

O-103-23

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

Applicant/Program: Adelante Hispanic Achievers, Inc. / Mentoring & Enrichment Program Staff Salaries
Applicant Requested Amount: \$10,000
Appropriation Request Amount: ~~\$2,000~~ \$5,750

Executive Summary of Request

This NDF request is for staff salary support for Adelante Hispanic Achievers' Mentoring & Enrichment Program. The Mentoring & Enrichment Program provides individualized one-on-one tutoring, experiential learning workshops, and college visit field trips. Funds will be used to assure continued program and services six days a week, 9a-4p Mondays and 10a-1p Saturdays.

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

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

 District #


 Primary Sponsor Signature

2000
 Amount

May 8, 2023
 Date

Primary Sponsor Disclosure

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

Approved by:



5/30/2023

Appropriations Committee Chairman

Date

Final Appropriations Amount: \$5,750

Approved Committee

Date: 5/25/23

Applicant/Program:

Adelante Hispanic Achievers, Inc. / Mentoring & Enrichment Program Staff Salaries

Additional Disclosure and Signatures**Additional Council Office Disclosure**

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

Council Member Signature and Amount

District 1	\$ 250
District 2	\$
District 3	\$ 500
District 4	\$
District 5	\$ 250
District 6	\$
District 7	\$ 500
District 8	\$ 500
District 9	\$ 250
District 10	\$ 250
District 11	\$
District 12	\$ 500
District 13	\$
District 14	\$
District 15	\$ 500

Applicant/Program:

Adelante Hispanic Achievers, Inc. / Mentoring & Enrichment Program Staff Salaries

Additional Disclosure and Signatures**Additional Council Office Disclosure**

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

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ 250

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Adelante Hispanic Achievers, Inc.

Program Name and Request Amount Mentoring & Enrichment Program Staff Salaries / \$10,000

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

Prepared by: **Rebecca Katz District 21 Legislative Aide**

Date: May 8, 2023

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization:			
<i>(as listed on: http://www.sos.ky.gov/business/records)</i> Adelante Hispanic Achievers, Inc.			
Main Office Street & Mailing Address: 4801 Southside Dr. 40214 Louisville, KY.			
Website: https://adelanteky.org/			
Applicant Contact:	Edgardo Mansilla	Title:	Executive Director
Phone:	(502) 366-7813	Email:	edgardo@adelanteky.org
Financial Contact:	Same	Title:	
Phone:		Email:	
Organization's Representative who attended NDF Training: Christian King & Anne Ennis			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	4801 Southside Dr. 40214 Louisville, KY		
Council District(s):	21	Zip Code(s):	40214
PROGRAM/PROJECT NAME: Mentoring & Enrichment Program Staff Salaries			
Total Request (\$):	\$ 10,000	Total Metro Award (this program) in previous year: (\$)	\$ 0.00
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input 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 type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	EAF	Amount (\$):	\$ 9,000
Source:		Amount (\$):	
Source:		Amount (\$):	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Mission of Adelante Hispanic Achievers (AHA) is to inspire and empower Hispanic youth to achieve their dreams and contribute as creative, educated citizens. AHA's wraparound service model offers a holistic approach to improving participant (aka, Achievers) outcomes.

AHA is the only organization in Louisville chartered specifically to support Latino student success. Our vision is a community where every Latino student is supported and empowered to achieve their fullest potential. AHA works to fulfill this vision through pillars that incorporate consistent, focused, individual and group instruction, one-on-one tutoring and mentoring, career exposure, and opportunities for leadership development and community service. AHA offers a network of caring and informed adult mentors, tutors, community leaders, family, and other positive role-models. All services are free-of-charge, made possible by donors and volunteers.

The program empowers participants. After four years' experience, an Achiever now studying aerospace writes, "I'm glad I was given the opportunity to join Adelante. It has given me the opportunity to explore myself as a person in our current society and how we could help those around us. ...I am grateful to Adelante, and I wouldn't be where I am without them."

Achievers and their parents interview to join AHA during middle-school. Participation ends with high school graduation. Prior to the pandemic, during 2018, AHA served 135 Achievers with six weekly programs: Mentoring & Enrichment, After School Tutoring, and College Corps. During COVID and lockdown, the facility closed and programming took place via the internet with smart phones, chromebooks and personal computers. All ways possible were used to keep AHA Achievers engaged and provide 140 families with meaningful community support.

Today, as then, AHA defines success as participants becoming college/career ready by stating or claiming personal goals and then working to make progress toward those goals. Through AHA, Achievers are connected to higher education (technical or degree) opportunities, assisted to secure financial aid, and are surrounded by adult mentors who provide support, accountability and help with barriers. Since 2005, we have served over 896 Achievers and families. Since 2012, 11 senior cohorts graduated by successfully completing the Mentoring and Enrichment program.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Chair: Margarita McAtee	10/20/2023
Vice-Chair: Jonathan Hughes	10/20/2024
Secretary: Jonathan Hernandez	10/20/2024
Treasurer: Alejandro Pousa	10/20/2024
Members at Large:	
Kim Huston	10/20/2023
Roland Blahnik	10/20/2023
Staff:	
Edgardo Mansilla (Part-Time)	
Juliana Rodriguez (Full-Time)	
Bianca Menendez (Part-time)	

Describe the Board term limit policy:

As per AHA ByLaws Article 3, Section 3: "The Directors shall serve for a three-year term or until their successors shall be elected. An individual may serve two (2) consecutive terms. A year must pass after the expiration of the second term before the individual is eligible to be a candidate for an additional term."

Three Highest Paid Staff Names	Annual Salary
Edgardo Mansilla	\$ 60,000.00
Juliana Rodriguez	\$ 45,000.00
Bianca Menendez	\$ 20,000.00

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 - PROGRAM/PROJECT NARRATIVE

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

Please see attached narrative.

