,116		575,488	541,159	
Professional fees	13,430	38,086		38,914	71,158	
Occupancy costs	94,906	104,573		128,182	105,110	
Depreciation and depletion	68,962	71,989		76,003	75,906	
Other expenses	265,386	294,469		262,312	282,747	
Total expenses	946,494	1,075,233		1,220,245	1,220,057	
Excess or (Deficit)	-18,924	585,475		-160,057	-165,025	
Total exempt revenue	927,570	1,660,708		1,060,188	1,055,032	
Total unrelated revenue						
Total excludable revenue	60,008	74,984		53,905	43,091	
Total Assets	2,553,653	3,033,136		2,318,159	2,101,324	
Total Liabilities	829,357	723,365		172,327	170,770	
Net Fund Balances	1,724,296	2,309,771	2,309,771	2,145,832	1,930,554	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 72		14			
Total	<u>\$ 72</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
professional fees	\$ 9,401	6,269	1,382	1,750
Contract Services	52,257	52,257		
Total	\$ 61,658	\$ 58,526	\$ 1,382	\$ 1,750

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
United Way	
Government Grants/Contributions	\$ 89,197
VISTA	46,250
Dare to Care Food	31,000
Various	139,521
Gala Dinner	686,073
Cash Contribution	
Total	19,900
	<u>\$ 1,011,941</u>

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Toyota Mfg of KY	\$ 75,000	\$
Brown-Forman Corporation	176,200	61,556
Gheens Foundation	500,000	385,356
Humana Foundation	188,560	73,916
James Graham Brown Foundation	852,945	738,301
Lift A Life Foundation	25,000	
J. Barry Barker	5,000	
Sandra Frazier	5,000	
Louisville Water Co.	6,000	
Genentech Housing Fund	30,000	
TEGNA Foundation	5,000	
Joseph P Tolan	5,000	
Stephen Reily and Emily Bingham	5,000	
Augusta Brown Holland Philanthropic	12,000	
PNC Foundation	40,000	
Total	<u>\$ 1,930,705</u>	<u>\$ 1,259,129</u>

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest Income	72
Rental Income	10,959
Total	<u>11,031</u>

Schedule A, Part II, Line 10(e)

Description	Amount
Gala Dinner	33,500
World Festival	5,750
Total	<u>39,250</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
Fiberworks	4,438
Misc. Income	1,189
Total	<u>5,627</u>

Federal Statements

Cash - EOY

<u>Description</u>	<u>Amount</u>
Cash	\$ 231,898
Total	<u>\$ 231,898</u>

Accounts receivable - EOY

<u>Description</u>	<u>Amount</u>
A/R	\$ 23,775
Total	<u>\$ 23,775</u>

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
A/P	\$ 50,883
Total	<u>\$ 50,883</u>

Gala Dinner

Gross receipts

<u>Description</u>	<u>Amount</u>
Total	<u>\$ 33,500</u>

Federal Statements

World Festival

Gross receipts

<u>Description</u>	<u>Amount</u>
Total	\$ 5,750
	<u>\$ 5,750</u>

018578

ARTICLES OF INCORPORATION
of
AMERICANA COMMUNITY CENTER, INC.

RECEIVED & FILED
8.00

Dec 4 3 44 PM '93

DOE BRADAGE
INCORPORATION STATE
273 OF KENTUCKY
Paul

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

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

720773

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, Incorporator

318578

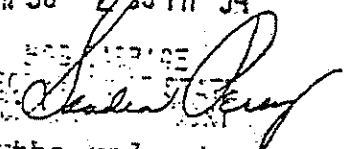
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ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
of
AMERICANA COMMUNITY CENTER, INC.

Ch 8/90

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,

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

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

"ARTICLE EIGHT

No part of the earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Two hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code."

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

"ARTICLE NINE

Upon the dissolution of the corporation, the assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized and operated exclusively for such purposes."

