

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

**Applicant/Program:** Americana Community Center

**Executive Summary of Request:** \$17,500 is being requested by this organization to help fund staff salaries and operation costs, such as utilities and building insurance. This will allow the organization to continue its service to the community, offering educational and nutritional services to, both, adults and children, as well as tax preparation assistance.

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

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

<u>21</u> District #	 Primary Sponsor Signature	<u>\$15,000</u> Amount	<u>5/13/2014</u> Date
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**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

N/A

**Approved by:**

_____	_____
Appropriations Committee Chairman	Date

**Clerk's Office Only:**

Request Amount: \_\_\_\_\_ Committee Amended Appropriation: \_\_\_\_\_

Original Appropriation: \_\_\_\_\_ Council Amended Appropriation: \_\_\_\_\_

**Applicant/Program:**

**Americana Community Center**

**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.

<u>1</u> District #	<u>Attilio Scott</u> Council Member Signature	<u>\$1,000</u> Amount	<u>5/13/2014</u> Date
<u>8</u> District #	<u>Thomas L. Brown</u> Council Member Signature	<u>\$250</u> Amount	<u>5/13/14</u> Date
<u>9</u> District #	<u>Timothy W. Singh</u> Council Member Signature	<u>\$250</u> Amount	<u>5/13/14</u> Date
<u>13</u> District #	<u>Vicki Ambrey Welch</u> Council Member Signature	<u>\$500</u> Amount	<u>5/13/14</u> Date
<u>15</u> District #	<u>Sharonie S. Butler</u> Council Member Signature	<u>\$500</u> Amount	<u>5-15-14</u> Date
<u>      </u> District #	<u>                              </u> Council Member Signature	<u>                              </u> Amount	<u>                              </u> Date
<u>      </u> District #	<u>                              </u> Council Member Signature	<u>                              </u> Amount	<u>                              </u> Date

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> Americana Community Center		
<b>Program Name:</b> Americana Community Center	<b>Request Amount:</b> \$17,500	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		Y
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		Y
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		N/A
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		Y
<b>Application Page 2:</b> Is the application properly signed and dated by authorized signatory?		Y
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		N/A
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		Y
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		N/A
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for "Metro, Non Metro and Total" expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		N/A
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		N/A
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		Y
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		N/A
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		Y
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		Y
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		Y
<b>Operating Budget:</b> Is the organization's current fiscal year operating budget included?		Y
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		Y
<b>Board Members:</b> Is the entity's board member list (with term length/term limits) included?		Y
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		Y
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		Y
<b>Rent Requests:</b> Is a copy of signed lease included?		N/A
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		Y
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		Y
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		Y
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		Y
<b>Prepared by:</b> <i>Briana Sue Morgan</i>		<b>Date:</b> 05/20/14

0-362-14



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION					
<b>Legal Name of Applicant Organization:</b>		<b>Americana Community Center, Inc.</b>			
<small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>					
<b>Main Office Street &amp; Mailing Address:</b> 4801 Southside Drive Louisville, KY 40214					
<b>Website:</b> www.americanacc.org					
<b>Applicant Contact:</b>	Edgardo Mansilla	<b>Title:</b>	Executive Director		
<b>Phone:</b>	(502) 366-7813 Ext. 13	<b>Email:</b>	edgardo@americanacc.org		
<b>Financial Contact:</b>	Patricia Gould	<b>Title:</b>	Finance Manager		
<b>Phone:</b>	(502) 366-7813 Ext. 28	<b>Email:</b>	patricia@americanacc.org		
<b>Organization's Representative who attended NDF Training:</b> Edgardo Mansilla					
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED					
<b>Program Facility Location(s):</b>	4801 Southside Drive				
<b>Council District(s):</b>	21	<b>Zip Code(s):</b>	40214		
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION					
<b>PROGRAM/PROJECT NAME:</b> Human Services for Redugee, Immigrants, and Low Income Families					
<b>Total Request: (\$)</b>	\$17,500	<b>Total Metro Award (this program) in previous year: (\$)</b>	\$15,000		
<b>Purpose of Request (check all that apply):</b>					
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)					
<b>The Following are Required Attachments:</b>					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter  <input checked="" type="checkbox"/> Current Year Projected Budget  <input checked="" type="checkbox"/> List of Board of Directors (include term &amp; term limits)  <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  <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense               </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Signed lease if rent costs are being requested  <input checked="" type="checkbox"/> IRS Form W9  <input checked="" 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 required  <input checked="" type="checkbox"/> Staff including the 3 highest paid staff               </td> </tr> </table>				<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <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 <input 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 checked="" 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 required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff
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<b>For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.</b>					
<b>Source:</b>	External Agencies Fund Youth	<b>Amount: (\$)</b>	\$20,200		
<b>Source:</b>	External Agencies Fund Families	<b>Amount: (\$)</b>	\$36,000		
<b>Source:</b>		<b>Amount: (\$)</b>			
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 Community Center was established in 1990 in response to the growing international population in Louisville, due in part to increased refugee resettlement. The center was originally housed in four apartment units, however, in 2002, with the support of local foundations, we purchased a former school building with 50,000 square feet of space. Today we serve a multicultural population of over 5,000 participants each year with programs and facilities that help develop a strong community and family structures.

The mission of Americana Community Center is to provide a spectrum of services to 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. Americana serves people from 38 of the 39 zip codes in Jefferson County. We serve participants representing 97 different countries, including those born in the U.S.

**Programs offered include:**

1. Out of School Time Youth Programs
2. Family Education
3. Adult Education (GED/ABE, ESL, and citizenship classes)
4. Americana Fiberworks
5. Volunteer Income Tax Assistance
6. Mental Health Services
7. Community Garden
8. Community Events ranging from funerals and baby showers to the Americana World Festival.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

Americana offers educational opportunities which allow participants to build their capacity for success, as well as providing support to refugee and immigrants families as they adjust to their new home. Funds will be used to support operating expenses which allow Americana to provide these vital services to the community. Educational and asset building programs include youth programs, a Family Education Program, Adult education, tax return preparation, and a community garden.

The Youth Program focuses on preparing students to be successful in school and beyond and include an ESL program for students learning the language. This program operates after the school day and during the summer months.

The Family Education Program provides comprehensive services to refugee and immigrant families, supporting the entire family in the integration process. This program also includes Family Coaching services, assisting parents in setting and achieving individual, family, and life goals to increase family self-sufficiency.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**  
Funding will be used towards operating expenses including staff salaries (\$12,000) and operating costs (\$5,500) such as utilities and building insurance. Funds for this purpose will allow us to continue the work we are doing in the community.

Handwritten initials in blue ink, appearing to be "AJ".



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

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

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

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

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



## 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:**  
With operating funds from the Louisville Metro Council, the following results will be achieved:

1. 925 adults will participate in ESL, GED/ABE, and citizenship classes building their language and academic skills to support success in the workplace. Level advancements and hours of completion will be collected by JCPS and reported to ACC
2. 405 youths will be served by the Youth Program to increase their commitment to school and improve their academic performance. ACC will collect data on participation in the program through the KidTrax Database, and JCPS school will report attendance and grades to ACC through the Cascade Database.
3. 40 refugee and immigrant families will participate in the Americana Family Education Program with a target of 70% of adults making an academic gain and 90% taking steps to achieve their goals.

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

Americana has a history of being able to accomplish a lot with a little, in large part due to collaborations with community resources. A key partnership with Jefferson County Public Schools provides instructors and materials to Adult Education, Family Education, and K-5 ESL programs. We also collaborate with Kentucky Refugee Ministries who provides teachers and supplies for our citizenship classes. The Louisville Asset Building Coalition and the IRS offers trainings and volunteers to support the Volunteer Income Tax Assistance program. Dare to Care provides meals through our on-site Kid's Cafe. Interns from Spalding University provide Psy. D. level counselors to work one-on-one with high risk families and several ethnic community groups use our facilities as their headquarters.





## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	12,000	455,470	443,470
<b>B: Rent/Utilities</b>	3,000	45,060	42,060
<b>C: Office Supplies</b>		69,500	69,500
<b>D: Telephone</b>		1,334	1,334
<b>E: In-town Travel</b>		6,500	6,500
<b>F: Client Assistance (Attach Detailed List)</b>		5,500	5,500
<b>G: Professional Service Contracts</b>		69,500	69,500
<b>H: Program Materials</b>		21,200	21,200
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>		0	0
<b>J: Small Equipment</b>		2,400	2,400
<b>K: Capital Equipment</b>		0	0
<b>L: Other Expenses (Attach Detail List)</b>	2,500	196,100	198,600
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	<b>\$17,500</b>	<b>872,564</b>	<b>860,064</b>
<b>% of Program Budget</b>	2.0 %	98.0 %	100%

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

Other State, Federal or Local Government	
United Way	\$100,000
Private Contributions (do not include individual donor names)	\$87,150
Fees Collected from Program Participants	N/A
Other (please specify)	See Attachment
Total Revenue for Columns 2 Expenses ***	

\*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 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	<b>\$24,124</b>	\$17.83/hr x 4,935 hrs.
JCPS ESL Teachers	<b>\$418,530</b>	Value of salaries and supplies
Americorps VISTA Program	<b>\$38,000</b>	Value of member stipends
Kentucky Refugee Ministries	<b>\$7,200</b>	Value of salary and supplies
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i>	*See attached	

\* 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: 7/1/2013

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:

**Americana Community Center  
Application for Neighborhood Development Funds FY 2014  
Value of In-Kind Assets Attachment**

<b>Jefferson County Public Schools Adult Education</b> <i>In-kind partnership for GED, ESL, and Family Education programs including salaries, furniture, computers and supplies</i>	<b>\$418,530</b>
<b>Jefferson County Public Schools ESL K-12</b> <i>In-kind partnership to provide ESL classes for youth after-school and during the summer – salaries &amp; supplies</i>	<b>\$26,800</b>
<b>Kentucky Refugee Ministries</b> <i>In-kind partnership to provide citizenship classes</i>	<b>\$7,200</b>
<b>AmeriCorps* VISTA Program</b> <i>Two year-long members working 40 hours per week at ACC to build capacity and sustainability of programs. Value of their stipend and benefits provided by CNCS.</i>	<b>\$38,000</b>
<b>Kids Café – Dare to Care– value of food provided</b>	<b>\$23,600</b>
<b>In-Kind Donations</b> <i>Value of in-kind donations made in FY 2013</i>	<b>\$29,750</b>
<b><u>Total In-kind Contribution</u></b>	<b><u>\$543,880</u></b>

**Other Revenues**

Grants - Corporations and Foundations	\$	567,300.00
Other Income - Use of Space Fees, Annual Dinner	\$	35,000.00
Fundraisers (including AWF Sponsorship)	\$	35,000.00
Cultural Competency Trainings	\$	24,000.00
Fiberworks, partnerships (i.e. Kids Café)	\$	25,000.00
<b>Total Other Funding Sources</b>	<b>\$</b>	<b>686,300.00</b>

**Louisville Metro Council  
Neighborhood Development Fund Application  
Americana Community Center  
FY 2014**

***Itemized Lists: Other Expenses and Other Revenues***

**Other Expenses**

Family Engagement event	\$ 1,200.00
Staff Training	\$ 3,500.00
Americana World Festival Expenses	\$ 15,000.00
Out of Town Travel	\$ 4,100.00
Volunteer Background Checks	\$ 1,500.00
Security	\$ 2,000.00
Building/Business Insurance (\$2,500 allocated to NDF)	\$ 20,750.00
Repair and Maintenance	\$ 35,000.00
Fees/Registrations/Licenses/Permits	\$ 3,250.00
interest expense	\$ 6,800.00
Business meals	\$ 500.00
Pay Down Debt	\$ 105,000.00
<b>Total Other Expenses</b>	<b>\$ 198,600.00</b>



# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 6 – CERTIFICATIONS & ASSURANCES

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

### Standard Assurances

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

### Standard Certifications

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

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

## SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	4-21-2014.
Legal Signatory: (please print):	EDGAR MANSILLA	Title:	Exec. Director
Phone:	(502) 366-7913	Extension:	13
		Email:	edgar@americanacc.org

# AMERICANA COMMUNITY CENTER, INC.

## General Information

<b>Organization Number</b>	0318578
<b>Name</b>	AMERICANA COMMUNITY CENTER, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	8/4/1993
<b>Organization Date</b>	8/4/1993
<b>Last Annual Report</b>	7/24/2014
<b>Principal Office</b>	4801 SOUTHSIDE DR LOUISVILLE, KY 40214
<b>Registered Agent</b>	SHARON LANDRUM 4801 SOUTHSIDE DR. LOUISVILLE, KY 40214

## Current Officers

<b>Chairman</b>	<u>Gregory Brotzge</u>
<b>Vice President</b>	<u>Sharon Landrum</u>
<b>Secretary</b>	<u>Kelly Smith</u>
<b>Director</b>	<u>Faustin Ndagijimana</u>
<b>Director</b>	<u>Chip Hancock</u>
<b>Director</b>	<u>Gregory Carroll</u>
<b>Director</b>	<u>Ryan Simpson</u>
<b>Director</b>	<u>David Owen</u>
<b>Director</b>	<u>Shahid Oamar</u>
<b>Director</b>	<u>J Barry Barker</u>

## Individuals / Entities listed at time of formation

<b>Director</b>	<u>GRAHAM PHILLIPS</u>
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**Americana Community Center  
Fiscal Year July 1, 2013 through June 30, 2014  
Annual Budget - Board Approved**