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

Funds will be used for staff salaries to assure continued program and services during this rebuilding phase post-COVID 19. AHA's move to a roomier location is more convenient to the families it serves. The move has reduced overhead expenses and has better access to technical support, via the Americana Center. There is no sub-grantee.

AHA is working toward a post-pandemic well-ordered, welcoming, calming and restorative program year in 2023. To do this, steps were taken in mid-2022 to hire a one new full time Program Manager and one part-time volunteer coordinator. An active, student-centered program like AHA runs lean but must be adequately staffed for quality, accountability and a consistently warm welcome for Achievers, their families and volunteers.

Other program specifics made possible via added staff, include operating schedule of 9 am-4 pm Monday-Friday, and 10 am-1 pm Saturdays.

During 2023, services will reach 75 students each month, with anticipated more than 100 unique students being served in the year.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This request is not a fundraiser.

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

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

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

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

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

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

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Please see attached narrative.

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.

AHA has a strong mutual relationship with Jefferson County Public Schools and school district leaders. This cooperation and communication, led by the Outreach Coordinator, assures that Achievers are working toward district goals, e.g. JCPS Backpack of Success program for attainment of key academic, cognitive, social and self-management skills; and its Academies of Louisville school-to-career programs that ensure students are college and career ready by graduation.

As in the past, AHA continues to engage and collaborate with Louisville city leaders, private foundations and benefactors, social service agencies and various higher education partners. These provide a supportive network of volunteers and ancillary resources, and in many cases financial support. AHA's continued work with Evolve502, the Mayor's cradle-to-career initiatives, 55K, and the Louisville Latino Education Outreach (LLEO) initiative ensures AHA Achievers and families access a pipeline of services to support and prepare them for long-term success.

Throughout, AHA will steward financial resources to allow for maximized cost efficiency, transparency and return on investment. This includes pooling resources with community partners, maximizing volunteer support, and other forms of in-kind contributions of goods and services.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Program/Project Expenses	Amount Requested from Metro Funds	Amount Expected from Other Sources	Total
A: Personnel Costs Including Benefits	\$ 10,000.00	\$ 68,000.00	\$ 78,000.00
B: Rent/Utilities	\$ 0.00	\$ 2,400.00	\$ 2,400.00
C: Office Supplies	\$ 0.00	\$ 0.00	\$ 0.00
D: Telephone	\$ 0.00	\$ 0.00	\$ 0.00
E: In-town Travel	\$ 0.00	\$ 7,000.00	\$ 7,000.00
F: Client Assistance (See Detailed List on Page 8)	\$ 0.00	\$ 0.00	\$ 0.00
G: Professional Service Contracts	\$ 0.00	\$ 1,500.00	\$ 1,500.00
H: Program Materials	\$ 0.00	\$ 11,000.00	\$ 11,000.00
I: Community Events & Festivals (See Detailed List on Page 8)	\$ 0.00	\$ 0.00	\$ 0.00
J: Machinery & Equipment	\$ 0.00	\$ 0.00	\$ 0.00
K: Capital Project	\$ 0.00	\$ 0.00	\$ 0.00
L: Other Expenses (See Detailed List on Page 8)	\$ 0.00	\$ 17,500.00	\$ 17,500.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 10,000.00	\$ 107,400.00	\$ 117,400.00
% of Program Budget	8.52%	91.48%	100%

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

Other State, Federal or Local Government	\$ 9,000.00
United Way	\$ 0.00
Private Contributions (do not include individual donor names)	\$ 98,400.00
Fees Collected from Program Participants	\$ 0.00
Other (please specify)	\$ 0.00
Total Revenue for Columns 2 Expenses **	\$ 107,400.00

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

**Must equal or exceed total in column 2.

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Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
Field Trip Admission Fees	0	\$2,000	\$2,000
College Corp. Program	0	\$1,500	\$1,500
Nutrition	0	\$4,000	\$4,000
Web/Media/Marketing/Subscriptions	0	\$2,500	\$2,500
Volunteer and Student Recognition	0	\$2,500	\$2,500
Summer Program	0	\$5,000	\$5,000
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
			0
Total	0	\$17,500	\$17,500

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
Volunteers (mentors, special program leaders)	1,100 hours// \$32,945	FASB Fair-Market Value; \$29.95 per hour
Program supplies (various from snacks to art supplies, tutoring materials and items)	\$5,200	valued via donor ki-kind receipt
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$38,145	

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

Agency Fiscal Year Start Date: July 1

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

If YES, please explain:

As shown in Section 5 Program Project Narrative, the local growth of Hispanic student population is significant. Nearly 2,000 K-12 JCPS students alone in three years. These youth deserve the best access to a complete education.

As the only agency in Louisville, Jefferson County providing services specific to improve education and socialization outcomes for Hispanic students, AHA must expand. The agency experienced steady, well-managed growth in programs, participants and in budget in years just prior to the pandemic. COVID-19 was more than a hiccup: it was a major disruption for social service agencies of all types in all ways. But the community of Louisville united and together we got through the pandemic. Now, AHA is working to meet the surging need for middle and high school tutoring, leadership training, social-emotional exploration, career and college planning and preparation. This work requires staff, coordination, communication, tenacity, staff and funds. To meet student needs, to serve Kentucky's future, AHA will expand the budget of both expenses and income for success via its specific Logic Model organized plans for annual campaign, increased grant and foundation funding, donor relationships and corporate partnerships. Louisville Metro Development Fund is part of that process for the future.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

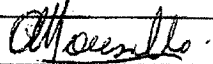
Standard Certifications

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

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

SECTION 8 - CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	3-15-2023
Legal Signatory: (please print):	EDGORDO MANSILLA	Title:	Exec. Director
Phone: (502) 366-7813	Extension: 201	Email:	edgordo@ecclark.ky.org



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: Adelante Hispanic Achievers, Inc.

Grantee Representative Name: Edgaro Mansilla

I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.