Commonwealth of Kentucky

Department of State

Secretary of State

BOB BABBAGE
FRANKFORT, KENTUCKY

CERTIFICATE


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

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

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

Done at Frankfort this 7TH day of

SEPTEMBER, 19 94


Secretary of State, Commonwealth of Kentucky

Proposal & Contract

**P
A
R
I
N
G**
RIVERSIDE and Contracting Company, Inc.
 P.O. BOX 36386 • LOUISVILLE, KENTUCKY 40233 • 368-4484
 EMILIE DYER

PROPOSAL SUBMITTED AMERICANA COMMUNITY CENTER	PHONE 502-574-1121	DATE DEC. 29 2021
STREET 4801 SOUTHSIDE DR.	JOB NAME AMERICANA COMMUNITY CENTER	
CITY, STATE AND ZIP CODE LOUISVILLE KENTUCKY 40214	JOB LOCATION 4801 SOUTHSIDE DR. LOU KY 40214	

We propose to furnish all equipment, labor and materials necessary to perform the following scope of work :

ALL AS PER ATTACHED DRAWING

INSTALL ARROWS

INSTALL ALL CROSS HATCHING

STRIPE PARKING LOT AS PER DRAWING LAYOUT & COLOR

ALL H-CAP / CROSS HATCHING SPOTS "BLUE" PER METRO CODE

TRAFFIC CONTROL FOR WORK LISTED

TOTAL \$ 4,396.00

Riverside Paving & Contracting Co., Inc. agrees to provide and furnish the necessary materials, equipment and labor, in the manner described above, and to perform such work in a workmanlike manner and as expeditiously as working schedule and weather permit. Our work is guaranteed for one year against workmanship and materials. Payment is due and payable upon completion of the work, unless otherwise herein provided:

TERMS: NET UPON COMPLETION/SIGNED CONTRACT TERMS BEFORE WORK BEGINS

Customer hereby agrees to make payment of the contract price and any additions that may be made thereto upon completion of the work by Riverside Paving & Contracting Co., Inc. unless otherwise specifically provided for at the time of the execution of this contract. **Riverside Paving & Contracting Co., Inc. cannot guarantee against "reflective cracking" on overlays or resurfacing projects. Existing cracks cannot be guaranteed not to reappear at a later date, after overlaying or resurfacing. Riverside Paving & Contracting Co., Inc. must have 1" of fall per 10'-0" to achieve proper drainage on any project. The contractor and/or owner must accept responsibility if the grade is not equal to or better than that stated above. The following quote is based on THE CURRENT PRICE OF LIQUID ASPHALT, PLUS sales tax. Due to the unstable market for PETROLEUM products RIVERSIDE PAVING reserve the right to ADJUST OUR PRICE TO REFLECT INCREASE IN THE COST OF LIQUID ASPHALT & FUEL, AT THE TIME ASPHALT MIX IS LAID.**

Acceptance of Proposal

It is agreed that the contract price for the above work to be performed by Riverside Paving & Contracting Co., Inc. is _____

This proposal shall become a contract, binding upon both parties, upon the signing of the same by the parties hereto.

Signed Riverside Paving & Contracting Co., Inc.