<b>Income</b>		
	<b>Donations (Board, Individuals, Other)</b>	<b>\$ 43,000</b>
	<b>Grants</b>	
	<b>Corporate</b>	85,250
	<b>Foundations</b>	356,000
	<b>Government Federal</b>	5,500
	<b>Government State</b>	-
	<b>Government Metro Louisville</b>	71,000
	<b>Other income (rent, interest, reimbursements)</b>	18,050
	<b>Fundraisers</b>	261,855
	<b>Cultural Competency Trainings</b>	5,000
	<b>Other (Fiberworks, Woodworks, Community Gdn)</b>	<u>3,075.00</u>
	<b>Total Ordinary Income</b>	<b>\$ 848,730</b>
<b>Expense</b>		
	<b>Administration/ Overhead</b>	<b>\$ 86,842</b>
	<b>Fundraising</b>	98,586
	<b>Americana Youth Programs</b>	241,440
	<b>Family Education Programs</b>	227,447
	<b>Community Activities</b>	<u>74,415</u>
	<b>Total</b>	<b>\$ 728,730</b>
	<b>Pay down debt</b>	<u>\$ 120,000</u>
		<b>\$ 848,730</b>
	<b>Gain/(loss)</b>	<u><u>\$ -</u></u>



**Americana Community Center, Inc.**

**Board of Directors**

**Fiscal Year 2013-2014**

<b>Name</b>	<b>Affiliation</b>	<b>Term End</b>
J. Barry Barker, <i>Chair</i>	TARC, Executive Director 1000 West Broadway Louisville, KY 40203	June 2015
Sharon Landrum, <i>Vice Chair</i>	Sharon Landrum Realty, President 4012 DuPont Circle Suite 215 St. Matthews, KY 40207	June 2014
Kelly McDonough, <i>Secretary</i>	University of Kentucky, 4-H Youth Development 810 Barret Ave Louisville, KY 40204	June 2015
Stuart Alexander III	Tilford, Dobbins, Alexander, PLLC 401 W Main St # 1400, Louisville, KY 40202	June 2016
Patrick Bouldin	Office of the Federal Defender 629 Fourth Ave. Louisville, KY 40202	June 2014
Gregory J Brotzge	Impact Government Relations 1610 Parkridge Pkwy Louisville, KY 40214	June 2015
Gregory Carroll	PNC Bank 101 South Fifth Street Louisville, KY 40202	June 2015
Chip Hancock	Republic Bank, Senior Vice-President 601 West Market Street, Louisville, KY 40202	June 2014
Faustin Ndagijimana	Accountant/ Consultant 8030 Dove Crest # 4, Louisville, KY 40222	June 2016
David L. Owen	Owen Funeral Homes 5317 Dixie Highway Louisville, KY 40216	June 2016
Shahid Qamar	Pakistani Doctor's Association 529 South Jackson Street, Louisville KY 40202	June 2014
Ryan C. Simpson	Bellarmine University 2001 Newburg Road Louisville, KY 40205	June 2016
Nadareca Thibeaux	Norton Healthcare 200 East Chestnut Street Louisville, KY 40202	June 2016
Scott Wegenast	AARP, Associate State Director of Communications 10401 Linn Station Rd. Suite 121 Lou, KY 40223	June 2014

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

NARP  
0318578  
Alison Lundergan Grimes  
KY Secretary of State  
Received and Filed  
6/21/2013 11:03:02 AM  
Fee receipt: \$15.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 1150  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

Annual Report  
Online Filing

ARP

**Company:** AMERICANA COMMUNITY CENTER, INC.  
**Company ID:** 0318578  
**State of origin:** Kentucky  
**Formation date:** 8/4/1993 12:00:00 AM  
**Date filed:** 6/21/2013 11:03:02 AM  
**Fee:** \$15.00

**Principal Office**

4801 SOUTHSIDE DR  
LOUISVILLE, KY 40214

**Registered Agent Name/Address**

SHARON LANDRUM  
4801 SOUTHSIDE DR  
LOUISVILLE, KY 40214

**Current Officers**

Chairman	J Barry Barker	1000 W Broadway, Louisville, KY 40203
Secretary	Kelly Smith	810 Barret Ave , Louisville, KY 40204
Vice President	Sharon Landrum	4012 Dupont Circle, Ste 215, Louisville, KY 40207

**Directors**

Director	Faustin Ndagijimana	8303 Dove Crest #4, Louisville, KY 40222
Director	John Johnson	400 West Market Street, Ste 1800, Louisville, KY 40202
Director	Chip Hancock	601 West Market Street, Louisville, KY 40202
Director	Patrick Bouldin	629 Fourth Ave. Louisville, KY 40202
Director	Scott Wegenast	10401 Linn Station Rd Louisville KY 40223
Director	Nadareca Thibeaux	8919 Gentlewind Way, Louisville KY 40291
Director	Gregory Carroll	5032 Wolf Pen Woods Dr, Louisville KY 40059
Director	Gregory Brotzge	1610 Partridge Pkwy, Louisville KY 40214
Director	Ryan Simpson	2415 Sherry Rd, Louisville KY 40217
Director	David Owen	1429 Sylvan Way, Louisville KY 40205
Director	Shahid Qamar	840 River Crest, Apt 19, Louisville KY 40206

**Signatures**

Signature	Edgardo N Mansilla
Title	Executive Director

# AMERICANA COMMUNITY CENTER, INC.

## General Information

<b>Organization Number</b>	0318578
<b>Name</b>	AMERICANA COMMUNITY CENTER, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	X - Pending Dissolution
<b>Standing</b>	B - Bad
<b>State</b>	KY
<b>File Date</b>	8/4/1993
<b>Organization Date</b>	8/4/1993
<b>Last Annual Report</b>	6/21/2013
<b>Principal Office</b>	4801 SOUTHSIDE DR LOUISVILLE, KY 40214
<b>Registered Agent</b>	SHARON LANDRUM 4801 SOUTHSIDE DR. LOUISVILLE, KY 40214

## Current Officers

<b>Chairman</b>	<u>J Barry Barker</u>
<b>Vice President</b>	<u>Sharon Landrum</u>
<b>Secretary</b>	<u>Kelly Smith</u>
<b>Director</b>	<u>Faustin Ndagijimana</u>
<b>Director</b>	<u>John Johnson</u>
<b>Director</b>	<u>Chip Hancock</u>
<b>Director</b>	<u>Patrick Bouldin</u>
<b>Director</b>	<u>Scott Wegenast</u>
<b>Director</b>	<u>Nadareca Thibeaux</u>
<b>Director</b>	<u>Gregory Carroll</u>
<b>Director</b>	<u>Gregory Brotzge</u>
<b>Director</b>	<u>Ryan Simpson</u>
<b>Director</b>	<u>David Owen</u>

Director

Shahid Qamar

## Individuals / Entities listed at time of formation

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

## Images available online

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

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

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/21/2013 11:03:02 AM	6/21/2013 11:03:02 AM	
Annual report	1/31/2012 8:16:49 PM	1/31/2012 8:16:49 PM	
Annual report	6/27/2011 8:00:24 PM	6/27/2011 8:00:24 PM	
Annual report	7/15/2010 3:30:44 PM	7/15/2010	
Annual report	6/25/2009 4:08:51 PM	6/25/2009 4:08:51 PM	
Annual report	2/29/2008 10:56:00 AM	2/29/2008	
Registered agent address change	3/30/2007 10:34:21 AM	3/30/2007	
Annual report	3/16/2007 10:08:33 AM	3/16/2007	
Annual report	4/5/2006 11:52:30 AM	4/5/2006	
Annual report	7/15/2005	7/15/2005	
Principal office change	6/3/2003 1:55:06 PM	6/3/2003	
Reinstatement	12/21/1998	12/21/1998	
Admin Dis. A. report not in	11/1/1995	11/1/1995	
Amendment - Miscellaneous amendments	6/30/1994	6/30/1994	

## Microfilmed Images

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

Annual Report	8/7/2003	2 pages
Annual Report	5/9/2002	1 page
Annual Report	5/21/2001	2 pages
Annual Report	5/8/2000	1 page
Annual Report	7/15/1999	1 page
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Annual Report	7/1/1995	2 pages
Annual Report	7/1/1994	2 pages
Amendment	6/30/1994	3 pages
Articles of Incorporation	8/4/1993	3 pages

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

DEPARTMENT OF THE TREASURY

Date: 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.

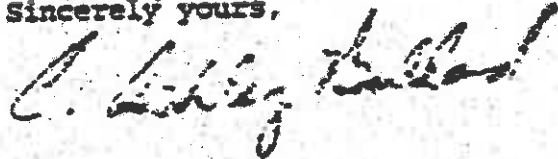
Because this letter could help resolve any questions about your private foundation status, you should keep it in your permanent records.

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. Anthony..." followed by a flourish.

District Director

Enclosure:  
Addendum



Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2011**

Open to Public Inspection

**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICANA COMMUNITY CENTER, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4801 SOUTHSIDE DRIVE</b> City or town, state or country, and ZIP + 4 <b>LOUISVILLE, KY 40214</b> <b>F</b> Name and address of principal officer: <b>EDGARDO MANSILLA</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>61-1251306</b> <b>E</b> Telephone number <b>502-366-7813</b> <b>G</b> Gross receipts \$ <b>1,141,785.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>L</b> Year of formation: <b>1993</b> <b>M</b> State of legal domicile: <b>KY</b>
<b>J</b> Website: ▶ <b>WWW.AMERICANACC.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE A SPECTRUM OF SERVICES FOR THE MANY DIVERSE RESIDENTS OF LOUISVILLE METRO. THESE</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	3 14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	4 14
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	5 37
	<b>6</b> Total number of volunteers (estimate if necessary) .....	6 300
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	7b 0.
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....
<b>9</b> Program service revenue (Part VIII, line 2g) .....		18,851. 0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		52. 1,645.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		0. 22,074.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		797,477. 1,141,785.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		0. 0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		418,257. 531,725.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		37,500. 31,250.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>143,029.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		314,067. 281,504.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		769,824. 844,479.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	27,653. 297,306.
	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 2,150,394. End of Year 2,842,744.
	<b>21</b> Total liabilities (Part X, line 26) .....	243,059. 638,103.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	1,907,335. 2,204,641.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>EDGARDO MANSILLA, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BARBARA A. LASKY</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00015280</b>
	Firm's name ▶ <b>ANDERSON, BRYANT, LASKY &amp; WINSLOW, PSC</b> Firm's address ▶ <b>943 SOUTH FIRST STREET</b> <b>LOUISVILLE, KY 40203</b>	Firm's EIN ▶ <b>61-1227965</b> Phone no. <b>(502) 584-9793</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE A SPECTRUM OF SERVICES FOR THE MANY DIVERSE RESIDENTS OF LOUISVILLE METRO. THESE SERVICES ENABLE PEOPLE TO DISCOVER AND UTILIZE RESOURCES TO BUILD STRONG FAMILIES, CREATE A SAFE, SUPPORTIVE COMMUNITY AND REALIZE THEIR INDIVIDUAL POTENTIAL.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 224,489. including grants of \$ ) (Revenue \$ ) FAMILY EDUCATION INITIATIVES

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

SERVED 1674 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 FY12 CAME FROM 92 DIFFERENT COUNTRIES AND 35 ZIP CODES THROUGHOUT LOUISVILLE METRO. IN FY12 THERE WERE: 831

4b (Code: ) (Expenses \$ 203,636. including grants of \$ ) (Revenue \$ ) AMERICANA YOUTH PROGRAM

TO PROVIDE YEAR ROUND OUT-OF-SCHOOL TIME PROGRAMS TO REFUGEE, IMMIGRANT AND LOW-INCOME YOUTH. PROGRAMMING INCLUDES HOMEWORK ASSISTANCE, TUTORING, JCPS K-5 ESL CLASSES, MENTORING, MEALS, CREATIVE ARTS, RECREATION, INCENTIVE-BASED FIELD TRIPS AND OTHER ENRICHMENT PROGRAMS.

IN FY 2012, 523 YOUTH PARTICIPATED IN OUT-OF-SCHOOL PROGRAMMING, INCLUDING AFTER SCHOOL, DURING THE SUMMER, AND WINTER/SPRING BREAK PERIODS.

4c (Code: ) (Expenses \$ 175,925. including grants of \$ ) (Revenue \$ ) COMMUNITY SERVICES

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

AMERICANA IS A VOLUNTEER INCOME TAX ASSISTANCE (VITA) SITE DURING TAX SEASON. VOLUNTEERS PROVIDE FREE TAX PREPARATION TO COMMUNITY MEMBERS WITH AN INCOME OF LESS THAN \$50,000. THE VITA SITE IS COORDINATED BY AN AMERICANA STAFF MEMBER. 331 TAX RETURNS WERE PREPARED AT OUR VITA SITE IN FY12.

THE AMERICANA FIBERWORKS IS AN ARTS AND EDUCATIONAL PROGRAM THAT

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

4e Total program service expenses 604,050.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
<b>23</b> 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
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> 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		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

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

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

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

Form 990 (2011)

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

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

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

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

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

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

List persons in the following order: individual trustees or directors; Institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			X			80,499.	0.	0.	
(2) J. BARRY BARKER BOARD CHAIR	2.00	X		X			0.	0.	0.	
(3) SHARON LANDRUM VICE CHAIR/TREASURER	1.00	X		X			0.	0.	0.	
(4) KELLY MCDONOUGH SECRETARY	1.00	X		X			0.	0.	0.	
(5) GREG BROTZGE BOARD MEMBER	1.00	X					0.	0.	0.	
(6) PATRICK BOULDIN BOARD MEMBER	1.00	X					0.	0.	0.	
(7) GREG CARROLL BOARD MEMBER	1.00	X					0.	0.	0.	
(8) CIS BEAM GRUEBBEL BOARD MEMBER	1.00	X					0.	0.	0.	
(9) CHIP HANCOCK BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JOHN JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(11) FAUSTIN NDAGLJIMANA BOARD MEMBER	1.00	X					0.	0.	0.	
(12) DAVID OWEN BOARD MEMBER	1.00	X					0.	0.	0.	
(13) DR. SHAHID QAMAR BOARD MEMBER	1.00	X					0.	0.	0.	
(14) WILLIAM STONE BOARD MEMBER	1.00	X					0.	0.	0.	
(15) SCOTT WEGENAST BOARD MEMBER	1.00	X					0.	0.	0.	