Please check:



I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or False
2. Name the three budget categories that require a detail list.
Client Assistant, Other Expenses and Community Events
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. True or False
4. Which four questions should your financial support documentation answer at all times?
Who, What, When and Where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? True or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Edgaro Mansilla
Grantee Representative Signature

1-30-2023
Date

NOTE: Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government

ATTN: NDF Coordinator

611 West Jefferson St.

Louisville, KY 40202

Louisville Metro Council Neighborhood Development Fund Application

Narrative Supplement

Adelante Hispanic Achievers

Section 5 – Program Project Narrative

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

AHA requests a general support grant to support staff salaries. This will assure effective, consistent programs and expansion during the upcoming year.

AHA is a year-round program with doors open six days a week; for this grant the program year is January 2023-December 2023.

A lean, core staff of two full time and two part time employees is essential to organization, outreach, financial accountability, and program planning and supervision. Managing programs and services for six-days a week are a full-time Executive Director and Program Manager, and a part-time Outreach Coordinator and Volunteer Coordinator.

During summer 2022, Adelante moved its offices and service center to be located nearer to the families and students it serves: the Latino population of Beechmont and Fairdale neighborhoods. Now, AHA is adapting and improving its long-standing Mentoring & Enrichment program to include not only student tutoring and career development, but also family engagement and acclimation to US education norms and expectations. Furthermore, to improve social-emotional outcomes, creative participation in professionally led art therapy will be offered to Achievers and their family. This therapy is trauma-informed to promote self-awareness, reduce anxiety and stress, and improve confidence.

Regarding “need”: Hispanic student population in Jefferson County has increased from 10,575 in 2018 to 12,057 in 2021. These youth comprise 12.8% of Jefferson County Public School students. *(both cited from the most recent year available – <https://www.kyschoolreportcard.com/organization/5590?year=2021>).*

By most current study, Hispanic students in JCPS had the lowest high school graduation rate in 2021: 76.1%. They also have the second highest dropout rate at 3% compared to all student groups of 2.2% and have the second lowest ACT composite scores at 16, compared to the 18 for all students average, and 20.1 for the JCPS’s white students. *(55 thousand Degrees)*

Among the families served by AHA, 93% are on Free/Reduced lunch. Sub-segments within this overall group includes refugees and recent immigrants, and those having suffered from Adverse Childhood Experiences. Most parents have lower educational attainment and have no experience

in the USA's education system. Hampered by language and cultural differences, Latino students and families need advocates, services and support to achieve successful and fulfilling lives.

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

As of late summer 2022, AHA has enrolled 75 student Achievers, with a waiting list of 25 students. There are 120 parents also in need of mentor services. These and all previous Adelante students and families are 100% Hispanic/Latinx and residents of Louisville, KY. The students may well become the first generation-to-college in their families.

As noted in AHA's Logic Model, During the Mentoring and Education program year

- 75% of students will self-report increased awareness of professional career options, measured by annual pre-/post survey.
- 100% of students will participate in community service projects, measured by tracking attendance and participation through recordkeeping.
- 85% of students will be able to identify the pathways to carry out their goals and have agency - can initiate and sustain action towards their goals, measured by general observation and record-keeping, and annual pre/post survey with Children's Hope Scale score.
- 90% of students who participate in ACT courses will meet state benchmarks on all ACT sections, measured by follow-up and record-keeping.
- 80% of students who participate in the ACT courses will increase ACT composite scores by two+ points, measured by follow-up and record-keeping.

During the Family Support program year

- 100% of Achievers' parents/caregivers will have improved access to support and resources for active and informed engagement in their child's whole person development, measured by record-keeping (i.e. # of activities completed/attended, # of times having contact with AHA staff member or volunteer, # of community support referrals received.)
- 90% parents/caregivers will report speaking to their student(s) about college and career options, measured by follow-up survey.
- For special events, 100% of event participants will report satisfaction with the event, measured by a post-event participant survey.

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

DEPARTMENT OF THE TREASURY

Date: **DEC 29 2005**

ADELANTE HISPANIC ACHIEVERS INC
C/O JEFFREY SEGAL
LEGAL AID SOCIETY
425 W MUHAMMAD ALI BLVD
LOUISVILLE, KY 40202-0000

Employer Identification Number:
20-2267012
DLN:
17053336019025
Contact Person:
SHERRY Q WAN ID# 31052
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
JUNE 30
Public Charity Status:
170 (b) (1) (A) (vi)
Form 990 Required:
YES
Effective Date of Exemption:
SEPTEMBER 15, 2004
Contribution Deductibility:
YES
Advance Ruling Ending Date:
JUNE 30, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c) (3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

-2-

ADELANTE HISPANIC ACHIEVERS INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

~.JM28~ ~ ~ ~ ~

Lois G. Lerner .
Director, Ex-mpt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c) (3)
Statute Extension

Letter 1045 (DO/CG)



IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248358237
July 28, 2009 LTR 4168C E0
20-2267012 000000 00

00012774
BODC: TE

ADELANTE HISPANIC ACHIEVERS INC
% STEPHEN P IMHOFF
2843 BROWNSBORO RD STE 101
LOUISVILLE KY 40206-1274



013227

Employer Identification Number: 20-2267012
Person to Contact: Mr. Kammerer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 17, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in December 2005, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

ADELANTE HISPANIC ACHIEVERS ANNUAL BUDGET FY 2022-2023

TOTAL REVENUE	282,500.00
Corporate Contributions	60,000.00
Foundation Contributions	150,000.00
Metro Government	15,000.00
Local Business	30,000.00
College & University Allies	10,000.00
Donations	9,500.00
Metro United Way	8,000.00

TOTAL EXPENSES	227,700.00
-----------------------	-------------------

Administrative

Accountant	1,500.00
Conference and Dues	1,000.00
Insurance	2,600.00
Internet/Office Phone	400.00
Office Supplies & Equipment	2,500.00
Professional Development	1,500.00
Bookkeeper & Payroll	3,200.00
Fundraising Events	5,000.00
Salaries	180,000.00
Grant Writer	19,000.00
Health Insurance/Stipend	11,000.00

Program	37,300.00
----------------	------------------

Admission Fees	2,000.00
Charter Bus	5,500.00
College Corp Program	1,500.00
Instructors	1,500.00
Educational Materials	11,000.00
Staff Mileage	1,500.00
Nutrition	4,000.00
Web/Media/Marketing/Subscriptions	1,000.00
Rent	1,800.00
Volunteer and Student Recognitions	2,500.00
Summer Program	5,000.00



Adelante Hispanic Achievers Inc.