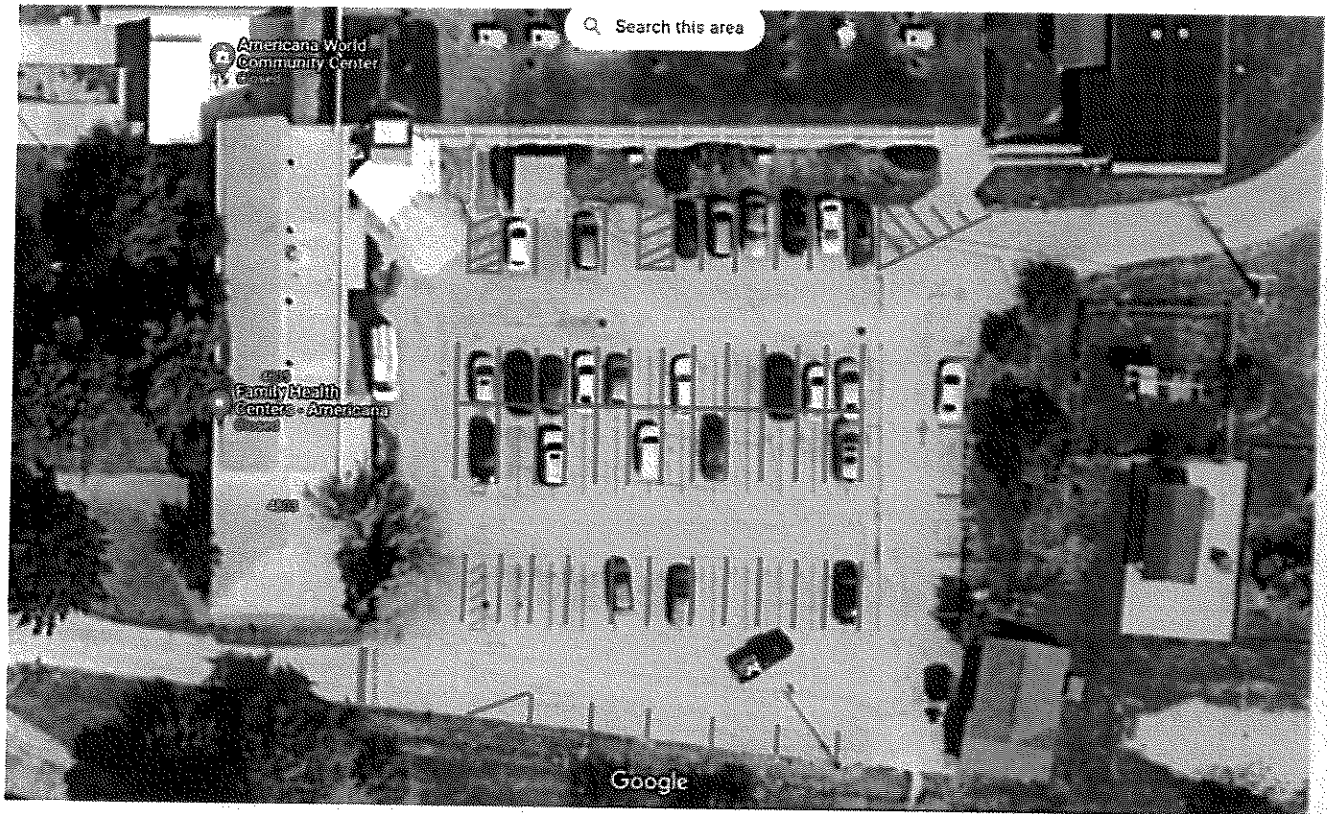
Signed _____
Customer

By **DONNIE MANFORD, II SR. ESTIMATOR** _____

Date _____

Date **DEC. 29 2021** _____

D



SCHEMATIC ONLY
NOT TO SCALE

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Americana Community Center, Inc	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input checked="" type="checkbox"/> Other (see instructions) ▶ 501 C 3	
	5 Address (number, street, and apt. or suite no.) See instructions. 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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

Part II Certification

Under penalties of perjury, I certify that:

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 for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶ 3/17/2022

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

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*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

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

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Americana Community Center, Inc.

Independent Auditors' Report

And Financial Statements

For the Years Ended

June 30, 2020 and 2019

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Independent Auditors' Report

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

We have audited the accompanying financial statements of Americana Community Center, Inc., (a not-for-profit organization) which comprise the statements of financial position as of June 30, 2020 and 2019, 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.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Americana Community Center, Inc. as of June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baldwin CPAs, PLLC

Louisville, Kentucky
February 19, 2021

Americana Community Center, Inc.
Statements of Financial Position
June 30, 2020 and 2019

	2020	2019
Assets		
Cash	\$ 231,898	\$ 162,876
Accounts receivable	23,775	50,491
Promises to give	95,409	283,410
Land, building and equipment, net	1,750,243	1,821,384
Total Assets	\$ 2,101,325	\$ 2,318,161
Liabilities and Net Assets		
Liabilities		
Accounts payable	\$ 2,788	\$ 8,030
Accrued expenses	48,095	64,328
Custodial funds	35,175	50,253
Line of credit	35,000	-
Loan payable	137,100	-
Notes payable	-	99,971
Total Liabilities	258,158	222,582
Net Assets		
Without donor restrictions	1,747,758	1,796,003
With donor restrictions	95,409	299,576
Total Net Assets	1,843,167	2,095,579
Total Liabilities and Net Assets	\$ 2,101,325	\$ 2,318,161

The accompanying notes are an integral part of these financial statements.