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
<b>1b Sub-total</b> .....							80,499.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							80,499.	0.	0.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	188,302.				
	f All other contributions, gifts, grants, and similar amounts not included above	929,764.				
	g Noncash contributions included in lines 1a-1f:	13,624.				
	<b>h Total. Add lines 1a-1f</b>	<b>1,118,066.</b>				
<b>Program Service Revenue</b>	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	1,645.			1,645.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
11 a <b>MISC. INCOME</b>	624110	22,074.	22,074.			
b _____						
c _____						
d All other revenue						
e <b>Total. Add lines 11a-11d</b>		<b>22,074.</b>				
<b>12 Total revenue. See instructions.</b>		<b>1,141,785.</b>	<b>22,074.</b>	<b>0.</b>	<b>1,645.</b>	

**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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	81,293.	54,548.	11,787.	14,958.
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	315,600.	211,772.	45,600.	58,228.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	102,879.	69,032.	14,876.	18,971.
10 Payroll taxes	31,953.	21,441.	4,620.	5,892.
11 Fees for services (non-employees):				
a Management	9,475.	9,475.		
b Legal				
c Accounting	8,271.	5,550.	1,196.	1,525.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	31,250.			31,250.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	10,691.	7,174.	1,546.	1,971.
14 Information technology				
15 Royalties				
16 Occupancy	99,209.	91,272.	6,746.	1,191.
17 Travel	14,313.	9,604.	2,070.	2,639.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,552.	8,788.	649.	115.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,040.	23,036.	1,703.	301.
23 Insurance	17,551.	16,147.	1,193.	211.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSE</b>	54,711.	54,711.		
b <b>SUPPLIES</b>	22,859.	15,339.	3,305.	4,215.
c <b>TELEPHONE</b>	4,891.	3,282.	707.	902.
d <b>DUES &amp; SUBSCRIPTIONS</b>	1,599.	1,073.	231.	295.
e All other expenses	3,342.	1,806.	1,171.	365.
25 Total functional expenses. Add lines 1 through 24e	844,479.	604,050.	97,400.	143,029.
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**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing .....	73,799.	1	779,010.
	2	Savings and temporary cash investments .....		2	
	3	Pledges and grants receivable, net .....	1,490,818.	3	957,297.
	4	Accounts receivable, net .....	3,478.	4	10,882.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		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 .....	1,345,370.		
	10b	Less: accumulated depreciation .....	249,815.		
			582,299.	10c	1,095,555.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,150,394.	16	2,842,744.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	29,372.	17	429,602.
	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	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	213,687.	23	208,501.
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	243,059.	26	638,103.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	315,430.	27	922,659.
	28	Temporarily restricted net assets .....	1,591,905.	28	1,281,982.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	1,907,335.	33	2,204,641.	
34	<b>Total liabilities and net assets/fund balances</b> .....	2,150,394.	34	2,842,744.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,141,785.
2	Total expenses (must equal Part IX, column (A), line 25)	2	844,479.
3	Revenue less expenses. Subtract line 2 from line 1	3	297,306.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,907,335.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,204,641.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally Integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

132021  
01-24-12

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	570,226.	713,214.	324,683.	778,574.	1,118,066.	3,504,763.
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 <b>Total.</b> Add lines 1 through 3	570,226.	713,214.	324,683.	778,574.	1,118,066.	3,504,763.
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)						199,545.
6 <b>Public support.</b> Subtract line 5 from line 4.						3,305,218.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	570,226.	713,214.	324,683.	778,574.	1,118,066.	3,504,763.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,227.	20.	10.	52.	1,645.	2,954.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	30,718.	24,880.	19,991.	18,851.	22,074.	116,514.
11 <b>Total support.</b> Add lines 7 through 10						3,624,231.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	91.20 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	83.46 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13</b> Total support (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2011**

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number

61-1251306

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)



Name of organization <b>AMERICANA COMMUNITY CENTER, INC.</b>	Employer identification number <b>61-1251306</b>
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**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	THE GHEENS FOUNDATION 401 WEST MAIN ST., STE. 705 LOUISVILLE, KY 40202	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LOUISVILLE METRO GOVERNMENT 609 W. JEFFERSON ST. LOUISVILLE, KY 40202	\$ 92,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BROWN-FORMAN CORPORATION PO BOX 1080 LOUISVILLE, KY 40201	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	METRO UNITED WAY 334 E. BROADWAY LOUISVILLE, KY 40204	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NATIONAL CENTER FOR FAMILY LITERACY 325 W. MAIN ST., STE. 300 LOUISVILLE, KY 40202	\$ 50,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CATHOLIC CHARITIES OF LOUISVILLE, INC. 1177 E. BROADWAY LOUISVILLE, KY 40204	\$ 39,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**AMERICANA COMMUNITY CENTER, INC.**

**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	PNC FOUNDATION 500 W. JEFFERSON ST. LOUISVILLE, KY 40202	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	SISTERS OF CHARITY OF NAZARETH PO BOX 172 NAZARETH, KY 40048	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	KOSAIR CHARITIES ENDOWMENT FUND PO BOX 37370 LOUISVILLE, KY 40233	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>AMERICANA COMMUNITY CENTER, INC.</b>	Employer identification number <b>61-1251306</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

**AMERICANA COMMUNITY CENTER, INC.**

**61-1251306**

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee


**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **AMERICANA COMMUNITY CENTER, INC.** Employer identification number **61-1251306**

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _____
b Assets included in Form 990, Part X .....	▶ \$ _____

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

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

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Temporarily restricted endowment ▶ \_\_\_\_\_ %

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

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		81,800.		81,800.
b Buildings		1,152,386.	161,612.	990,774.
c Leasehold improvements				
d Equipment		111,184.	88,203.	22,981.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 1,095,555.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

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

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

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

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

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,141,785.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	844,479.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	297,306.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	297,306.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,141,785.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,141,785.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,141,785.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	844,479.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	844,479.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	844,479.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: MANAGEMENT HAS CONCLUDED THAT ANY TAX POSITIONS THAT**

**WOULD NOT MEET THE MORE-LIKELY-THAN-NOT CRITERION OF FASB ASC 740-10 WOULD**

**BE IMMATERIAL TO THE FINANCIAL STATEMENTS TAKEN AS A WHOLE. ACCORDINGLY,**

**THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE ANY PROVISION FOR**

**UNCERTAIN TAX POSITIONS, AND NO RELATED INTEREST OR PENALTIES HAVE BEEN**

**RECORDED IN THE OPERATING STATEMENT OR ACCRUED IN THE BALANCE SHEET.**

**FEDERAL AND STATE TAX RETURNS OF THE ENTITY ARE GENERALLY OPEN TO**

**EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS**



**Part XIV** Supplemental Information (continued)

FROM THE DATE THE RETURNS ARE FILED.

Lined area for supplemental information.

**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" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

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" to 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
- 2 a 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 ten 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			
ASHLEY, ROUNTREE & ASSOCIATES - 2525 NELSON MILLER PARKWAY,	PROFESSIONAL CONSULTING FOR CAPITAL CAMPAIGN		X	0.	37,500.	0.
<b>Total</b>					37,500.	

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				( )

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				( )	

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate 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 operate 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 operated in:

a The organization's facility 13a %

b An outside facility 13b %

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. Complete this part to 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 complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ASHLEY, ROUNTREE & ASSOCIATES

(I) ADDRESS OF FUNDRAISER:

2525 NELSON MILLER PARKWAY, # 106, LOUISVILLE, KY 40223

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number  
61-1251306

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

SERVICES ENABLE PEOPLE TO DISCOVER AND UTILIZE RESOURCES TO BUILD  
STRONG FAMILIES, CREATE A SAFE, SUPPORTIVE COMMUNITY AND REALIZE THEIR  
INDIVIDUAL POTENTIAL.

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

ESL ENROLLMENTS; 41 FAMILIES PARTICIPATED IN FAMILY EDUCATION; 564  
ENROLLMENTS IN GED AND ADULT BASIC EDUCATION CLASSES; AND 54 STUDENTS  
ATTENDING CITIZENSHIP CLASSES BECAME U.S. CITIZENS.

AMERICANA PARTNERS WITH JEFFERSON COUNTY PUBLIC SCHOOLS ADULT AND  
CONTINUING EDUCATION TO OFFER ESL, GED/ABE AND FAMILY EDUCATION  
CLASSES. JCPS DOES NOT PROVIDE REVENUE, THEREFORE, FAMILY INITIATIVE  
EXPENSES INCLUDE OPERATING AND OCCUPANCY COSTS ASSOCIATED WITH THESE  
PROGRAMS, SUCH AS UTILITIES, INTERNET, JANITORIAL, AND FRONT OFFICE  
STAFF WHO ASSIST WITH INFORMATION FOR PROGRAM PARTICIPANTS AS WELL AS  
AMERICANA STAFF MEMBERS WHO PROVIDE SUPPORT TO THESE PROGRAMS, SUCH AS  
THE FAMILY COACH AND FAMILY EDUCATION STAFF.

JCPS HAS PROVIDED APPROXIMATELY \$137,000 IN FURNITURE AND MATERIALS AND  
AN ADDITIONAL \$250,000 IN SALARIES IN-KIND TO SUPPORT THESE PROGRAMS.

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

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

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number

61-1251306

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

PROVIDES A SUPPORTIVE ENVIRONMENT WHERE IMMIGRANT AND REFUGEE WOMEN LEARN AND PRACTICE VARIOUS FIBER ARTS, BUSINESS SKILLS, AND ESL COMPETENCY. 12 IMMIGRANT AND REFUGEE WOMEN PARTICIPATE IN THE AMERICANA FIBERWORKS PROGRAM REGULARLY.

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

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

IN ADDITION TO THE COMMUNITY SERVICES SUMMARIZED ABOVE, AMERICANA PROVIDES PRO-BONO OR \$1/YR LEASE MEETING AND OFFICE SPACE FOR MANY DIVERSE GROUPS (I.E. BURUNDI COMMUNITY, HISPANIC LATINO COALITION, SOUTH LOUISVILLE COMMUNITY MINISTRIES, SOMALI COMMUNITY, KENTUCKY AMERICAN INDIAN RESOURCE CENTER). 33 COMMUNITY GROUPS HELD EVENTS AT AMERICANA DURING FISCAL YEAR 2011-12.

FORM 990, PART VI, SECTION B, LINE 11: REVIEW OF THE 990 REPORT BECOMES A BOARD MEETING AGENDA ITEM UPON RECEIPT OF THE DRAFT DOCUMENT FROM THE AUDITORS. COPIES ARE TRANSMITTED TO BOARD MEMBERS FOR REVIEW PRIOR TO THE BOARD MEETING. COPIES ARE DISTRIBUTED TO ATTENDING BOARD MEMBERS. UPON REVIEW AND DISCUSSION, THE BOARD MOTIONS TO APPROVE THE DOCUMENT WITH CHANGES, IF ANY. THE AUDITORS ARE NOTIFIED OF ANY NECESSARY CHANGES PRIOR

132212  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

32

9280508 781836 00610

2011.05070 AMERICANA COMMUNITY CENTER, 00610\_\_1

Name of the organization

AMERICANA COMMUNITY CENTER, INC.

Employer identification number  
61-1251306

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

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS COMPENSATION ANNUALLY, COMPARES TO OTHER COMPARATIVE EXECUTIVE DIRECTOR POSITIONS IN THE AREA, THEN REVIEWS THE BUDGETED REVENUE TO MAKE A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS OF COMPENSATION FOR THE FISCAL YEAR.

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

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
June 30, 2012

<b>Prepared for</b>	Americana Community Center, Inc. 4801 Southside Drive Louisville, KY 40214
<b>Prepared by</b>	Anderson, Bryant, Lasky & Winslow, PSC 943 South First Street Louisville, KY 40203
<b>Amount due or refund</b>	No amount is due. The organization will receive a refund in the amount of \$9,738
<b>Make check payable to</b>	No amount is due.
<b>Mail tax return and check (if applicable) to</b>	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
<b>Return must be mailed on or before</b>	May 15, 2013
<b>Special instructions</b>	The return should be signed and dated.



REQUEST FOR 45R CREDIT ONLY

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

OMB No. 1545-0087

**2011**

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

Form **990-T**

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**

<b>A</b> <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number (Employees' trust, see instructions.)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b> <b>AMERICANA COMMUNITY CENTER, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>4801 SOUTHSIDE DRIVE</b> City or town, state, and ZIP code <b>LOUISVILLE, KY 40214</b>	<b>61-1251306</b> <b>E</b> Unrelated business activity codes (See instructions.)
<b>C</b> Book value of all assets at end of year <b>2,842,744.</b>	<b>F</b> Group exemption number (See instructions.)	<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**H** Describe the organization's primary unrelated business activity.  Yes  No

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

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

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

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

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

**Part III Tax Computation**

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

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>		
<b>b</b> Other credits (see instructions)	<b>40b</b>		
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>		
<b>e</b> Total credits. Add lines 40a through 40d	<b>40e</b>		
<b>41</b> Subtract line 40e from line 39	<b>41</b>		0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>		
<b>43</b> Total tax. Add lines 41 and 42	<b>43</b>		0.
<b>44a</b> Payments: A 2010 overpayment credited to 2011	<b>44a</b>		
<b>b</b> 2011 estimated tax payments	<b>44b</b>		
<b>c</b> Tax deposited with Form 8868	<b>44c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>		
<b>e</b> Backup withholding (see instructions)	<b>44e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	9,738.	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	<b>44g</b>		
<b>45</b> Total payments. Add lines 44a through 44g	<b>45</b>		9,738.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>		
<b>47</b> Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>		
<b>48</b> Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>		9,738.
<b>49</b> Enter the amount of line 48 you want: Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	<b>49</b>		9,738.