Balance Sheet
As of December 31, 2022

		TOTAL
ASSETS		
Current Assets		
Bank Accounts		
1000 Republic Bank xxxx1091		34,220.63
Total Bank Accounts		\$34,220.63
Total Current Assets		\$34,220.63
TOTAL ASSETS		\$34,220.63
LIABILITIES AND EQUITY		
Liabilities		
Total Liabilities		
Equity		
3000 Retained Earnings		90,067.53
Net Income		-55,846.90
Total Equity		\$34,220.63
TOTAL LIABILITIES AND EQUITY		\$34,220.63

Adelante Hispanic Achievers Inc.

Profit and Loss

December 2022

	TOTAL
Income	
4000 Fundraising Revenue	
4001 General Donations	1,039.69
Total 4000 Fundraising Revenue	1,039.69
4500 Grants	
4501 Corporate Contributions	42.31
4502 Foundation Grants	25,000.00
Total 4500 Grants	25,042.31
Total Income	\$26,082.00
GROSS PROFIT	\$26,082.00
Expenses	
6132 Payroll Fees	79.50
8000 Ask Client	
Overhead Expense	1,022.10
6020 Telephone & Internet	
6035 Staff Salaries	697.18
6036 Payroll Tax	18,541.91
Total Overhead Expense	-11,669.23
Program	7,569.86
6110 Educational Materials	
6130 Staff Salary - Program	76.28
6150 Volunteer & Student Appreciation	6,872.68
Total Program	895.96
Total Expenses	7,844.92
NET OPERATING INCOME	\$16,516.38
NET INCOME	\$9,565.62
	\$9,565.62



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

Notice	CP211A
Tax period	June 30, 2022
Notice date	October 31, 2022
Employer ID number	20-2267012
To contact us	Phone 877-829-5500
Page 1 of 1	

190697.472049.229150.4721 1 AB 0.491 372



ADELANTE HISPANIC ACHIEVERS INC
% ECKEN & SMITH PSC
2005 DOUGLASS BLVD
LOUISVILLE KY 40205-1927

190697

Important information about your June 30, 2022, Form 990

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

We approved the Form 8868 for your
June 30, 2022, Form 990, Return of
Organization Exempt From Income Tax.
Your new due date is May 15, 2023.

What you need to do

File your June 30, 2022, Form 990 by May 15, 2023. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application ready	C Name of organization ADELANTE HISPANIC ACHIEVERS INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2005 DOUGLASS BLVD City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40205
D Employer identification number 20-2267012	E Telephone number 502-461-4500
F Group Exemption Number ▶	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
H Check <input type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	I Website: ▶ WWW.ADELANTEKY.ORG
J Tax-exempt status (check only one) — <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	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 123,787.	

Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	123,787.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	123,787.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	165,009.
	13 Professional fees and other payments to independent contractors	13	3,190.
	14 Occupancy, rent, utilities, and maintenance	14	1,800.
	15 Printing, publications, postage, and shipping	15	1,307.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	26,316.
17 Total expenses. Add lines 10 through 16	17	197,622.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-73,835.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	136,800.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	62,965.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	ADELANTE HISPANIC ACHIEVERS INC	20-2267012
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2005 DOUGLASS BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LOUISVILLE, KY 40205	

Enter the Return Code for the return that this application is for (file a separate application for each return)				01
Application Is For	Return Code	Application Is For	Return Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07	
Form 990-BL	02	Form 1041-A	08	
Form 4720 (individual)	03	Form 4720 (other than individual)	09	
Form 990-PF	04	Form 5227	10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11	
Form 990-T (trust other than above)	06	Form 8870	12	

ALEJANDRO POUSA

- The books are in the care of ► **2005 DOUGLASS BLVD -- LOUISVILLE, KY 40205**
Telephone No. ► **(502) 494-0353** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	136,800.	62,965.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	136,800.	62,965.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	136,800.	62,965.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	97,566.
29 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	65,044.
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	162,610.

Part IV List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROLAND BLAHNIK				
DIRECTOR	1.00	0.	0.	0.
PACO MARTINEZ				
DIRECTOR	1.00	0.	0.	0.
KEVIN WILDER				
DIRECTOR	1.00	0.	0.	0.
ISRAEL CUENCE				
DIRECTOR	1.00	0.	0.	0.
JONATHAN HUGHES				
DIRECTOR	1.00	0.	0.	0.
SARAH NUNEZ				
DIRECTOR	1.00	0.	0.	0.
KIM HUSTON				
CHAIR	2.00	0.	0.	0.
MARGARITA MCATEE				
VICE CHAIR	1.00	0.	0.	0.
JON RIESTER				
SECRETARY	1.00	0.	0.	0.
GUY GOMEZ				
TREASURER	2.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	0.	
section 4912	0.	
section 4955	0.	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed	KY	
42 a The organization's books are in care of	ALEJANDRO POUSA	
Located at	2005 DOUGLASS BLVD, LOUISVILLE, KY	
Telephone no.	(502) 494-0353	
ZIP + 4	40205	
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)?	Yes	No
If "Yes," enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
If "Yes," enter the name of the foreign country		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? ☐ Yes ☒ No
If "Yes," complete Schedule C, Part I

46 ☒ X**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II ☐ Yes ☒ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? ☐ Yes ☒ No
- b If "Yes," was the related organization a section 527 organization? ☐ Yes ☒ No

47 ☐ ☒
48 ☐ ☒
49a ☐ ☒
49b ☐ ☒

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

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

Sign Here

Signature of officer

MARGARITA MCATEE, PRESIDENT

Type or print name and title

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ If self-employed

PTIN

JOYCE SMITH

02/19/22

P00061474

Firm's name ▶ STROTHERMAN & COMPANY, P.S.C.