Americana Community Center, Inc.
Statements of Activities
For the Years Ended June 30, 2020 and 2019

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and Support						
Government grants	\$ 75,375	-	\$ 75,375	\$ 94,500	-	\$ 94,500
Contributions and grants	764,267	80,409	844,676	487,120	374,410	861,530
Special events income	59,150	-	59,150	57,461	-	57,461
Special events expense	(12,817)	-	(12,817)	(21,505)	-	(21,505)
Interest income	72	-	72	2,032	-	2,032
Miscellaneous	1,189	-	1,189	15,917	-	15,917
Net Assets Released from Restriction	887,236	80,409	967,645	635,525	374,410	1,009,935
Total Revenue and Support	284,576	(284,576)	-	585,280	(585,280)	-
Total Revenue and Support	1,171,812	(204,167)	967,645	1,220,805	(210,870)	1,009,935
Expenses						
Program services	948,972	-	948,972	927,531	-	927,531
Management and general	131,698	-	131,698	141,970	-	141,970
Fund raising	139,387	-	139,387	150,744	-	150,744
Total Expenses	1,220,057	-	1,220,057	1,220,245	-	1,220,245
Change in Net Assets	(48,245)	(204,167)	(252,412)	560	(210,870)	(210,310)
Net assets at beginning of year	1,796,003	299,576	2,095,579	1,795,443	510,446	2,305,889
Net Assets at End of Year	\$ 1,747,758	\$ 95,409	\$ 1,843,167	\$ 1,796,003	\$ 299,576	\$ 2,095,579

The accompanying notes are an integral part of these financial statements.

Americana Community Center, Inc.
Statements of Functional Expenses
For the Years Ended June 30, 2020 and 2019

	2020				2019			
	Management		Management		Management		Management	
	Total	Program Services	Management and General	Fund Raising	Total	Program Services	Management and General	Fund Raising
Salaries	\$ 536,697	\$ 357,924	\$ 78,894	\$ 99,879	\$ 570,853	\$ 380,759	\$ 83,858	\$ 106,236
Payroll taxes	47,203	31,480	6,939	8,784	45,429	30,301	6,674	8,454
Employee benefits	101,236	67,514	14,882	18,840	98,553	65,735	14,477	18,341
Contract services	52,257	52,257	-	-	59,272	59,272	-	-
Supplies	9,460	6,308	1,391	1,761	4,772	3,183	701	888
Information technology	3,417	2,279	502	636	5,383	3,590	791	1,002
Office expense	1,160	774	170	216	4,367	2,912	642	813
Program expense	215,940	215,940	-	-	109,935	109,935	-	-
Postage	36	24	5	7	266	177	39	50
Printing	4,638	3,093	682	863	5,413	3,611	795	1,007
Occupancy	105,110	96,701	7,148	1,261	128,182	117,927	8,717	1,538
Insurance	21,751	20,011	1,479	261	21,952	20,196	1,493	263
Interest	3,936	3,621	268	47	20,191	18,576	1,373	242
Professional fees	18,901	6,269	10,882	1,750	38,914	20,300	12,950	5,664
Telephone	11,008	7,341	1,618	2,049	13,879	9,257	2,039	2,583
Travel	11,041	7,363	1,623	2,055	13,511	9,012	1,985	2,514
Training	360	240	53	67	1,275	851	187	237
Equipment rental	-	-	-	-	2,095	2,015	80	-
Depreciation	75,906	69,833	5,162	911	76,003	69,922	5,169	912
Direct cost of special events	12,817	-	-	12,817	21,505	-	-	21,505
Total expenses	1,232,874	948,972	131,698	152,204	1,241,750	927,531	141,970	172,249
Less direct cost of special events	(12,817)	-	-	(12,817)	(21,505)	-	-	(21,505)
Total expenses included in expense section of statement of activities	<u>\$ 1,220,057</u>	<u>\$ 948,972</u>	<u>\$ 131,698</u>	<u>\$ 139,387</u>	<u>\$ 1,220,245</u>	<u>\$ 927,531</u>	<u>\$ 141,970</u>	<u>\$ 150,744</u>

The accompanying notes are an integral part of these financial statements.