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

<b>1</b> At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and	Yes	No
<b>2</b> Financial Accounts. If YES, enter the name of the foreign country here _____ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		X

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

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

Sign Here

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title **EXECUTIVE DIRECTOR**

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

Paid Preparer Use Only

Print/Type preparer's name **BARBARA A. LASKY** Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN **P00015280**

Firm's name **ANDERSON, BRYANT, LASKY & WINSLOW, PSC** Firm's EIN **61-1227965**

Firm's address **943 SOUTH FIRST STREET** Phone no. **(502) 584-9793**

**LOUISVILLE, KY 40203**

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

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

**2011**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

**AMERICANA COMMUNITY CENTER, INC.**

**61-1251306**

Name and title of officer  
**EDGARDO MANSILLA  
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	<u>1141785</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b	_____

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN  Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**61540845801**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

**Credit for Small Employer Health Insurance Premiums**

▶ Information about Form 8941 and its instructions is available at [www.irs.gov/forms8941](http://www.irs.gov/forms8941).  
▶ Attach to your tax return.

Name(s) shown on return

Identifying number

**AMERICANA COMMUNITY CENTER, INC.**

**61-1251306**

1	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	37
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	12
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	29,000.
4	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	90,385.
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	55,120.
6	Enter the <b>smaller</b> of line 4 or line 5	55,120.
7	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	13,780.
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	11,943.
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9,738.
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	
11	Subtract line 10 from line 4. If zero or less, enter -0-	90,385.
12	Enter the <b>smaller</b> of line 9 or line 11	9,738.
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	11
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	8
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	9,738.
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	
19	Enter the amount you paid in 2011 for taxes considered payroll taxes for purposes of this credit (see instructions)	10,459.
20	Tax-exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T, line 44f	9,738.

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Information Needed to Complete Lines 1-3**

(a) Individuals Considered Employees	(b) Employee Hours of Service	(c) Employee Wages Paid
MANSILLA, EDGARDO	403-39-2207	2,080.
BURGOYNE, KRISTIN	233-31-2473	2,080.
KOERNER, MARIA	269-90-5923	2,080.
RIVERA, PRADY	146-06-4775	2,080.
WADOWSKI, JASON	366-96-4197	1,240.
HABIMANA, VICTORINE	400-61-4309	2,080.
BLOOMER, REBECCA	306-94-2372	880.
MIRAMONTES, LARA	611-44-0226	800.
DYER, EMILIE	406-35-8945	880.
DUNCAN, DANA	264-59-9538	720.
GOULD, PATRICIA	403-84-7230	1,820.
STEINHAEUER, AMANDA	407-25-1453	1,125.
ZARONTONELLO, SARAH	406-33-5871	1,002.
ZARONTONELLO, JARED	403-39-7434	950.
STEINHAEUER, JOSEPH	401-39-3877	870.
HARRIS, NAKIA	401-33-1371	543.
UDIS, ALEXANDER	549-87-4121	841.
TOFTE, KARA	508-21-7083	759.
POINDEXTER, MICHAEL	400-31-1087	541.
BELMONTE, NELSON	041-43-9612	489.
CRIGLER, JASON	403-39-0956	567.
HOFFMAN, HEATHER	405-27-5209	419.
SHAW, ERIN	198-64-7943	392.
SAWAYER, LAUREN	406-25-2826	375.
KLEPPE, ERIC	445-02-6902	
<b>Total</b>	<b>26,578.</b>	<b>351,780.</b>

**Full-Time Equivalent Employees (FTEs)**

1. Enter the total employee hours of service from column (b) above .....	26,578.
2. Hours of service per FTE .....	2,080
3. Full-time equivalent employees. Divide line 1 by line 2 .....	12

**Average Annual Wages**

1. Enter the total employee wages paid from column (c) above .....	351,780.
2. Enter FTEs from line 3 above .....	12
3. Average wages. Divide line 1 by line 2 .....	29,000.

Information Needed to Complete Lines 1-3

(a) Individuals Considered Employees	(b) Employee Hours of Service	(c) Employee Wages Paid
NEUPANE, DHRUBA	403-71-5490	310. 2,481.
OZKIR, MIRAC	011-29-2198	284. 2,274.
SALIPUR, MAJA	008-82-1401	153. 1,225.
ARNOLD, COREY	333-84-1656	133. 1,061.
RENN, SHIN	402-37-3713	
GETER, CORINE	404-37-3029	
MCKELLAR	252-37-8997	
HOPE, JASON	401-35-6681	
BRIGHT, QJUAN	406-27-2570	85. 678.
POWELL, JESSICA	256-69-8184	
DEPARA, EGLIS	405-51-0603	
MORERA, YASLIN	401-67-4099	
Total		26,578. 351,780.

**Full-Time Equivalent Employees (FTEs)**

1. Enter the total employee hours of service from column (b) above .....	26,578.
2. Hours of service per FTE .....	2,080
3. Full-time equivalent employees. Divide line 1 by line 2 .....	12

**Average Annual Wages**

1. Enter the total employee wages paid from column (c) above .....	351,780.
2. Enter FTEs from line 3 above .....	12
3. Average wages. Divide line 1 by line 2 .....	29,000.







## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific instructions on page 2.	Name (as shown on your income tax return) <b>Americana Community Center, Inc.</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.) <b>4801 Southside Drive</b>		Requester's name and address (optional)
City, state, and ZIP code <b>Louisville, KY 40214</b>		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For Individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.  <b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="9" style="text-align: center;">Social security number</td></tr><tr><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr><tr><td style="width: 30px;">6</td><td style="width: 30px;">1</td><td style="width: 30px;">-</td><td style="width: 30px;">1</td><td style="width: 30px;">2</td><td style="width: 30px;">5</td><td style="width: 30px;">1</td><td style="width: 30px;">3</td><td style="width: 30px;">0</td><td style="width: 30px;">6</td></tr></table>	Social security number																		Employer identification number									6	1	-	1	2	5	1	3	0	6
Social security number																																						
Employer identification number																																						
6	1	-	1	2	5	1	3	0	6																													

<b>Part II Certification</b> 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. <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Signature of U.S. person ▶ <i>[Signature]</i></td><td style="width: 40%;">Date ▶ <i>4-10-2014</i></td></tr></table>	Signature of U.S. person ▶ <i>[Signature]</i>	Date ▶ <i>4-10-2014</i>
Signature of U.S. person ▶ <i>[Signature]</i>	Date ▶ <i>4-10-2014</i>		

<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> The IRS has created a page on IRS.gov for information about Form W-9, at <a href="http://www.irs.gov/w9">www.irs.gov/w9</a> . Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page. <b>Purpose of Form</b> A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 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. <b>Note.</b> 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. <b>Definition of a U.S. person.</b> 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). <b>Special rules for partnerships.</b> 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.
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**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT**

**AMERICANA COMMUNITY CENTER, INC.**

**JUNE 30, 2013 AND 2012**

## CONTENTS

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## INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of Americana Community Center, Inc., (a not-for-profit organization)(the Center) which comprise the statements of financial position as of June 30, 2013 and 2012, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Americana Community Center, Inc. as of June 30, 2013 and 2012, 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.

*Anderson, Bryant, Lecky + Wainbow, P.S.C.*

Louisville, Kentucky  
February 21, 2014

**STATEMENTS OF FINANCIAL POSITION  
AMERICANA COMMUNITY CENTER, INC.  
JUNE 30, 2013 AND 2012**

	<u>2013</u>	<u>2012</u>
<b>ASSETS</b>		
Cash	\$ -	\$ 566,783
Grants receivable	5,608	10,882
Promises to give	898,936	957,297
Restricted cash	27,965	212,227
Land, building and equipment, net	<u>1,309,124</u>	<u>1,095,555</u>
<b>Total assets</b>	<b><u>\$2,241,633</u></b>	<b><u>\$2,842,744</u></b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES</b>		
Accounts payable	\$ 13,332	\$ 411,097
Accrued expenses	13,571	18,505
Line of credit	100,000	100,000
Notes payable	<u>133,006</u>	<u>108,501</u>
<b>Total liabilities</b>	<b><u>259,909</u></b>	<b><u>638,103</u></b>
<b>NET ASSETS</b>		
Unrestricted	988,181	922,659
Temporarily restricted	<u>993,543</u>	<u>1,281,982</u>
<b>Total net assets</b>	<b><u>1,981,724</u></b>	<b><u>2,204,641</u></b>
<b>Total liabilities and net assets</b>	<b><u>\$2,241,633</u></b>	<b><u>\$2,842,744</u></b>

The accompanying notes are an integral part of these financial statements

**STATEMENTS OF ACTIVITIES  
AMERICANA COMMUNITY CENTER, INC.  
FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

	2013			2012		
	Unrestricted	Temporarily Restricted	Total	Unrestricted	Temporarily Restricted	Total
<b>Revenue and support:</b>						
Government grants	\$ 98,496	-	\$ 98,496	\$ 188,302	-	\$ 188,302
Contributions and grants	99,397	374,000	473,397	103,449	826,315	929,764
Interest income	157	-	157	1,645	-	1,645
Miscellaneous	22,768	-	22,768	22,074	-	22,074
<b>Total revenue and support</b>	<b>220,818</b>	<b>374,000</b>	<b>594,818</b>	<b>315,470</b>	<b>826,315</b>	<b>1,141,785</b>
<b>Net assets released from restrictions</b>						
Restrictions satisfied by payments	662,439	(662,439)	-	1,136,238	(1,136,238)	-
<b>Total revenue, support and reclassifications</b>	<b>883,257</b>	<b>(288,439)</b>	<b>594,818</b>	<b>1,451,708</b>	<b>(309,923)</b>	<b>1,141,785</b>
<b>Expenses:</b>						
Program services	585,872	-	585,872	604,050	-	604,050
Management and general	113,436	-	113,436	97,400	-	97,400
Fund raising	118,427	-	118,427	143,029	-	143,029
<b>Total expenses</b>	<b>817,735</b>	<b>-</b>	<b>817,735</b>	<b>844,479</b>	<b>-</b>	<b>844,479</b>
<b>Increase (decrease) in net assets</b>	<b>65,522</b>	<b>(288,439)</b>	<b>(222,917)</b>	<b>607,229</b>	<b>(309,923)</b>	<b>297,306</b>
<b>Net assets at beginning of year</b>	<b>922,659</b>	<b>1,281,982</b>	<b>2,204,641</b>	<b>315,430</b>	<b>1,591,905</b>	<b>1,907,335</b>
<b>Net assets at end of year</b>	<b>\$ 988,181</b>	<b>\$ 993,543</b>	<b>\$ 1,981,724</b>	<b>\$ 922,659</b>	<b>\$ 1,281,982</b>	<b>\$ 2,204,641</b>

The accompanying notes are an integral part of these financial statements



**STATEMENTS OF FUNCTIONAL EXPENSES  
AMERICANA COMMUNITY CENTER, INC.  
FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

	2013		2012	
	Total	Management and Program Services	Management and Program Services	Fund Raising
Salaries	\$ 358,476	\$ 222,064	\$ 62,995	\$ 73,417
Payroll taxes	28,661	17,752	5,039	5,870
Employee benefits	110,702	68,569	19,461	22,672
Contract services	12,707	5,820	-	6,887
Supplies	20,816	16,670	2,194	1,952
Office expense	5,942	4,401	724	817
Program expense	55,613	55,613	-	-
Postage	488	302	86	100
Printing	163	101	29	33
Occupancy	108,190	99,535	7,357	1,298
Insurance	29,398	27,046	1,999	353
Interest	10,528	9,686	716	126
Professional fees	8,779	1,721	6,489	569
Telephone	4,216	2,884	623	709
Travel	11,510	8,249	898	2,363
Training	818	681	-	137
Dues, subscriptions & journals	2,450	1,517	431	502
Miscellaneous	3,159	1,753	1,326	80
Depreciation	45,119	41,508	3,069	542
<b>Total expenses</b>	<b>\$ 817,735</b>	<b>\$ 585,872</b>	<b>\$ 113,436</b>	<b>\$ 118,427</b>
		<b>\$ 266,320</b>	<b>\$ 57,387</b>	<b>\$ 73,186</b>
		21,441	4,620	5,892
		69,032	14,876	18,971
		9,475	-	31,250
		15,339	3,305	4,215
		7,174	1,546	1,971
		54,711	-	-
		346	75	95
		483	104	133
		91,272	6,746	1,191
		16,147	1,193	211
		8,788	649	115
		5,550	1,196	1,525
		3,282	707	902
		9,604	2,070	2,639
		977	79	-
		1,073	231	295
		-	913	137
		23,036	1,703	301
		<b>\$ 604,050</b>	<b>\$ 97,400</b>	<b>\$ 143,029</b>

The accompanying notes are an integral part of these financial statements

**STATEMENTS OF CASH FLOWS  
AMERICANA COMMUNITY CENTER, INC.  
FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

	<u>2013</u>	<u>2012</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ (222,917)	\$ 297,306
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities:		
Depreciation	45,119	25,040
(Increase) decrease in operating assets:		
Grants receivable	5,274	(7,404)
Promises to give	58,361	533,521
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	(402,699)	400,230
Contributions restricted for long-term purposes	-	(629,907)
	<u>(516,862)</u>	<u>618,786</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
(Increase) decrease in restricted cash	184,262	(212,227)
Purchase of improvements and equipment	<u>(258,688)</u>	<u>(538,296)</u>
	<u>(74,426)</u>	<u>(750,523)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Proceeds from notes payable	30,000	-
Payments on notes payable	(5,495)	(5,186)
Contributions restricted for long-term purposes	<u>-</u>	<u>629,907</u>
	<u>24,505</u>	<u>624,721</u>
Net increase (decrease) in cash	(566,783)	492,984
Cash at beginning of year	<u>566,783</u>	<u>73,799</u>
Cash at end of year	<u>\$ -</u>	<u>\$ 566,783</u>
<b>SUPPLEMENTAL DISCLOSURES:</b>		
In-kind donations of equipment	<u>\$ -</u>	<u>\$ 3,782</u>
Cash paid for interest	<u>\$ 10,528</u>	<u>\$ 9,552</u>

The accompanying notes are an integral part of these financial statements

**NOTES TO FINANCIAL STATEMENTS  
AMERICANA COMMUNITY CENTER, INC.  
JUNE 30, 2013 AND 2012**

**NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

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

**Basis of Accounting**

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

**Basis of Presentation**

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

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

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

## NOTES TO FINANCIAL STATEMENTS – CONTINUED

Permanently Restricted Net Assets: include amounts which the donor has stipulated that the corpus be invested in perpetuity and only the income be made available for program operations in accordance with donor restrictions.