Firm's EIN ▶ 61-1191653

Firm's address ▶ 205 TOWNPARK CIRCLE, SUITE 200
LOUISVILLE, KY 40243

Phone no. (502) 244-5505

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ

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

OME No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ADELANTE HISPANIC ACHIEVERS INC

Employer identification number

20-2267012

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

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

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

i Enter the number of supported organizations

g Provide the following information about the supported organization(s).

Part III Provide the following information about the supported organizations.						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is this organization listed in your schedule document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,944.	120,468.	152,298.	194,666.	123,787.	631,163.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	39,944.	120,468.	152,298.	194,666.	123,787.	631,163.
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)						188,885.
6 Public support. Subtract line 5 from line 4.						442,278.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	39,944.	120,468.	152,298.	194,666.	123,787.	631,163.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						631,163.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	70.07 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	71.78 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Attach line 7c from Part I.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described in line 11a above?
- c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the roles played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2020 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

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

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

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

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

ADELANTE HISPANIC ACHIEVERS INC**20-2267012**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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) (2020)

Name of organization

Employer identification number

ADELANTE HISPANIC ACHIEVERS INC

20-2267012

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	UPS 550 GLENLAKE PARKWAY ATLANTA, GA 30328	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	METRO GOVERNMENT 701 WEST ORMSBY, SUITE 201 LOUISVILLE, KY 40203	\$ 14,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MCDONALDS RESTAURANTS KENTUCKIANA 307 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BROWN FORMAN 850 DIXIE HIGHWAY LOUISVILLE, KY 40201-1080	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	METRO UNITED WAY 334 E BROADWAY LOUISVILLE, KY 40202	\$ 9,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	C.E. & S FOUNDATION 101 S 5TH ST LOUISVILLE, KY 40202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ADELANTE HISPANIC ACHIEVERS INC

20-2267012

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	CHURCHILL DOWNS 700 CENTRAL AVE LOUISVILLE, KY 40208	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ADELANTE HISPANIC ACHIEVERS INC**20-2267012****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

ADELANTE HISPANIC ACHIEVERS INC**20-2267012**

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

ADELANTE HISPANIC ACHIEVERS INC

Employer identification number
20-2267012

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADMINISTRATIVE FEES	2,536.
EDUCATIONAL MATERIALS	849.
INSURANCE	1,227.
OFFICE SUPPLIES	2,950.
PROFESSIONAL DEVELOPMENT	573.
SNACKS	657.
PAYROLL TAXES	14,116.
TELEPHONE	1,254.
TRAVEL	384.
VOLUNTEER EXPENSES	277.
UNIFORMS	1,493.
TOTAL TO FORM 990-EZ, LINE 16	26,316.

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ADELANTE'S PURPOSE IS TO
PROVIDE OPPORTUNITIES FOR HISPANIC/LATINX YOUTH AND THEIR FAMILIES TO
GAIN THE SKILLS AND KNOWLEDGE NECESSARY TO FUNCTION CROSS-CULTURALLY
AND TO CONTRIBUTE TO SOCIETY AS INFORMED AND PRO-ACTIVE CITIZENS. ALL
PROGRAMMING FOCUSES ON: ACADEMICS, CAREER EXPLORATION, CULTURAL
AWARENESS, AND PERSONAL AND SOCIAL DEVELOPMENT. ALL ACTIVITY IS
PROVIDED FREE OF CHARGE TO STUDENTS AND FAMILIES.**

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

MENTORING AND ENRICHMENT PROGRAM:

THIS PROGRAM PROVIDES WEEKLY WORKSHOPS ON SATURDAY

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

ADELANTE HISPANIC ACHIEVERS INC

Employer identification number

20-2267012

MORNINGS WITH EXPERIENTIAL LEARNING OPPORTUNITIES AND COLLEGE VISITS FOR MIDDLE AND HIGH SCHOOL LATINX STUDENTS IN THE LOUISVILLE AREA. EACH WEEKEND THROUGHOUT THE ACADEMIC YEAR WE ENGAGE COMMUNITY LEADERS AS PRESENTERS TO SHARE THEIR KNOWLEDGE AND EXPERTISE WITH OUR GROUP OF 6TH- THROUGH 12TH-GRADE ACHIEVERS. WE ALSO TAKE OUR ACHIEVERS ON FIELD TRIPS TO VARIOUS ENRICHMENT ACTIVITIES WITHIN THE COMMUNITY TO ENHANCE STUDENTS' UNDERSTANDING OF THEIR OPTIONS AFTER GRADUATION. DURING THE 2020-21 PROGRAM YEAR, THE VAST MAJORITY OF ADELANTE PROGRAMS WERE CONDUCTED VIRTUALLY IN RESPONSE TO THE ONGOING COVID-19 PANDEMIC.

WE FINALIZED TWO SOLID SEMESTERS OF VIRTUAL SATURDAY MENTORING AND ENRICHMENT CURRICULUM. THE FIRST SEMESTER FOCUSED ON EQUITY AND JUSTICE. SOME OF THE WORKSHOPS INCLUDED "REPRESENTATION OF IMMIGRANTS IN FILM AND TV", "SLAM POETRY", "DIVERSIFY THE OUTDOORS" AND "CITIZENS OF THE WORLD TRIVIA". SEVERAL TIMES THROUGH THIS SEMESTER, STUDENTS WERE INVITED TO REFLECT ABOUT SOCIAL, RACIAL AND ENVIRONMENTAL JUSTICE. ADDITIONALLY, THEY LEARNED ABOUT HOW LOCAL PROFESSIONALS WORK TO ADDRESS INJUSTICE. THE SECOND SEMESTER FOCUSED ON THE FUTURE. SOME OF THE WORKSHOPS INCLUDED "THE UNIVERSE IS LARGE", "THE FUTURE OF FOOD", "ROBOTICS" AND "REAL SOLUTIONS TO CLIMATE CHANGE". DURING THIS SEMESTER STUDENTS WERE EXPOSED TO A LARGE VARIETY OF STEM CAREERS AT THE SAME TIME THEY HAD OPPORTUNITIES TO REFLECT ON THEIR ABILITY TO CREATE A BETTER FUTURE.