Americana Community Center, Inc.
Statements of Cash Flows
For the Years Ended June 30, 2020 and 2019

	2020	2019
Cash Flows from Operating Activities:		
Change in net assets	\$ (252,412)	\$ (210,310)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	75,906	76,003
(Increase) decrease in operating assets:		
Accounts receivable	26,716	(37,901)
Promises to give	188,001	158,568
Increase (decrease) in operating liabilities:		
Accounts payable	(5,242)	(5,943)
Accrued expenses	(16,233)	5,760
Custodial funds	(15,078)	50,253
	1,658	36,430
Cash Flows from Investing Activities:		
Purchase of land, building and equipment	(4,765)	(44,300)
	(4,765)	(44,300)
Cash Flows from Financing Activities:		
Draws on line of credit	35,000	-
Payments on notes payable	(99,971)	(451,917)
Proceeds from loan payable	137,100	-
	72,129	(451,917)
Net Increase (Decrease) in Cash	69,022	(459,787)
Cash at beginning of year	162,876	622,663
Cash at End of Year	\$ 231,898	\$ 162,876
Supplemental Disclosures		
Cash paid for interest	\$ 3,936	\$ 20,191

The accompanying notes are an integral part of these financial statements.

Americana Community Center, Inc.
Notes to Financial Statements
June 30, 2020 and 2019

Note 1 - Summary of Significant Accounting Policies

Organization

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

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

Basis of Accounting

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

Basis of Presentation

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

Net assets without donor restrictions: expendable funds that are not subject to donor-imposed stipulations or invested in land, building and equipment.

Net assets with donor restrictions: stipulated by donors for specific operating purposes or are restricted by time. These include donor restrictions requiring that the corpus to be invested in perpetuity and only the income be made available for 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.

Americana Community Center, Inc.
Notes to Financial Statements - Continued
June 30, 2020 and 2019

Note 1 - Summary of Significant Accounting Policies (Continued)

Accounts Receivable

Accounts receivable consist primarily of amounts due from other not-for-profit organizations, where the expenditure has already been made, or the program objective has been met, and reimbursement has been requested from the organization.

Promises to Give

Promises to give are recognized when the donor makes a promise to give to the Center that is, in substance, unconditional. Promises to give becoming due in the next year are recorded at net realizable value. Promises to give 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.

Custodial Funds

These funds account for money collected from other non-profit organizations including the AmeriCorps grant administered by the Center. The Center remits the funds to the Corporation for National and Community Services. The Center acts as a transmittal agent and, therefore, does not include the monies in its operating accounts. These funds are not Center assets.

Revenue Recognition

Contributions and grants are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest, is received and are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Contributions and grants that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution or grant is recognized. All other donor restricted contributions and grants are reported as an increase in net assets with donor restrictions, depending on the nature of restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Conditional promises to give, that is, those with a measurable performance or other barriers, and a right of return, are not recognized until the conditions on which they depend have been substantially met.

Special events revenue is recognized when the events take place.

Miscellaneous revenue consists of funds received from AmeriCorps for the Center's participation in the Volunteers in Service to America (VISTA) program. These funds are recognized as they are received.

Americana Community Center, Inc.
Notes to Financial Statements - Continued
June 30, 2020 and 2019

Note 1 - Summary of Significant Accounting Policies (Continued)

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 \$139,521 and \$59,854 for the years ended June 30, 2020 and 2019, respectively.

Refundable Advances

Refundable advances are funds received from a third party for which services have yet to be provided, or for which donor conditions have yet to be met, and the grantor has a right of return.

Donated Services

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

Expense Allocation

The costs of providing the various programs and supporting activities have been summarized on a functional basis in the statements of functional expenses. Accordingly, costs have been allocated among the program and supporting services benefited. Directly identifiable expenses are charged to program and supporting services. The expenses that are allocated are compensation and benefits, which are allocated on the basis of estimates of time and effort; occupancy, insurance, interest and depreciation are allocated on a square footage basis.

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.

Americana Community Center, Inc.
Notes to Financial Statements - Continued
June 30, 2020 and 2019

Note 1 - Summary of Significant Accounting Policies (Continued)

Recently Issued Accounting Standards

For the year ended June 30, 2020, the Center adopted the following FASB's Accounting Standards Updates (ASU):

In May 2014, FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which, as amended, supersedes or replaces nearly all GAAP revenue recognition guidance. These standards establish a new contract and control-based revenue recognition model, change the basis for deciding when revenue is recognized over time or at a point in time, and expand disclosures about revenue. The Center implemented Topic 606 and adjusted the presentation in these financial statements accordingly. The amendments have been applied retrospectively to all periods presented, with no effect on net assets.