### **Estimates**

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

### **Cash**

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

### **Grants Receivable**

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

### **Promises to Give**

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

### **Land, Building and Equipment**

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

## **NOTES TO FINANCIAL STATEMENTS – CONTINUED**

### **Contributions**

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

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

### **In-Kind Contributions**

The Center receives in-kind contributions from various corporations and individuals in the form of supplies and equipment. These in-kind items are recorded as part of the public support on the statements of activities. The donated items are recorded at their fair value at the time of donation and were \$6,100 and \$13,624 for the years ended June 30, 2013 and 2012, respectively.

### **Donated Services**

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

### **Expense Allocation**

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

## NOTES TO FINANCIAL STATEMENTS – CONTINUED

### Income Tax Status

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

Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of FASB ASC 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statement of activities or accrued in the statement of financial position. Federal and state tax returns of the entity are generally open to examination by the relevant taxing authorities for a period of three years from the date the returns are filed.

### Reclassifications

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

### Subsequent Events

Management has evaluated subsequent events for recognition or disclosure in the financial statements through February 21, 2014, which was the date at which the financial statements were available to be issued.

**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

**NOTE 2. CONCENTRATIONS OF CREDIT RISK**

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

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

**NOTE 3. PROMISES TO GIVE**

Promises to give consist of the following at June 30:

	<u>2013</u>	<u>2012</u>
Capital campaign	\$ 727,722	\$ 996,861
Operations	<u>223,345</u>	<u>27,917</u>
	<u>\$ 951,067</u>	<u>\$1,024,778</u>
Receivable in less than one year	\$ 331,788	\$ 285,250
Receivable in one to five years	419,279	439,528
Receivable in more than five years	<u>200,000</u>	<u>300,000</u>
Total promises to give	951,067	1,024,778
Less discounts to net present value	<u>(52,131)</u>	<u>(67,481)</u>
Net promises to give	<u>\$ 898,936</u>	<u>\$ 957,297</u>

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

**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

**NOTE 4. LAND, BUILDING AND EQUIPMENT**

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

	<u>2013</u>	<u>2012</u>
Land	\$ 81,800	\$ 81,800
Building and improvements	1,408,383	1,152,386
Furniture and equipment	<u>113,875</u>	<u>111,184</u>
Total costs	1,604,058	1,345,370
Less accumulated depreciation	<u>(294,934)</u>	<u>(249,815)</u>
Land, building and equipment, net	<u>\$ 1,309,124</u>	<u>\$ 1,095,555</u>
Depreciation expense	<u>\$ 45,119</u>	<u>\$ 25,040</u>

**NOTE 5. LINE OF CREDIT**

The Center has available a \$100,000 line of credit, with \$100,000 outstanding on June 30, 2013. Advances on the line of credit carry an interest rate of prime plus 1% (4.25% on June 30, 2013). The credit line is secured by an interest in the property located at 4801 Southside Drive.

**NOTE 6. NOTES PAYABLE**

Notes payable consisted of the following at June 30:

	<u>2013</u>	<u>2012</u>
Mortgage payable to a bank, secured by real property at 4801 Southside Drive, interest rate of 5.75%, monthly payments of \$977 with a maturity of October, 2020.	\$ 103,006	\$ 108,501
Note payable to a not-for-profit, with an interest rate of 0%, and no required principal payments due until maturity at June, 2015	<u>30,000</u>	<u>-</u>
	<u>\$ 133,006</u>	<u>\$ 108,501</u>



**NOTES TO FINANCIAL STATEMENTS – CONTINUED**

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

6/30/14	\$ 5,972
6/30/15	36,325
6/30/16	6,698
6/30/17	7,094
6/30/18	7,513
Thereafter	<u>69,404</u>
<b>Total</b>	<b><u>\$ 133,006</u></b>

As of January 31, 2014, management anticipates that the mortgage above, with a balance of \$103,006, as well as the line of credit discussed in Note 5, will be refinanced as part of a new loan package for further campus improvements. The anticipated refinancing loan will be approximately \$371,000, with an interest rate of 3.75%, paid over a 15 year term, with the interest rate to reset after five years.

A second mortgage of \$600,000 is also anticipated, with annual \$100,000 principal payments. This loan should also have an interest rate of 3.75%, with a final maturity anticipated in winter of 2020.

**NOTE 7. RESTRICTIONS ON ASSETS**

Temporarily restricted net assets consist of the following:

	<u>2013</u>	<u>2012</u>
Renovation Programs	\$ 732,208	\$ 1,141,913
	<u>261,335</u>	<u>140,069</u>
<b>Total</b>	<b><u>\$ 993,543</u></b>	<b><u>\$ 1,281,982</u></b>

**NOTE 8. LEASING ARRANGEMENTS**

The Center leases office space to other not-for-profit agencies on a month-to-month basis. Annual rents received under this arrangement for the years ended June 30, 2013 and 2012 were \$8,838 and \$8,539, respectively.

## NOTES TO FINANCIAL STATEMENTS – CONTINUED

### NOTE 9. INTERFUND BORROWINGS

As of June 30, 2013, the Center has borrowed approximately \$67,000 of donor-imposed temporarily restricted net assets for use in current operations. The borrowings are unsecured and bear no interest.

### NOTE 10. GOING CONCERN

The Center has experienced significant decreases in unrestricted net assets for the last six years, and is having difficulty obtaining sufficient unrestricted funds to provide working capital. Of the \$988,181 in unrestricted net assets at June 30, 2013, all is invested in land, buildings and equipment and, accordingly, does not represent liquid funds. Additionally, as of June 30, 2013, the Center's current liabilities exceed its current assets by \$21,295. Based on these factors, the Center's cash flows may not be sufficient to timely satisfy its current liabilities.

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

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

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

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

Americana Community Center  
Cash Flow Projection FY2013

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
		July	August	September	October	November	December	January	February	March	April	May	June	Total
		Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Projected	Projected	Projected	
1														
2														
3														
4	Opening Balance	15,467	139,466	97,938	81,841	75,110	36,028	118,578	78,201	22,072	24,930	16,258	(33,604)	
5	INCOME													
6	Donations	3,110	6,710	960	6,272	2,819	4,810	4,103	337	9,565	6,516	3,370	3,521	51,693
7	Community Activities									542	3,825	275	8,110	12,752
8	Other (incl rent & interest)	1,383	904	315	1,128	667	890	855	50	2,120	500	750	1,000	10,552
9	Other (to fund Operations)												10,000	10,000
10	Americana Fiberworks	35				8				32	50	200	200	525
11	Corporations/Foundation			1,448						1,500				2,948
12	ACC Training											1,000	1,000	2,000
13	ACC Fundraisers			130	9,150	13,380	10,500					1,000	15,000	48,160
14	AT&T						1,800							1,800
15	Broadway Baptist Church						8,689							8,689
16	Brown-Forman	25,000												25,000
17	CE&S						61,000				10,000			61,000
18	Craille Fdn													10,000
19	Dollar General												10,000	10,000
20	General Mills			10,000										10,000
21	Gheens	100,000												110,000
22	Good Samaritan Fdn	29,450												29,450
23	Horn Foundation										3,000			3,000
24	Humana Fdn										1,000			1,000
25	JHMS-Kids Café	2,689												2,689
26	KCTCS										5,000			5,000
27	Kosair Fdn													
28	KY Colonels									1,125				1,125
29	LG&E											2,500		2,500
30	LABC-VITA-MJW										2,500			2,500
31	Lou Metro F&H Svc		9,000				9,000		9,000	9,000	9,000			36,000
32	Lou Metro Youth Svc				5,050		5,050		5,050	5,050	5,050			20,200
33	Louisville Metro Council												15,000	15,000
34	Metro United Way	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	8,333	100,000
35	MJW/Gheens Fdn		330											330
36	Norton Fdn						15,000							15,000
37	Old National Bank						5,000							5,000
38	PNC Bank		1,000		20,000								5,000	21,000
39	SafeCo												5,000	5,000
40	Sisters of Nazareth			20,000						20,000				20,000
41	Toyota													20,000
42	UPS				5,000									5,000
43	Univ. Kent School - STRC				5,000									5,000
44	US Govt-Hicare CR												8,891	8,891
45	VISTA Support										3,000			3,000
46	WHAS Crusade for Children	2,276		2,033							5,000			6,500
47	Total Income	172,276	17,277	42,220	69,933	25,008	129,661	13,292	8,720	57,267	62,775	16,428	99,555	714,614
48														714,614

Americana Community Center  
Cash Flow Projection FY2013

	A		B		C		D		E		F		G		H		I		J		K		L		M		N				
			July Actual	August Actual	September Actual	October Actual	November Actual	December Actual	January Actual	February Actual	March Actual	April Projected	May Projected	June Projected	Total																
1																															
2																															
3																															
49	EXPENSE																														
50	Payroll		34,978	23,561	25,384	44,965	31,669	30,486	25,926	30,723	30,606	42,297	28,909	397,358																	
51	Other Personnel Expense		10,890	7,914	11,284	7,773	10,612	3,636	5,762	5,090	10,949	3,656	4,041	86,724																	
52	Other Operating Expense		4,619	3,441	4,220	9,561	5,387	8,713	5,541	3,685	4,844	7,704	7,216	73,455																	
53	Occupancy Expense		10,926	8,370	9,197	8,318	7,932	10,450	13,482	8,991	8,377	8,515	9,765	112,862																	
54	Travel-All		484	230	1,022	274	766	122	1,321	-	1,344	716	716	7,690																	
55	Business Meals																														
56	Professional Svcs-Audit																														
57	Misc expense																														
58	Interest Expense/Bank Fees		1,321	859	1,373	474	1,776	642	482	3,637	2,489	2,500	2,500	13,030																	
59																															
60	Total Expense		63,198	44,378	52,479	71,366	58,141	54,078	52,515	58,626	58,695	71,446	66,191	717,380																	
61	Net MONTHLY Income/Loss		109,077	(27,101)	(10,260)	(1,432)	(33,132)	75,783	(39,223)	(49,906)	(1,429)	(8,671)	(49,762)	33,289																	
62																															
63	YTD Cash Flow		138,466	97,938	81,841	75,110	36,028	118,578	78,201	22,072	24,930	16,258	(33,504)	12,701																	
64																															
65	Line-of-CR Borrow		100,000																												
66	MUW loan (payoff due 7/15)																														
67	Kosair approved CC loan		18,000																							15,000					



# Americana Community Center, Inc.

## "Where Louisville Meets the World"

4801 Southside Drive. Louisville, KY 40214  
(502) 366-7813 Fax: (502) 366-6382  
[www.americanacc.org](http://www.americanacc.org)

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The Americana Community Center is a non-profit organization, which provides a spectrum of services for the many diverse residents of Metro Louisville. These services enable people to discover and utilize resources to build strong families, create a safe, supportive community and realize their individual potential.

### Self Assessment

Americana Community Center is committed to providing our participants with comprehensive and holistic services. We are also committed to collecting data that reflects and monitors the work that we are doing. All demographic and attendance data is logged into our Kidtrax database. We use this to keep track of daily attendance averages and to see which kids are participating in which programs. Through our partnership with Jefferson County Public Schools, we are also able to assess each student's grades, GPA, and attendance. This medium is used to identify behavioral and academic problems that our participants may be facing. For our pre-kindergarten youths, we use the nationally recognized Ages and Stage Questionnaire that monitors each child's general development and helps to determine if their mental and physical progress is on schedule. Our program as a whole is monitored through an annual Self-Evaluation provided by the Louisville Metro Government, and we also conduct a Youth Survey at the end of each school year to collect insight into ways to expand and improve the services.