STUDENT ENROLLMENT OF THE MENTORING & ENRICHMENT PROGRAM: ADELANTE OPERATED SUCCESSFULLY AND COMPLETELY VIRTUALLY DURING THE FALL 2020 AND SPRING 2021. FOR OUR CORNERSTONE PROGRAM, THE SATURDAY MENTORING ENRICHMENT PROGRAM THE TOTAL STUDENT ENROLLMENT WAS 123 STUDENTS.

AVERAGE ATTENDANCE: DESPITE OUR PROGRAMS RAPIDLY CHANGING TO THE

Name of the organization

ADELANTE HISPANIC ACHIEVERS INC

Employer identification number

20-2267012

VIRTUAL FORMAT, ADELANTE STUDENTS KEPT ON ATTENDING, PARTICIPATING AND ENGAGING IN OUR PROGRAMS. WE ARE VERY PROUD OF OUR ADAPTABILITY AND CREATIVITY TO PROVIDE QUALITY PROGRAMS DESPITE THE LACK OF IN-PERSON ACTIVITIES. DURING FALL 2020, WE HAD AN AVERAGE OF 78% . AND DURING SPRING 2021, WE HAD AN AVERAGE ATTENDANCE OF 65%. WHILE THERE IS A DROP IN ATTENDANCE FROM FALL TO SPRING, STUDENTS MAY HAVE GOTTEN LESS ENGAGED WITH A PROLONGED TIME OF VIRTUAL LEARNING AT ALL LEVELS. OVERALL WE HAD FOR A TOTAL OF 35 DISTINCT -3 HOUR WORKSHOPS THROUGHOUT THE YEAR.

ENROLLMENT AND ATTENDANCE, OTHER PROGRAMS:

IN ADDITION TO OUR CORNERSTONE SATURDAY MENTORING & ENRICHMENT PROGRAMS, ADELANTE ALSO OPERATED A VIRTUAL TUTORING CLUB, SIX ADELANTE CLUBS, AN AMBASSADORS LEADERSHIP PROGRAM FOR JUNIORS AND SENIORS PARTICIPATING IN M&E, AND A COLLEGE CORPS MENTORING PROGRAM FOR SOPHOMORES, JUNIORS, AND SENIORS.

A TOTAL OF 29 STUDENTS PARTICIPATED IN OUR VIRTUAL TUTORING PROGRAM WITH 74% (=21 STUDENTS) AVERAGE ATTENDANCE RATE. AN ADDITIONAL 10 UNDUPLICATED STUDENTS PARTICIPATED IN OUR COLLEGE CORPS PROGRAM.

OVERALL, ADELANTE SERVED 127 STUDENTS ACROSS ALL PROGRAMS.

THE AMBASSADORS PROGRAM IS A LEADERSHIP OPPORTUNITY FOR ADELANTE STUDENTS IN THEIR JUNIOR AND SENIOR YEARS OF HIGH SCHOOL. THESE STUDENTS STEP UP AS ROLE MODELS IN THE SATURDAY MENTORING & ENRICHMENT PROGRAM, LEADING GROUPS AND GAMES WITH YOUNGER ACHIEVERS. ADELANTE AMBASSADORS ALSO PROVIDE INPUT AND FEEDBACK IN THE CURRICULUM PLANNING PROCESS, REPRESENT THE STUDENT VOICE AT VARIOUS EVENTS THROUGHOUT THE CITY, AND ORGANIZE ADDITIONAL COMMUNITY SERVICE OPPORTUNITIES TO GIVE BACK TO OUR COMMUNITY.

Name of the organization

ADELANTE HISPANIC ACHIEVERS INC

Employer identification number
20-2267012**FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:****VIRTUAL SCHOOL TUTORING AND HOMEWORK HELP PROGRAM:**

THIS TUTORING OPPORTUNITY BECAME A STAPLE OF ADELANTE PROGRAMS DURING NON TRADITIONAL INSTRUCTION (NTI) AT SCHOOL. THE TUTORING PROGRAM PAIRED AN ADELANTE STUDENT WITH A TUTOR FOR ONE-HOUR SESSIONS ON TUESDAYS, WEDNESDAYS OR THURSDAYS BETWEEN 3-5PM. ADDITIONALLY, DURING THE SAME TIME, WE OPENED A HOMEWORK HOTLINE SPACE WHERE STUDENTS REGARDLESS IF THEY WERE OR NOT IN THE PROGRAM COULD LOG IN TO OBTAIN HOMEWORK ASSISTANCE.

ADELANTE CLUBS:

DURING SPRING 2021, TWO VIRTUAL CLUBS (ART AND FILM) AND ONE IN-PERSON CLUB (HIKING AND NATURE) TOOK PLACE. THE ART CLUB MET WEEKLY ON FRIDAYS AND IT WAS LED BY MANUEL HERNANDEZ, A LATINX LOCAL ARTIST. THE FILM CLUB MET WEEKLY ON THURSDAYS AND IT WAS LED BY MICHAEL BENTON, A BCTC FILM STUDIES PROFESSOR. STUDENTS OFTEN ATTENDED BOTH CLUBS. THE HIKING AND NATURE CLUB PARTNERED WITH THE PARKLANDS AT FLOYDS FORK AND KICKED OFF THE RETURN TO IN-PERSON PROGRAMMING. STUDENTS LEARNED ABOUT THE IMPORTANCE OF NATURE.