In June 2018, FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made (ASU 2018-08)*. This standard assists entities in evaluating whether transactions should be accounted for as contributions or exchange transactions and determining whether a contribution is conditional. The Center implemented the provisions of ASU 2018-08 applicable to both contributions received and to contributions made in the accompanying financial statements under a modified prospective basis. Accordingly, there is no effect on net assets in connection with our implementation of ASU 2018-08.

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. At June 30, 2020 and 2019, the Center had no uninsured cash.

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.

Americana Community Center, Inc.
Notes to Financial Statements - Continued
June 30, 2020 and 2019

Note 3 - Promises to Give

Unconditional promises to give will all be collected in one to five years and consist of the following as of June 30:

	<u>2020</u>	<u>2019</u>
Capital campaign	\$ -	\$ 100,000
Operations	<u>95,409</u>	<u>183,410</u>
	<u>\$ 95,409</u>	<u>\$ 283,410</u>
Receivable in less than one year	95,409	268,410
Receivable in one to five years	<u>-</u>	<u>15,000</u>
Total Promises to Give	<u>\$ 95,409</u>	<u>\$ 283,410</u>

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

Conditional promises to give at June 30, 2020, consists of promises for:

COVID relief	\$ 10,000
Operations	<u>125,000</u>
Total Conditional Promises to Give	<u>\$ 135,000</u>

Note 4 - Land, Building and Equipment

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

	<u>2020</u>	<u>2019</u>
Land	\$ 81,800	\$ 81,800
Building and improvements	2,302,313	2,302,314
Furniture and equipment	<u>144,164</u>	<u>139,398</u>
Total costs	2,528,277	2,523,512
Less accumulated depreciation	<u>(778,034)</u>	<u>(702,128)</u>
Land, building and equipment, net	<u>\$ 1,750,243</u>	<u>\$ 1,821,384</u>
Depreciation expense	<u>\$ 75,906</u>	<u>\$ 76,003</u>

Americana Community Center, Inc.
Notes to Financial Statements - Continued
June 30, 2020 and 2019

Note 5 - Loan Payable

On April 19, 2020, the Center qualified for and received a loan pursuant to the Paycheck Protection Program, a program implemented by the U.S. Small Business Administration under the Coronavirus Aid, Relief, and Economic Security Act, from a qualified lender (the "PPP Lender"), for an aggregate principal amount of \$137,100 (the "PPP Loan"). The PPP Loan bears interest at a fixed rate of 1.0% per annum, with the first six months of interest deferred, has a term of two years, and is unsecured and guaranteed by the U.S. Small Business Administration. The principal amount of the PPP Loan is subject to forgiveness under the Paycheck Protection Program upon the Center's request to the extent that the PPP Loan proceeds are used to pay expenses permitted by the Paycheck Protection Program, including payroll costs, covered rent and mortgage obligations, and covered utility payments incurred by the Center. The Center intends to apply for forgiveness of the PPP Loan with respect to these covered expenses. To the extent that all or part of the PPP Loan is not forgiven, the Center will be required to pay interest on the PPP Loan at a rate of 1.0% per annum, and commencing in November 2020 principal and interest payments will be required through the maturity date in April 2022. The terms of the PPP Loan provide for customary events of default including, among other things, payment defaults, breach of representations and warranties, and insolvency events. The PPP Loan may be accelerated upon the occurrence of an event of default.

Note 6 - Line of Credit

Americana has available a \$250,000 line of credit, with a maturity date of May 26, 2021. Interest is payable at the prime rate of interest (3.25% on June 30, 2020). At June 30, 2020 and 2019, the Center's line of credit balance totaled \$35,000 and \$0 respectively.

Note 7 - Notes Payable

Notes payable consisted of the following at June 30:

	2020	2019
Mortgage payable to a bank, secured by real property at 4801 Southside Drive, interest rate of 6.50%, annual principal payment of \$100,000 with a maturity of February 2024.	\$ -	\$ 99,971
	\$ -	\$ 99,971

Americana Community Center, Inc.
Notes to Financial Statements - Continued
June 30, 2020 and 2019

Note 8 - Net Assets with Donor Restrictions

Net assets with donor restrictions consist of the following:

	2020	2019
Subject to specified purpose or passage of time:		
Payment for notes payable	\$ -	\$ 100,000
Program activities	95,409	199,576
Total Net Assets With Donor Restrictions	\$ 95,409	\$ 299,576

Note 9 - 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, 2020 and 2019 were \$10,959 and \$14,033 respectively.