**Board:** Barry Barker, Chair; Gregory Brotzge, Vice-Chair; Sharon Landrum, Treasurer; Ryan Simpson, Secretary; Stuart Alexander III; Patrick Bouldin; Gregory Carroll; Chip Hancock; Nadareca Thibcaux; Kelly McDonough; Faustin Ndagijimana; David Owen; Shahid Qamar; Scott Wegcnast

Executive Director: Edgardo Mansilla, MSW

*Funding provided in part by Louisville Metro Government, Metro United Way, and Kosair Charities*





1st Edition



# **LOUISVILLE QUALITY STANDARDS FOR OUT OF SCHOOL TIME PROGRAMS**

**Minimum Standards**

*A Tool for Achieving Quality Programming  
& Continuous Improvement*

**In cooperation with the Out of School Time Coordinating Council**

**Funded by the Wallace Foundation**

## Minimum Quality Standards Self-Assessment Forms

Agency Name:     Americana Community Center    

Assessor/Job Title:   Kristin Burgoyne  /  Programs Director  

Category 1: Environment					
Element 1.1 Indoor and/or Outdoor Environments					
<b>Standard 1.1.2</b> Environment is physically accessible to children, youth, staff and families with disabilities.					
<b>Indicators: (Must meet 3 of 4 indicators)</b>				YES	NO
<ul style="list-style-type: none"> <li>● The environment has accessible ramps or elevators for individuals with disabilities (O)</li> </ul>				x	
<ul style="list-style-type: none"> <li>● Individuals with disabilities can access environment without assistance (O)</li> </ul>				x	
<ul style="list-style-type: none"> <li>● There are appropriate signs designating accessibility (O)</li> </ul>				x	
<ul style="list-style-type: none"> <li>● Any materials and supplies needed are available and accessible for individuals with disabilities (O)</li> </ul>				x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

Category 2: Program Evaluation and Assessment					
Element 2.1: Program					
<b>Standard 2.1.1</b> Measurable goals are aligned with the organization's vision and mission statements.					
<b>Indicators: (Must meet all indicators)</b>				YES	NO
<ul style="list-style-type: none"> <li>● Organization vision and mission is written and visible to all stakeholders (D&amp;O)</li> </ul>				x	
<ul style="list-style-type: none"> <li>● Measurable program goals are written and aligned with organizational vision and mission (D)</li> </ul>				x	
<ul style="list-style-type: none"> <li>● Staff are aware of program goals and how they align with vision and mission (D&amp;O)</li> </ul>				x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_



Category 2: Program Evaluation and Assessment					
Element 2.1 Program					
Standard 2.1.3 Conducts focus groups, surveys, and/or evaluations with staff, young people, families, volunteers and/or stakeholders, at least annually.					
Indicators: (Must meet 4 of 5 indicators)				YES	NO
<ul style="list-style-type: none"> <li>Organization collects various types of data (focus groups, surveys and/or evaluations) and can demonstrate how it is used to measure quality, program effectiveness, impact and quality improvement (D)</li> <li>Conducts focus groups, surveys, and/or evaluations with staff, young people, families, volunteers and/or stakeholders, at least annually (D&amp;O)</li> <li>A plan for monitoring and assessing the program is designed and implemented (D&amp;O)</li> <li>All stakeholders have the opportunity to participate in the evaluation process and receive results (D&amp;O)</li> <li>Based on evaluation results, organization makes adjustments to increase effectiveness and satisfaction (D&amp;O)</li> </ul>				X	
				X	
				X	
				X	
				X	
Self-Assessment: (Circle One)	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

Category 3: Health, Safety and Nutrition					
Element 3.2 Safety					
Standard 3.2.1 Staff supervises young people at all times, to ensure their safety.					
Indicators: (Must meet 6 of 7 indicators)				YES	NO
<ul style="list-style-type: none"> <li>Staff can be observed supervising young people at all times (O)</li> <li>Young people are not left alone during hours of operation (O)</li> <li>Staff models and teaches good safety habits to young people (O)</li> <li>Written emergency procedures are posted in plain view (O)</li> <li>Charged fire extinguishers are present in program areas (O)</li> <li>First aid kits are available and visible to staff and young people (O)</li> <li>All program space entrances are supervised for security (O)</li> </ul>				X	
				X	
				X	
					X
				X	
				X	
				X	
Self-Assessment:	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

Evacuation signs for fire need to be posted in every classroom and community room in the building. Practice evacuations do happen and teachers go over evacuation plans.

Category 3: Health, Safety and Nutrition Element 3.2 Safety					
<b>Standard 3.2.2</b> Staff is trained in CPR and first aid.					
Indicators: (Must meet all indicators)				YES	NO
<ul style="list-style-type: none"> <li>Documentation of First Aid and CPR certification for staff is available (D)</li> </ul>				x	
<ul style="list-style-type: none"> <li>At least one staff person who is certified in First Aid and CPR is available during hours of operation (D)</li> </ul>				x	
Self-Assessment:	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard:

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Category 3: Health, Safety and Nutrition Element 3.2 Safety					
<b>Standard 3.2.3</b> Staff identifies, documents and reports suspected child abuse and neglect.					
Indicators: (Must meet all indicators)				YES	NO
<ul style="list-style-type: none"> <li>Staff are aware of abuse and neglect laws (D&amp;O)</li> </ul>				x	
<ul style="list-style-type: none"> <li>Staff are trained to recognize, document and report abuse and neglect (D&amp;O)</li> </ul>				x	
<ul style="list-style-type: none"> <li>Program policies and procedures include the legal requirements for reporting of abuse and neglect (D)</li> </ul>				x	
Self-Assessment:	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard:

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Category 3: Health, Safety and Nutrition Element 3.2 Safety				
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**Standard 3.2.4** Program space is kept free of health and safety hazards and the outdoor and/or indoor space meets or exceeds local health and safety guidelines.

Indicators: (Must meet 11 of 14 indicators)		YES	NO	
<ul style="list-style-type: none"> <li>• Staff have been trained and meet all health and safety guidelines (D)</li> <li>• Regular health and safety checks are conducted (D)</li> <li>• Health and safety hazards are addressed in a timely fashion (D &amp; O)</li> <li>• Staff are trained to report health and safety hazards (D)</li> <li>• Young people are instructed on the importance of reporting health and safety hazards (D&amp;O)</li> <li>• Organization has health, safety, nutrition and emergency/disaster plan included in their policies and procedures and they are available to all participating families (D)</li> <li>• All toxic materials are kept in original, labeled containers (O)</li> <li>• Trash is removed each day from facility (O)</li> <li>• All areas have proper lighting (O)</li> <li>• Stairways, hallways and exits are unobstructed (O)</li> <li>• Fire drills are conducted at least annually (D)</li> <li>• Portable space heaters are not permitted (D)</li> <li>• Weapons and firearms are prohibited, except when they are part of a learning activity, i.e. archery (D)</li> <li>• Staff encourages good hygiene practices (O)</li> </ul>		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Category 3: Health, Safety and Nutrition**  
**Element 3.2 Safety**

**Standard 3.2.5** For programs that provide transportation, there are established written policies to ensure the safety of staff and young people; and the program complies with all legal requirements for vehicles and drivers.

Indicators: (Must meet 8 of 10 indicators)		YES	NO	
<ul style="list-style-type: none"> <li>• Policies and procedures for transportation are available for review, and include use of cell phones and tobacco and other drugs (D)</li> <li>• Staff have been trained in transportation policies and procedures (D)</li> <li>• Vehicles receive regular manufacturers recommended maintenance and safety checks (D)</li> <li>• Visual safety checks are conducted with each use of vehicle (O)</li> <li>• Current proof of insurance must be on file with organization (D)</li> <li>• All vehicles, where legally required, are equipped with safety restraints and first aid kits (O)</li> <li>• All staff driving vehicles must be 21 or older, with a valid driver's license and have a good driving record, which is checked annually (D)</li> <li>• Young people must have written parental consent prior to being transported (D)</li> <li>• Doors on vehicle must be locked and young people must wear safety restraints whenever vehicle is in motion (O)</li> <li>• A copy of a valid driver's license for each staff person will be kept on file (D)</li> </ul>		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
		X		
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Category 4: Professional Development**

**Element 4.2 Volunteer Training**

**Standard 4.2.1** Volunteers are trained.

Indicators: (Must meet 4 of 5 indicators)				YES	NO
<ul style="list-style-type: none"> <li>All volunteers receive a written job description (D)</li> <li>All volunteers attend an orientation prior to starting (O)</li> <li>Staff works closely with volunteers to provide appropriate training and supervision (O)</li> <li>Volunteers attend regular meetings where they have an opportunity to provide input and ask questions (O)</li> <li>Volunteers are provided opportunities to attend staff development training (O)</li> </ul>				x	
				x	
				x	
				x	
				x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Category 4: Professional Development					
Element 4.3 Opportunities for Professional Growth					
Standard 4.3.2 Opportunities for ongoing training are provided in order to engage and retain qualified staff.					
Indicators: (Must meet 5 of 6 indicators)				YES	NO
<ul style="list-style-type: none"> <li>A minimum of 15 hours (6 hours for part-time staff) of professional development is required on an annual basis (D&amp;O)</li> <li>Program administration and site directors shall also have training in financial management and staff supervision as part of their annual professional development training (D&amp;O)</li> <li>Organization provides a variety of job related training to assist staff to enhance their skills (D&amp;O)</li> <li>Adequate training records are kept on file to ensure staff meet training needs (D)</li> <li>Staff receive training in First-Aid &amp; CPR (D&amp;O)</li> <li>Staff receive training in identifying and reporting child abuse and neglect (D&amp;O)</li> </ul>				x	
				x	
				x	
				x	
				x	
				x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_

Category 5: Program Management	
Element 5.1 Sustainability and Fiscal Infrastructure	
Standard 5.1.1 Administration provides fiscal management and program oversight through sound budgeting and accounting principles. The program maintains a budget and accounting system with accurate records of funds, both received and dispersed.	

Indicators: (Must meet all indicators)				YES	NO
<ul style="list-style-type: none"> <li>Fiscal management supports program goals (D)</li> <li>Administration adopts annual budget (D)</li> <li>Administration utilizes an appropriate accounting system and maintains accurate records of revenue and expenses (D)</li> </ul>				X	
				X	
				X	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard:

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**Category 5: Program Management**  
Element 5.2 Human Resources

**Standard 5.2.1** A standard hiring process is implemented that ensures all staff (paid and unpaid) have the personal attributes, ability to learn needed skills and professional qualifications appropriate for their position.

Indicators: (Must meet 6 of 8 indicators)				YES	NO
<ul style="list-style-type: none"> <li>All staff positions are posted and advertised (D)</li> <li>Applications are screened for appropriate education and experience (D)</li> <li>Reference, state and national criminal records screening, and previous job (D) performance checks are completed and kept on file for paid/unpaid staff (D)</li> <li>Interviews are conducted prior hiring and paid/unpaid staff are observed interacting with young people (D)</li> <li>There is a written job description for all paid/unpaid staff (D)</li> <li>Administration oversees and documents personnel process including dates of application, commencement, termination and retention for their positions (D)</li> <li>All staff have appropriate education and skills required for their positions (D)</li> <li>Staff may be screened for drug use (D)</li> </ul>				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard:

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**Category 5: Program Management**  
Element 5.2 Human Resources

**Standard 5.2.2** Staff is provided with an orientation that includes a review of the job description, personnel policies, program policies, mission and goals, procedures and quality standards.

Indicators: (Must meet all indicators)				YES	NO

	<ul style="list-style-type: none"> <li>• New staff members receive comprehensive job orientation (D)</li> <li>• New staff members are introduced to program quality standards (D)</li> <li>• New staff members are introduced to and sign code of ethics (D)</li> </ul>	x	
		x	
		x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>
			<i>N/A</i>

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Category 5: Program Management</b>			
<b>Element 5.3 Policies and Procedures</b>			
<b>Standard 5.3.1:</b> The organization has a manual of all policies and procedures that is distributed and/or available to staff, young people, families, schools and community members.			
<b>Indicators: (Must meet 4 of 5 indicators)</b>			
		<b>YES</b>	<b>NO</b>
<ul style="list-style-type: none"> <li>• All staff members have copies of access to policies and procedures manual (D)</li> <li>• Young people and families demonstrate at least a general understanding of organization policies and procedures (O)</li> <li>• Parents of participants, schools and community members may review policies and procedures manual upon request (D&amp;O)</li> <li>• Staff are aware of organizational policies and procedures and act accordingly (O)</li> <li>• Organization policies and procedures are reviewed and updated regularly (D)</li> </ul>		x	
		x	
		x	
		x	
		x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>
			<i>N/A</i>

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Category 5: Program Management</b>		
<b>Element 5.3 Policies and Procedures</b>		
<b>Standard 5.3.3</b> The program maintains an appropriate staff/participant ratio based on the ages and abilities of young people and/or types of activities.		
<b>Indicators: (Must meet all indicators)</b>		
		<b>YES</b>
		<b>NO</b>
<ul style="list-style-type: none"> <li>• 1-25 for school age youth (O)</li> </ul>		x

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

<b>Category 5: Program Management</b> Element 5.3 Policies and Procedures
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**Standard 5.3.4** The program maintains accurate records of participants, staff and volunteers.

Indicators: (Must meet all indicators)	YES	NO
<ul style="list-style-type: none"> <li>• Organization maintains &amp; secures all participant and staff records including:               <ul style="list-style-type: none"> <li>○ Participant age, school address, phone, participation rate, emergency info, etc. (D)</li> <li>○ Staff compensation, benefits, hours, record checks, etc. (D)</li> </ul> </li> </ul>	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

<b>Element 6.2 Schedule</b>
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**Standard 6.2.1** The program schedule is consistent enough to establish a routine, yet offers flexibility to meet the individual or situational needs of all participants.

Indicators: (Must meet all indicators)	YES	NO
<ul style="list-style-type: none"> <li>• Program structure is consistent and predictable (O)</li> <li>• Activities and project are sequential with clear steps and progressions (O)</li> <li>• Young people go through several activities or segments in a program day (O)</li> </ul>	x	
	x	
	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

<b>Category 6: Program Structure</b> Element 6.3 Curriculum Activities
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**Standard 6.3.1:** Program curriculum/activities are intentionally planned to align with the mission and goals of the program and promote the development of all young people.