COLLEGE CORPS: THE COLLEGE CORPS PROGRAM MET MONTHLY TO KEEP PROGRESS OF ADELANTE SENIORS, COLLEGE APPLICATIONS, FINANCIAL AID PACKAGES, SCHOLARSHIPS AND COLLEGE LIFE KNOWLEDGE. ON MAY 15, WE CELEBRATED ADELANTE SENIORS WITH A CAR PARADE AND AN OUTDOOR EVENT.

CURRENTLY WE HAVE 5 COLLEGE & UNIVERSITY ALLY PARTNERS: HANOVER COLLEGE, CENTRE COLLEGE, PENNSYLVANIA UNIVERSITY, EASTERN KENTUCKY UNIVERSITY AND THE UNIVERSITY OF LOUISVILLE SPEED SCHOOL OF ENGINEERING. THE LAST PARTNERSHIP INCLUDED PROGRAMMATIC SUPPORT AND IN SPRING 2021 A GROUP OF DIVERSE BRANCHES OF ENGINEERING STUDENTS TAUGHT A WORKSHOP ON HOW TO BUILD A ROBOT FROM SCRATCH WITH JUNK. TWELVE

Name of the organization

ADELANTE HISPANIC ACHIEVERS INC

Employer identification number

20-2267012

SENIORS GRADUATED IN SPRING 2021 AND THREE OF OUR STUDENTS RECEIVED

SCHOLARSHIPS AS PART OF THIS PARTNERSHIP. ADDITIONALLY, WE HAVE

ESTABLISHED TWO NEW SCHOLARSHIPS WITH THE UNIVERSITY OF LOUISVILLE AND

ONE MORE WITH THE UNIVERSITY OF LOUISVILLE NURSING SCHOOL FOR FALL

2022.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

ARTICLES OF INCORPORATION

OF

ADELANTE HISPANIC ACHIEVERS, INC.

0594997.09

Ghance
NAOI

Tray Grayson
Secretary of State
Received and Filed
09/15/2004 3:37:57 PM
Fee Receipt: \$8.00

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, non-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS), hereby certify as follows:

ARTICLE I

The name of the Corporation shall be:

Adelante Hispanic Achievers, Inc.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The address of the registered and principal office of the corporation is:

2843 Brownsboro Rd., Suite 101
Louisville, Ky. 40206

The name of the initial registered agent for service of process, located at such address is:

Stephen P. Imhoff

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

ARTICLE IV

The Corporation is organized and shall be operated exclusively for charitable and educational purposes as described within Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), including for such purposes the making of distributions to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said Section 501(c)(3).

The purposes of the Corporation shall be more specifically stated as follows:

to provide opportunities for Hispanic youth and their families to gain the skills and knowledge necessary to function cross-culturally, to fully develop, and to contribute as informed and pro-active citizens through such programs and activities as mentoring and tutoring, workshops and lectures, cultural events and festivals.

In addition, Adelante Hispanic Achievers will engage in activities designed to build partnerships and networks among interested organizations, government agencies, and individuals who support these purposes, and, will engage in other charitable, educational, and cultural activities consistent with the above purposes.

ARTICLE V

The Corporation shall be irrevocably dedicated to and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State statute), except as follows and as otherwise stated in these Articles:

a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:

1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.

2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws:

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding provisions of any later tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

The name and address of the incorporator is:

INCORPORATOR

ADDRESS

Stephen P. Imhoff

2843 Brownsboro Rd., Suite 101
Louisville, Ky. 40206

ARTICLE VIII

The initial Board of Directors shall consist of eleven (11) Directors. The names and addresses of the members of the initial Board of Directors are:

DIRECTOR

ADDRESS

Berta Calvert

JCPS Gheens Academy
4425 Preston Highway
Louisville, Ky. 40213

Hervil Cherubin

6703 Gunston Lane
Louisville, Ky. 40059

Sean Deskins

3330 Renwood Blvd., Apt. 202
Louisville, Ky. 40214

Brenda Gunn	University of Louisville Office of External Affairs 2900 W. Broadway, Suite 206 Louisville, Ky. 40211
Stephen P. Imhoff	2843 Brownsboro Rd., Suite 101 Louisville, Ky. 40206
Rebecca Kelley	1904 Maplewood Pl. Louisville, Ky. 40205
Miguel Lagunas	4201 Browns Ln. Louisville, Ky. 40220
Mara Maldonado	516 Oak Branch Rd. Louisville, Ky. 40245
Edgardo Mansilla	4801 Southside Dr. Louisville, Ky. 40214
Rosie Maum	ESL Resource Teacher JCPS Adult & Continuing Education 3670 Wheeler Ave. Louisville, Ky. 40215
Abraham Solano	South Central Neighborhood Place 4255 Hazelwood Ave. Louisville, Ky. 40215

ARTICLE IX

The initial By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

Any director may be removed for cause pursuant to By-Laws provisions regarding grounds and procedures for such removal.

ARTICLE X

a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or

obligation of the Corporation solely because of their position in the Corporation.

b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his/her duties as a director unless such act, omission or breach:

1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;

2) was not in good faith or involved or involves intentional misconduct on the part of the director;

3) was known by the director to be a violation of law;
or

4) resulted in an improper personal benefit to the director.

ARTICLE XI

The Corporation may indemnify any director or officer or former director or officer of the Corporation against any expenses actually and reasonably incurred by him/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which s/he is made a party by reason of being or having been such director or officer, except in relation to matters as to which s/he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its By-laws or a resolution adopted after notice to members entitled to vote.

ARTICLE XII

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all liabilities of the Corporation, dispose of all assets of the Corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated

exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code (or corresponding provisions of any later Federal tax laws), or to a state or local government for a public purpose as the Board of Directors shall determine.