Note 10 - Retirement Plan

The Center sponsors a SIMPLE IRA plan that covers employees who have received at least \$5,000 in compensation during the year. Employees may make contributions to the plan up to the maximum amount allowed by the Internal Revenue Code. The Center matches the employee contributions 100% up to 3% of employee compensation. Total expense for June 30, 2020 and 2019 was \$10,098 and \$9,521, respectively.

Note 11 - Liquidity and Availability

The following table reflects Americana's financial assets as of June 30, 2020 and 2019, reduced by amounts not available for general expenditure within one year. Financial assets are considered unavailable when illiquid, not convertible to cash within one-year, perpetual endowments, or funds donors or the governing board has set aside for a specific purpose. Board designations could be drawn upon if the board approves that action.

Americana Community Center, Inc.
Notes to Financial Statements - Continued
June 30, 2020 and 2019

Note 11 - Liquidity and Availability (Continued)

	2020	2019
Financial assets		
Cash	\$ 231,898	\$ 162,876
Accounts receivable	23,775	50,491
Promises to give	95,409	283,410
Financial assets, at year-end	351,082	496,777
Less those unavailable for general expenditure within one year		
Promises to give	-	(15,000)
Donor imposed restriction	-	(100,000)
Financial assets available to meet general cash needs within one year	\$ 351,082	\$ 381,777

In addition to financial assets available to meet general expenditures over the year, the Center operates with a balanced budget and anticipates covering its general expenditures by collecting enough program and other revenues and by utilizing resources from current and prior year's gifts, as needed. The Center also has \$215,000 available on the line of credit as of June 30, 2020.

Note 12 - Accounting Standards Updates

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)* (ASU 2016-02), requiring all leases to be recognized on the Center's balance sheet as a right-of-use asset and a lease liability, unless the lease is a short-term lease (generally a lease with a term of twelve months or less). At the commencement date of the lease, the Center will recognize: 1) a lease liability for Center's obligation to make payments under the lease agreement, measured on a discounted basis; and 2) a right-of-use asset that represents the Center's right to use, or control the use of, the specified asset for the lease term. Upon adopting the ASU, the Center will be required to recognize and measure its leases at the beginning of the earliest period presented using a modified retrospective approach. ASU 2016-02 will be effective for the Center for the year ending June 30, 2023, with early adoption permitted. The Center is currently evaluating the effect that the new standard will have on its financial statements.

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets* (ASU 2020-07), requiring an entity to present contributed nonfinancial assets as a separate line item in the statement of activities, apart from contributions of cash and other financial assets. ASU 2020-07 includes additional disclosure requirements about contributed nonfinancial assets for not-for-profit entities, including additional disclosure requirements for recognized contributed services. The standard will be applied on a retrospective basis and will be effective for the year ending June 30, 2022. The Center does not expect the new standard will impact its financial statements other than a reclassification on the statement of activities and additional disclosures.

Americana Community Center, Inc.
Notes to Financial Statements - Continued
June 30, 2020 and 2019

Note 13 - Subsequent Events

Due to the global coronavirus (COVID-19) outbreak in 2020, there have been resulting effects in the general economy that could negatively impact the Center as the broader economic impact of the COVID-19 develops. The ultimate impact of these matters to the Center and its financial condition are presently unknown. The effect of this subsequent event did not result in any changes to the accompanying financial statements as of and for the year ended June 30, 2020.

Management has evaluated subsequent events for recognition or disclosure in the financial statements through February 19, 2021 which was the date at which the financial statements were available to be issued.



Kentucky Secretary of State Michael G. Adams

AMERICANA COMMUNITY CENTER, INC.