Indicators: (Must meet 3 of 4 indicators)	YES	NO
<ul style="list-style-type: none"> <li>• The mission of the program is repeatedly stressed at all planning meetings (D&amp;O)</li> <li>• Staff are aware of, and communicate, how each activity works towards achieving</li> </ul>	x	
	x	



	program goals (O)			
	• Programs foster a sense of belonging and membership to the organization (O)		x	
	• Program activities are consistent with mission and philosophy (O)		x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Category 6: Program Structure</b>					
Element 6.3 Curriculum Activities					
<b>Standard 6.3.4</b> The program provides activities that engage young people in hands-on, interactive activities.					
<b>Indicators: (Must meet 3 of 4 indicators)</b>				<b>YES</b>	<b>NO</b>
	• The program utilizes learning strategies that engage the creativity of young people (O)		x		
	• Participants are involved in hands-on learning (O)		x		
	• Participants are involved in project-based learning (O)		x		
	• Program allows young people to master new skills (O)		x		
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Category 7: Governance</b>					
Element 7.1 Board of Directors/Advisory Council					
<b>Standard 7.1.1</b> Organization has a Board/Advisory Council and the members' roles and responsibilities are written and well-defined.					
<b>Indicators: (Must meet all indicators)</b>				<b>YES</b>	<b>NO</b>
	• The By-Laws include Board/Advisory Council members roles and responsibilities (D)		x		
	• There is a published regular Board/Advisory Council meeting schedule (no less than once a year) (D)		x		
	• New Board/Advisory Council Members receive a Handbook (D)		x		

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Category 8: Relationships**  
 Element 8.2 Staff

**Standard 8.2.2** Staff relates to all young people in positive ways.

Indicators: (Must meet 6 of 7 indicators)	YES	NO
• Staff relationships with young people are positive, supportive, nurturing and consistent (O)	x	
• Staff treat young people with respect, listen to what they say and respond to all young people with acceptance (O)	x	
• Staff place high values on exhibiting mutual assistance, respect, patience, and consistently meeting high expectations (O)	x	
• Confidentiality guidelines are made clear and all commitments of confidentiality made by staff are scrupulously kept (D&O)	x	
• Young people are able to depend on staff being prepared and on-time (O)	x	
• Staff can frequently be observed smiling and offering positive affirmations for appropriate children's behavior (O)	x	
• Positive affirmations are in the form of encouragement rather than simple praise, and include reflective listening, inquiry with open-ended questions, and setting of additional goals (O)	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Category 8: Relationships**  
 Element 8.2 Staff

**Standard 8.2.3** Staff encourages young people to make positive choices and to develop personal responsibilities.

Indicators: (Must meet 3 of 4 indicators)	YES	NO
• Staff provide appropriate mentoring and/or role modeling (O)	x	
• Staff set appropriately high expectations for young people (O)	x	
• Staff help young people make informed choices (O)	x	
• Staff encourage young people to support and respect one another (O)	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Element 8.4 Family**

**Standard 8.4.2** The program fosters positive, regular communication with families in a variety of formats.

**Indicators: (Must meet all indicators)**

	YES	NO
<ul style="list-style-type: none"> <li>Staff offer orientation sessions for families (D&amp;O)</li> </ul>	x	
<ul style="list-style-type: none"> <li>Policies require that staff and family members communicate with each other about the well-being of the young person (D&amp;O)</li> </ul>	x	
<ul style="list-style-type: none"> <li>The program disseminates regular communications with parents and guardians concerning program activities, as well as strategies that promote positive youth development, e.g., newsletters, orientations, open houses, phone calls, and, when appropriate, home visits (D&amp;O)</li> </ul>	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please, briefly describe the process used to complete the self-assessment.

✓ **Checklist for Minimum Quality Standards for Louisville Out of school Time Programs**

Agency Name: \_\_\_\_\_

Assessor/ Job Title: \_\_\_\_\_ / \_\_\_\_\_

	Standard Met	Working on Standard	Not Yet Addressed
<b>Category 1: Environment</b>			
Standard 1.1.2: Environment is physically accessible to children youth, staff and families with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 2: Program Evaluation</b>			
Standard 2.1.1: Measurable goals are aligned with the organizations vision and mission statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 2.1.3: Programs are systemically evaluated for effectiveness and satisfaction by young people, staff and parents/guardians at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 3: Safety, Health and Nutrition</b>			
Standard 3.2.1: Staff supervise young people at all times to ensure their safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2.2: Staff is trained in CPR and First Aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2.3: Staff identifies documents and reports suspected abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2.4: Program space is kept free of health or safety hazards and the outdoor and/or indoor space meets or exceeds local health and safety guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2.5: For programs that provide transportation, there are established written policies to ensure the safety of staff and young people; and the program complies with all legal requirements for vehicles and drivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 4: Professional Development</b>			
Standard 4.2.1: Volunteers are trained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 4.3.2: Opportunities for ongoing training are provided in order to engage and retain qualified staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 5: Program Management</b>			
Standard 5.1.1: Administration provides fiscal management and program oversight through sound budgeting and accounting principles. The program maintains a budget and accounting system with accurate records of funds, both received and dispersed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Category 5: Program Management Continued**

Standard 5.2.1: A standard hiring process is implemented that ensures all staff (paid and unpaid) have the personal attributes, ability to learn needed skills and professional qualifications appropriate for their position.

Standard Met Working on Standard Not Yet Addressed

Standard 5.2.2: Staff is provided with an orientation that includes a review of the job description, personnel policies, program policies, mission and goals, procedures and quality standards.

Standard 5.3.1: The organization has a manual of all policies and procedures that is distributed and/or available to staff, young people, families, schools and community members.

Standard 5.3.3: The program maintains an appropriate staff/participant ratio based on the ages and abilities of young people and/or types of activities.

Standard 5.3.4: The program maintains accurate records of participants, staff and volunteers.

**Category 6: Program Structure**

Standard 6.2.1: The program schedule is consistent enough to establish a routine, yet offers flexibility to meet the individual or situational needs of all participants.

Standard 6.3.1: Program curriculum/activities are intentionally planned to align with the mission and goals of the program and promote the development of all young people.

Standard 6.3.4: The program provides activities that engage young people in hands-on, interactive activities.

**Category 7: Governance**

Standard 7.1.1: Organization has a Board/Advisory Council and the member's roles and responsibilities are written and well-defined.

**Category 8: Relationships**

Standard 8.2.2: Staff relates to all young people in positive ways.

Standard 8.2.3: Staff encourages young people to make positive choices and to develop personal responsibilities.

Standard 8.4.2: The program fosters positive, regular communication with families in a variety of formats.

## Action Plan

### Louisville Quality Standards for Out of School Time Programs

Organization: \_\_\_\_\_

Name of person(s) completing Plan: \_\_\_\_\_

Current Date: \_\_\_\_\_ Target Date to complete Action Plan: \_\_\_\_\_

Quality Standards that need to be improved:

- 
- 
- 

Desired outcome (with improvement):

Challenges:

- 
- 
- 

Action Steps:	Person Responsible:	Target Date:
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

1st Edition



**LOUISVILLE QUALITY STANDARDS  
FOR OUT OF SCHOOL TIME PROGRAMS**  
Minimum Standards

*A Tool for Achieving Quality Programming  
& Continuous Improvement*

In cooperation with the Out of School Time Coordinating Council

Funded by the Wallace Foundation

## Minimum Quality Standards Self-Assessment Forms

Agency Name:     Americana Community Center      
 Assessor/Job Title:     Kristin Burgoyne     /     Programs Director    

### Category 1: Environment Element 1.1 Indoor and/or Outdoor Environments

**Standard 1.1.2** Environment is physically accessible to children, youth, staff and families with disabilities.

	YES	NO
<b>Indicators: (Must meet 3 of 4 indicators)</b>		
<ul style="list-style-type: none"> <li>● The environment has accessible ramps or elevators for individuals with disabilities (O)</li> </ul>	x	
<ul style="list-style-type: none"> <li>● Individuals with disabilities can access environment without assistance (O)</li> </ul>	x	
<ul style="list-style-type: none"> <li>● There are appropriate signs designating accessibility (O)</li> </ul>	x	
<ul style="list-style-type: none"> <li>● Any materials and supplies needed are available and accessible for individuals with disabilities (O)</li> </ul>	x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>
	<i>Not Yet Addressed</i>	<i>N/A</i>

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

### Category 2: Program Evaluation and Assessment Element 2.1: Program

**Standard 2.1.1** Measurable goals are aligned with the organization's vision and mission statements.

	YES	NO
<b>Indicators: (Must meet all indicators)</b>		
<ul style="list-style-type: none"> <li>● Organization vision and mission is written and visible to all stakeholders (D&amp;O)</li> </ul>	x	
<ul style="list-style-type: none"> <li>● Measurable program goals are written and aligned with organizational vision and mission (D)</li> </ul>	x	
<ul style="list-style-type: none"> <li>● Staff are aware of program goals and how they align with vision and mission (D&amp;O)</li> </ul>	x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>
	<i>Not Yet Addressed</i>	<i>N/A</i>

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_



**Category 2: Program Evaluation and Assessment**  
Element 2.1 Program

**Standard 2.1.3** Conducts focus groups, surveys, and/or evaluations with staff, young people, families, volunteers and/or stakeholders, at least annually.

**Indicators: (Must meet 4 of 5 indicators)**

		YES	NO	
<ul style="list-style-type: none"> <li>Organization collects various types of data (focus groups, surveys and/or evaluations) and can demonstrate how it is used to measure quality, program effectiveness, impact and quality improvement (D)</li> <li>Conducts focus groups, surveys, and/or evaluations with staff, young people, families, volunteers and/or stakeholders, at least annually (D&amp;O)</li> <li>A plan for monitoring and assessing the program is designed and implemented (D&amp;O)</li> <li>All stakeholders have the opportunity to participate in the evaluation process and receive results (D&amp;O)</li> <li>Based on evaluation results, organization makes adjustments to increase effectiveness and satisfaction (D&amp;O)</li> </ul>		x		
		x		
		x		
		x		
		x		
<b>Self-Assessment: (Circle One)</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

**Category 3: Health, Safety and Nutrition**  
Element 3.2 Safety

**Standard 3.2.1** Staff supervises young people at all times, to ensure their safety.

**Indicators: (Must meet 6 of 7 indicators)**

		YES	NO	
<ul style="list-style-type: none"> <li>Staff can be observed supervising young people at all times (O)</li> <li>Young people are not left alone during hours of operation (O)</li> <li>Staff models and teaches good safety habits to young people (O)</li> <li>Written emergency procedures are posted in plain view (O)</li> <li>Charged fire extinguishers are present in program areas (O)</li> <li>First aid kits are available and visible to staff and young people (O)</li> <li>All program space entrances are supervised for security (O)</li> </ul>		x		
		x		
		x		
			x	
		x		
		x		
		x		
<b>Self-Assessment: (Circle One)</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

Evacuation signs for fire need to be posted in every classroom and community room in the building. Practice evacuations do happen and teachers go over evacuation plans.

**Category 3: Health, Safety and Nutrition**  
Element 3.2 Safety

**Standard 3.2.2** Staff is trained in CPR and first aid.

Indicators: (Must meet all indicators)		YES	NO
<ul style="list-style-type: none"> <li>Documentation of First Aid and CPR certification for staff is available (D)</li> <li>At least one staff person who is certified in First Aid and CPR is available during hours of operation (D)</li> </ul>		x	
		x	
<b>Self-Assessment:</b>	<input checked="" type="radio"/> <i>Meets Standard</i> <input type="radio"/> <i>Working on Standard</i> <input type="radio"/> <i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Category 3: Health, Safety and Nutrition**  
Element 3.2 Safety

**Standard 3.2.3** Staff identifies, documents and reports suspected child abuse and neglect.

Indicators: (Must meet all indicators)		YES	NO
<ul style="list-style-type: none"> <li>Staff are aware of abuse and neglect laws (D&amp;O)</li> <li>Staff are trained to recognize, document and report abuse and neglect (D&amp;O)</li> <li>Program policies and procedures include the legal requirements for reporting of abuse and neglect (D)</li> </ul>		x	
		x	
		x	
<b>Self-Assessment:</b>	<input checked="" type="radio"/> <i>Meets Standard</i> <input type="radio"/> <i>Working on Standard</i> <input type="radio"/> <i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Category 3: Health, Safety and Nutrition**  
Element 3.2 Safety

**Standard 3.2.4** Program space is kept free of health and safety hazards and the outdoor and/or indoor space meets or exceeds local health and safety guidelines.

**Indicators: (Must meet 11 of 14 indicators)**

		YES	NO
<b>Self-Assessment:</b>	• Staff have been trained and meet all health and safety guidelines (D)	X	
	• Regular health and safety checks are conducted (D)	X	
	• Health and safety hazards are addressed in a timely fashion (D & O)	X	
	• Staff are trained to report health and safety hazards (D)	X	
	• Young people are instructed on the importance of reporting health and safety hazards (D&O)	X	
	• Organization has health, safety, nutrition and emergency/disaster plan included in their policies and procedures and they are available to all participating families (D)		
	• All toxic materials are kept in original, labeled containers (O)	X	
	• Trash is removed each day from facility (O)	X	
	• All areas have proper lighting (O)	X	
	• Stairways, hallways and exits are unobstructed (O)	X	
	• Fire drills are conducted at least annually (D)	X	
	• Portable space heaters are not permitted (D)	X	
	• Weapons and firearms are prohibited, except when they are part of a learning activity, i.e. archery (D)	X	
	• Staff encourages good hygiene practices (O)	X	
<b>Self-Assessment:</b>			
<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>

Strategies/Plan to work toward or to meet Standard:

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**Category 3: Health, Safety and Nutrition**  
**Element 3.2 Safety**

**Standard 3.2.5** For programs that provide transportation, there are established written policies to ensure the safety of staff and young people; and the program complies with all legal requirements for vehicles and drivers.