The remaining assets, if any, shall be disposed of by the Circuit Court of the county in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XIII

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263 (or corresponding provision of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the Incorporator of this Corporation, this 10th day of September, 2004.


STEPHEN P. IMHOFF, INCORPORATOR

STATE OF KENTUCKY)
) SS
COUNTY OF JEFFERSON)

Before me, the undersigned authority, personally appeared **STEPHEN P. IMHOFF**, and being duly sworn, acknowledged that he/she is the Incorporator and Agent of Process of the aforementioned Corporation, and that he/she signed the aforementioned Articles of Incorporation as his free act and deed.

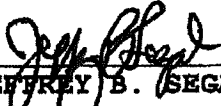
Witness my signature and seal of office this 10th day of September, 2004.

My Commission Expires: _____

Notary Public, State at Large, KY
My commission expires Jan. 2, 2007


NOTARY PUBLIC
STATE AT LARGE, KENTUCKY

This Document Prepared By:



JEFFREY B. SEGAL
Attorney at Law
LEGAL AID SOCIETY, INC.
425 West Muhammad Ali Blvd.
Louisville, Kentucky 40202
(502) 584-1254

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Adelante Hispanic Achievers, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input 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) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► 501 c 3	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 501 c 3 Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions. 4801 Southside Dr. 6 City, state, and ZIP code Louisville, KY 40214 7 List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
				-				-	
or									
Employer identification number									
2	0			-	2	2	6	7	0 1 2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign
Here

Signature of
U.S. person ►

Date ► **3-15-2023**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

ADELANTÉ

Hispanic Achievers

Goal 1: To socially and cognitively prepare middle- and high-school students of Latino/Hispanic heritage for high school, post-secondary and life success.

Goal 2: To help parents and families of Latino/Hispanic heritage to access resources and develop knowledge and skills to support their child's education and post-secondary success.

If AHA prepares Hispanic/Latino students for high school and post-secondary success, then students will have increased earned income and financial stability, and the communities where they live/work/play will be stronger with healthier families and an improved overall quality of life.

Latino students...

- Higher achievement and educational attainment gaps
- Low-Income
- First generation American college
- Feel excluded & lack sense of belonging
- Perceived as academically inferior
- Increased barriers and risk factors
- Inequitable access to quality instruction, resources and support
- Low parent engagement in education (due to lack of resources and know-how, not lack of desire.)

Staff

- Leadership
- Professional development
- Experience
- Advocacy
- Volunteers
- Funding / Resources
- Facilities
- Partnerships
- Research
- Evidence-based practices
- Evaluation / outcomes
- Fundraising and marketing
- Events
- Outreach
- Positive community engagement

Metro Louisville area

- Middle and High school students (age 11-18) of Hispanic/Latino Heritage who attend schools in Jefferson County and Parents/Guardians
- Sub-segments:
 - US-born
 - Recent immigrant
 - Refugee
 - Poverty
 - LGBTQIA
 - ACEs
 - (parents) Low ed. attainment
 - First generation American college students

Mentoring & Enrichment

- Workshops
- Experiential learning
- College/field trips
- College Readiness & College Corps.
- Career mentoring
- Workshops
- College visits
- Virtual Learning & Homework Help
- Tutoring
- Adelante Clubs
- Hobby exploration and skill development
- Ambassadors / Junior Ambassadors
- Leadership skills development
- School transition assistance
- Workshops and events
- Parent support & training
- Community referrals

Short-Term

- Improved academic achievement and school adjustment
- Improved leadership skills
- Improved coping and resiliency
- Academic/life goals and stronger agency
- Increased knowledge of careers and education options
- Parents are engaged in child's education (i.e. increased parent/child communication, advocacy, understanding of KY Commonwealth education system)
- Improved connections to resources

Long-Term

- Improved rates of acceptance, enrollment, financial aid and scholarships to 2- or 4-year higher learning among Latino students
- Improved higher education completion rates among Latino students
- Stronger Hispanic/Latino families
- Reduced poverty
- Stronger, more diverse and inclusive community
- Stronger overall economy

Assumptions - Society desires to improve academic and life outcomes for students of Latino/Hispanic heritage. With proper guidance, support and accountability, every student of Latino/Hispanic heritage can achieve to their highest potential. School and community stakeholders in the Louisville Metro Area view the mission of AHA as an effective and needed intervention to maximize student holistic development in partnership with parents and families. Therefore, funding and opportunities for school community collaboration will be plentiful.



Kentucky Secretary of State

Michael G. Adams

ADELANTE HISPANIC ACHIEVERS, INC.

File Annual Report	File Certificate of Assumed Name (DBA)	
Change Address or Registered Agent	File Dissolution	File Registered Agent Resignation
Upload a filing		
Printable Forms	Subscribe to changes made to this entity	Certificate of Good Standing

General Information

Organization Number	0594997
Name	ADELANTE HISPANIC ACHIEVERS, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	9/15/2004
Organization Date	9/15/2004
Last Annual Report	6/13/2022
Principal Office	2843 BROWNSBORO RD., SUITE 101 LOUISVILLE, KY 40206
Registered Agent	STEPHEN P. IMHOFF 2843 BROWNSBORO RD., SUITE 101 LOUISVILLE, KY 40206

Current Officers

President	Margarita McAtee
Vice President	Jon Hughes
Secretary	Jon Riester
Treasurer	Alejandro Pousa
Director	Roland Blahnik

Director
Director

Kim Huston
Jonathan Hernandez

Show Individuals / Entities listed at time Of formation

Director	BERTA CALVERT
Director	HERVIL CHERUBIN
Director	SEAN DESKINS
Director	BRENDA GUNN
Director	STEPHEN P IMHOFF
Director	REBECCA KELLEY
Director	MIGUEL LAGUNAS
Director	MARA MALDONADO
Director	EDGARDO MANSILLA
Director	ROSIE MAUM
Director	ABRAHAM SOLANO
Incorporator	STEPHEN P IMHOFF

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Kentucky Unbridled Spirit