[File Annual Report](#)[File Certificate of Assumed Name \(DBA\)](#)[File Statement of Change of Principal Office](#)[File Statement of Change of registered Agent / Registered Address](#)[Printable Forms](#)[Subscribe to changes made to this entity](#)[Certificates](#)

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	4/12/2022
Principal Office	4801 SOUTHSIDE DR LOUISVILLE, KY 40214
Registered Agent	SHARON LANDRUM 4801 SOUTHSIDE DR. LOUISVILLE, KY 40214

Current Officers

Chairman	Shawn Adams
Secretary	Sowmya Telaprolu
Treasurer	Hillary Bonistelli
Director	David Vawter
Director	Steve Woodworth

Director	Katie Carter
Director	Tom Bohnert
Director	Gill Holland
Director	Sharon Landrum
Director	Rana Latif
Director	Alejandro Pousa
Director	Charles Theiler
Director	Tim Finley
Director	Ann Triplett
Director	Paul Bagley
Director	Ricky George Jr
Director	J. Barry Barker
Director	Charles Theiler
Director	Allison Ibrahim

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	4/12/2022	1 page	PDF	
Annual Report	5/6/2021	1 page	PDF	
Annual Report	7/3/2020	1 page	PDF	
Annual Report	5/29/2019	1 page	PDF	
Annual Report	6/20/2018	1 page	PDF	
Annual Report	5/26/2017	1 page	PDF	
Annual Report	8/11/2016	1 page	PDF	
Annual Report	4/6/2015	1 page	PDF	
Annual Report	7/24/2014	1 page	PDF	
Annual Report	6/21/2013	1 page	PDF	
Annual Report	1/31/2012	1 page	PDF	
Annual Report	6/27/2011	1 page	PDF	
Annual Report	7/15/2010	1 page	tiff	PDF
Annual Report	6/25/2009	1 page	PDF	
Annual Report	2/29/2008	1 page	tiff	PDF
Statement of Change	3/30/2007	1 page	tiff	PDF
Annual Report	3/16/2007	1 page	tiff	PDF
Annual Report	4/5/2006	1 page	tiff	PDF
Annual Report	7/15/2005	1 page	PDF	
Annual Report	8/7/2003	2 pages	tiff	PDF
Annual Report	5/9/2002	1 page	tiff	PDF
Annual Report	5/21/2001	2 pages	tiff	PDF
Annual Report	5/8/2000	1 page	tiff	PDF
Annual Report	7/15/1999	1 page	tiff	PDF

Reinstatement	12/21/1998	2 pages	tiff	PDF
Administrative Dissolution	11/1/1995	1 page	tiff	PDF
Annual Report	7/1/1994	2 pages	tiff	PDF
Amendment	6/30/1994	3 pages	tiff	PDF
Articles of Incorporation	8/4/1993	3 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/12/2022 3:47:11 PM	4/12/2022 3:47:11 PM	
Annual report	5/6/2021 10:25:11 AM	5/6/2021 10:25:11 AM	
Annual report	7/3/2020 10:34:31 AM	7/3/2020 10:34:31 AM	
Annual report	5/29/2019 5:07:09 PM	5/29/2019 5:07:09 PM	
Annual report	6/20/2018 11:33:34 AM	6/20/2018 11:33:34 AM	
Annual report	5/26/2017 6:48:08 PM	5/26/2017 6:48:08 PM	
Annual report	8/11/2016 2:48:52 PM	8/11/2016 2:48:52 PM	
Annual report	4/6/2015 11:50:05 AM	4/6/2015 11:50:05 AM	
Annual report	7/24/2014 11:38:28 AM	7/24/2014 11:38:28 AM	
Annual report	6/21/2013 11:03:02 AM	6/21/2013 11:03:02 AM	
Annual report	1/31/2012 8:16:49 PM	1/31/2012 8:16:49 PM	
Annual report	6/27/2011 8:00:24 PM	6/27/2011 8:00:24 PM	
Annual report	7/15/2010 3:30:44 PM	7/15/2010	
Annual report	6/25/2009 4:08:51 PM	6/25/2009 4:08:51 PM	
Annual report	2/29/2008 10:56:00 AM	2/29/2008	
Registered agent address change	3/30/2007 10:34:21 AM	3/30/2007	
Annual report	3/16/2007 10:08:33 AM	3/16/2007	
Annual report	4/5/2006 11:52:30 AM	4/5/2006	
Annual report	7/15/2005	7/15/2005	
Principal office change	6/3/2003 1:55:06 PM	6/3/2003	
Reinstatement	12/21/1998	12/21/1998	
Admin Dis. A. report not in	11/1/1995	11/1/1995	

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