Indicators: (Must meet 8 of 10 indicators)		YES	NO
<ul style="list-style-type: none"> <li>• Policies and procedures for transportation are available for review, and include use of cell phones and tobacco and other drugs (D)</li> <li>• Staff have been trained in transportation policies and procedures (D)</li> <li>• Vehicles receive regular manufacturers recommended maintenance and safety checks (D)</li> <li>• Visual safety checks are conducted with each use of vehicle (O)</li> <li>• Current proof of insurance must be on file with organization (D)</li> <li>• All vehicles, where legally required, are equipped with safety restraints and first aid kits (O)</li> <li>• All staff driving vehicles must be 21 or older, with a valid driver's license and have a good driving record, which is checked annually (D)</li> <li>• Young people must have written parental consent prior to being transported (D)</li> <li>• Doors on vehicle must be locked and young people must wear safety restraints whenever vehicle is in motion (O)</li> <li>• A copy of a valid driver's license for each staff person will be kept on file (D)</li> </ul>			
		x	
		x	
		x	
		x	
		x	
		x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Category 4: Professional Development**  
**Element 4.2 Volunteer Training**  
**Standard 4.2.1 Volunteers are trained.**

Indicators: (Must meet 4 of 5 indicators)				YES	NO
<ul style="list-style-type: none"> <li>All volunteers receive a written job description (D)</li> <li>All volunteers attend an orientation prior to starting (O)</li> <li>Staff works closely with volunteers to provide appropriate training and supervision (O)</li> <li>Volunteers attend regular meetings where they have an opportunity to provide input and ask questions (O)</li> <li>Volunteers are provided opportunities to attend staff development training (O)</li> </ul>				x	
				x	
					x
				x	
				x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>	
Strategies/Plan to work toward or to meet Standard:					

Category 4: Professional Development					
Element 4.3 Opportunities for Professional Growth					
Standard 4.3.2 Opportunities for ongoing training are provided in order to engage and retain qualified staff.					
Indicators: (Must meet 5 of 6 indicators)				YES	NO
<ul style="list-style-type: none"> <li>A minimum of 15 hours (6 hours for part-time staff) of professional development is required on an annual basis (D&amp;O)</li> <li>Program administration and site directors shall also have training in financial management and staff supervision as part of their annual professional development training (D&amp;O)</li> <li>Organization provides a variety of job related training to assist staff to enhance their skills (D&amp;O)</li> <li>Adequate training records are kept on file to ensure staff meet training needs (D)</li> <li>Staff receive training in First-Aid &amp; CPR (D&amp;O)</li> <li>Staff receive training in identifying and reporting child abuse and neglect (D&amp;O)</li> </ul>				x	
					x
				x	
				x	
				x	
				x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>	
Strategies/Plan to work toward or to meet Standard:					

Category 5: Program Management	
Element 5.1 Sustainability and Fiscal Infrastructure	
Standard 5.1.1 Administration provides fiscal management and program oversight through sound budgeting and accounting principles. The program maintains a budget and accounting system with accurate records of funds, both received and dispersed.	

				YES	NO
<b>Indicators: (Must meet all indicators)</b>				X	
<ul style="list-style-type: none"> <li>Fiscal management supports program goals (D)</li> <li>Administration adopts annual budget (D)</li> <li>Administration utilizes an appropriate accounting system and maintains accurate records of revenue and expenses (D)</li> </ul>				X	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

**Category 5: Program Management**  
Element 5.2 Human Resources

**Standard 5.2.1** A standard hiring process is implemented that ensures all staff (paid and unpaid) have the personal attributes, ability to learn needed skills and professional qualifications appropriate for their position.

				YES	NO
<b>Indicators: (Must meet 6 of 8 indicators)</b>					
<ul style="list-style-type: none"> <li>All staff positions are posted and advertised (D)</li> <li>Applications are screened for appropriate education and experience (D)</li> <li>Reference, state and national criminal records screening, and previous job (D) performance checks are completed and kept on file for paid/unpaid staff (D)</li> <li>Interviews are conducted prior hiring and paid/unpaid staff are observed interacting with young people (D)</li> <li>There is a written job description for all paid/unpaid staff (D)</li> <li>Administration oversees and documents personnel process including dates of application, commencement, termination and retention for their positions (D)</li> <li>All staff have appropriate education and skills required for their positions (D)</li> <li>Staff may be screened for drug use (D)</li> </ul>				x	
				x	
				x	
				x	
				x	
				x	
				x	
				x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	N/A	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

**Category 5: Program Management**  
Element 5.2 Human Resources

**Standard 5.2.2** Staff is provided with an orientation that includes a review of the job description, personnel policies, program policies, mission and goals, procedures and quality standards.

				YES	NO
<b>Indicators: (Must meet all indicators)</b>					

	<ul style="list-style-type: none"> <li>• New staff members receive comprehensive job orientation (D)</li> <li>• New staff members are introduced to program quality standards (D)</li> <li>• New staff members are introduced to and sign code of ethics (D)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Self-Assessment:</b>	<i>Meets Standard</i> <i>Working on Standard</i> <i>Not Yet Addressed</i> <i>N/A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Strategies/Plan to work toward or to meet Standard:			
_____			
_____			

Category 5: Program Management Element 5.3 Policies and Procedures			
<b>Standard 5.3.1:</b> The organization has a manual of all policies and procedures that is distributed and/or available to staff, young people, families, schools and community members.			
<b>Indicators: (Must meet 4 of 5 indicators)</b>			
	<ul style="list-style-type: none"> <li>• All staff members have copies of access to policies and procedures manual (D)</li> <li>• Young people and families demonstrate at least a general understanding of organization policies and procedures (O)</li> <li>• Parents of participants, schools and community members may review policies and procedures manual upon request (D&amp;O)</li> <li>• Staff are aware of organizational policies and procedures and act accordingly (O)</li> <li>• Organization policies and procedures are reviewed and updated regularly (D)</li> </ul>	<b>YES</b>	<b>NO</b>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Self-Assessment:</b>	<i>Meets Standard</i> <i>Working on Standard</i> <i>Not Yet Addressed</i> <i>N/A</i>		
Strategies/Plan to work toward or to meet Standard:			
_____			
_____			

Category 5: Program Management Element 5.3 Policies and Procedures			
<b>Standard 5.3.3</b> The program maintains an appropriate staff/participant ratio based on the ages and abilities of young people and/or types of activities.			
<b>Indicators: (Must meet all indicators)</b>			
	<ul style="list-style-type: none"> <li>• 1-25 for school age youth (O)</li> </ul>	<b>YES</b>	<b>NO</b>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

**Category 5: Program Management**  
**Element 5.3 Policies and Procedures**

**Standard 5.3.4** The program maintains accurate records of participants, staff and volunteers.

Indicators: (Must meet all indicators)	YES	NO
<ul style="list-style-type: none"> <li>• Organization maintains &amp; secures all participant and staff records including:               <ul style="list-style-type: none"> <li>○ Participant age, school address, phone, participation rate, emergency info, etc. (D)</li> <li>○ Staff compensation, benefits, hours, record checks, etc. (D)</li> </ul> </li> </ul>	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

**Element 6.2 Schedule**

**Standard 6.2.1** The program schedule is consistent enough to establish a routine, yet offers flexibility to meet the individual or situational needs of all participants.

Indicators: (Must meet all indicators)	YES	NO
<ul style="list-style-type: none"> <li>• Program structure is consistent and predictable (O)</li> <li>• Activities and project are sequential with clear steps and progressions (O)</li> <li>• Young people go through several activities or segments in a program day (O)</li> </ul>	x	
	x	
	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

**Category 6: Program Structure**  
**Element 6.3 Curriculum Activities**

**Standard 6.3.1:** Program curriculum/activities are intentionally planned to align with the mission and goals of the program and promote the development of all young people.

Indicators: (Must meet 3 of 4 indicators)	YES	NO
<ul style="list-style-type: none"> <li>• The mission of the program is repeatedly stressed at all planning meetings (D&amp;O)</li> <li>• Staff are aware of, and communicate, how each activity works towards achieving</li> </ul>	x	
	x	



	program goals (O)			
	• Programs foster a sense of belonging and membership to the organization (O)			x
	• Program activities are consistent with mission and philosophy (O)			x
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Category 6: Program Structure</b>					
Element 6.3 Curriculum Activities					
Standard 6.3.4 The program provides activities that engage young people in hands-on, interactive activities.					
Indicators: (Must meet 3 of 4 indicators)				YES	NO
	• The program utilizes learning strategies that engage the creativity of young people (O)			x	
	• Participants are involved in hands-on learning (O)			x	
	• Participants are involved in project-based learning (O)			x	
	• Program allows young people to master new skills (O)			x	
<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>	

Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Category 7: Governance</b>					
Element 7.1 Board of Directors/Advisory Council					
Standard 7.1.1 Organization has a Board/Advisory Council and the members' roles and responsibilities are written and well-defined.					
Indicators: (Must meet all indicators)				YES	NO
	• The By-Laws include Board/Advisory Council members roles and responsibilities (D)			x	
	• There is a published regular Board/Advisory Council meeting schedule (no less than once a year) (D)			x	
	• New Board/Advisory Council Members receive a Handbook (D)			x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Category 8: Relationships**  
**Element 8.2 Staff**

**Standard 8.2.2** Staff relates to all young people in positive ways.

Indicators: (Must meet 6 of 7 indicators)	YES	NO
• Staff relationships with young people are positive, supportive, nurturing and consistent (O)	x	
• Staff treat young people with respect, listen to what they say and respond to all young people with acceptance (O)	x	
• Staff place high values on exhibiting mutual assistance, respect, patience, and consistently meeting high expectations (O)	x	
• Confidentiality guidelines are made clear and all commitments of confidentiality made by staff are scrupulously kept (D&O)	x	
• Young people are able to depend on staff being prepared and on-time (O)	x	
• Staff can frequently be observed smiling and offering positive affirmations for appropriate children's behavior (O)	x	
• Positive affirmations are in the form of encouragement rather than simple praise, and include reflective listening, inquiry with open-ended questions, and setting of additional goals (O)	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Category 8: Relationships**  
**Element 8.2 Staff**

**Standard 8.2.3** Staff encourages young people to make positive choices and to develop personal responsibilities.

Indicators: (Must meet 3 of 4 indicators)	YES	NO
• Staff provide appropriate mentoring and/or role modeling (O)	x	
• Staff set appropriately high expectations for young people (O)	x	
• Staff help young people make informed choices (O)	x	
• Staff encourage young people to support and respect one another (O)	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Element 8.4 Family**

**Standard 8.4.2** The program fosters positive, regular communication with families in a variety of formats.

**Indicators: (Must meet all indicators)**

	YES	NO
<ul style="list-style-type: none"> <li>Staff offer orientation sessions for families (D&amp;O)</li> </ul>	x	
<ul style="list-style-type: none"> <li>Policies require that staff and family members communicate with each other about the well-being of the young person (D&amp;O)</li> </ul>	x	
<ul style="list-style-type: none"> <li>The program disseminates regular communications with parents and guardians concerning program activities, as well as strategies that promote positive youth development, e.g., newsletters, orientations, open houses, phone calls, and, when appropriate, home visits (D&amp;O)</li> </ul>	x	

<b>Self-Assessment:</b>	<i>Meets Standard</i>	<i>Working on Standard</i>	<i>Not Yet Addressed</i>	<i>N/A</i>
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Strategies/Plan to work toward or to meet Standard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please, briefly describe the process used to complete the self-assessment.

# ✓ Checklist for Minimum Quality Standards for Louisville Out of school Time Programs

Agency Name: \_\_\_\_\_

Assessor/ Job Title: \_\_\_\_\_ / \_\_\_\_\_

	Standard Met	Working on Standard	Not Yet Addressed
<b>Category 1: Environment</b>			
Standard 1.1.2: Environment is physically accessible to children youth, staff and families with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 2: Program Evaluation</b>			
Standard 2.1.1: Measurable goals are aligned with the organizations vision and mission statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 2.1.3: Programs are systemically evaluated for effectiveness and satisfaction by young people, staff and parents/guardians at least annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 3: Safety, Health and Nutrition</b>			
Standard 3.2.1: Staff supervise young people at all times to ensure their safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2.2: Staff is trained in CPR and First Aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2.3: Staff identifies documents and reports suspected abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2.4: Program space is kept free of health or safety hazards and the outdoor and/or indoor space meets or exceeds local health and safety guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 3.2.5: For programs that provide transportation, there are established written policies to ensure the safety of staff and young people; and the program complies with all legal requirements for vehicles and drivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 4: Professional Development</b>			
Standard 4.2.1: Volunteers are trained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 4.3.2: Opportunities for ongoing training are provided in order to engage and retain qualified staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 5: Program Management</b>			
Standard 5.1.1: Administration provides fiscal management and program oversight through sound budgeting and accounting principles. The program maintains a budget and accounting system with accurate records of funds, both received and dispersed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Checklist can be submitted to funders to demonstrate compliance with standards.

	Standard Met	Working on Standard	Not Yet Addressed
<b>Category 5: Program Management Continued</b>			
Standard 5.2.1: A standard hiring process is implemented that ensures all staff (paid and unpaid) have the personal attributes, ability to learn needed skills and professional qualifications appropriate for their position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 5.2.2: Staff is provided with an orientation that includes a review of the job description, personnel policies, program policies, mission and goals, procedures and quality standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 5.3.1: The organization has a manual of all policies and procedures that is distributed and/or available to staff, young people, families, schools and community members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 5.3.3: The program maintains an appropriate staff/participant ratio based on the ages and abilities of young people and/ or types of activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 5.3.4: The program maintains accurate records of participants, staff and volunteers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 6: Program Structure</b>			
Standard 6.2.1: The program schedule is consistent enough to establish a routine, yet offers flexibility to meet the individual or situational needs of all participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 6.3.1: Program curriculum/activities are intentionally planned to align with the mission and goals of the program and promote the development of all young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 6.3.4: The program provides activities that engage young people in hands-on, interactive activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 7: Governance</b>			
Standard 7.1.1: Organization has a Board/Advisory Council and the member's roles and responsibilities are written and well-defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Category 8: Relationships</b>			
Standard 8.2.2: Staff relates to all young people in positive ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 8.2.3: Staff encourages young people to make positive choices and to develop personal responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard 8.4.2: The program fosters positive, regular communication with families in a variety of formats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Action Plan

## Louisville Quality Standards for Out of School Time Programs

Organization: \_\_\_\_\_

Name of person(s) completing Plan: \_\_\_\_\_

Current Date: \_\_\_\_\_ Target Date to complete Action Plan: \_\_\_\_\_

Quality Standards that need to be improved:

- 
- 
- 

Desired outcome (with improvement):

Challenges:

- 
- 
- 

Action Steps:	Person Responsible:	Target Date:
---------------	---------------------	--------------

- |          |  |  |
|----------|--|--|
| 1. _____ |  |  |
| 2. _____ |  |  |
| 3. _____ |  |  |
| 4. _____ |  |  |