- Form 990

SCANNED JUN 1 2017

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BWF 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2016

OMB No. 1545-0047

Open to Public Inspection

A	For	the 2016 cal	endar year, or tax year beginning ,	2016, and en	ding		, 20
В		if applicable	C Name of organization EXCELLENCE IN THE COMMUNI	I YT		er identificati	on number
	Addre:	ss change	Doing business as		11-377		
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telepho	ne number	
	Initial r	eturn	10073 STONEWALL COURT		(801)	943-364	18
	Final re	eturn/	City or town, state or province, country, and ZIP or foreign postal	code	G Gross		
	termini	ated	SANDY_UT_84092		receipts	\$	420,505
	Amend	led return	F Name and address of principal officer	H(a) is th	ıs a group return f	or subordinates?	Yes 🛛 No
\square	Applica	ation pending	SEE ATTACHMENT #1	H(b) Are	all subordinates in	cluded?	Yes No
Ī.	Tax-e	exempt status	5. X 501(c)(3)	27 If	"No," attach a list	(see instructions	5)
J	Webs	site: ► WW\	V.EXCELLENCECONCERTS.ORG	H(c) Grou	p exemption num	ber 🕨	
K	Formo	f organization	X Corporation Trust Association Other ▶ L	Year of formation	2005	M State of legal	domicile UT
P	art I	Sumr	nary				
	1	Briefly de	scribe the organization's mission or most significant activities				
9	<u>, bi</u>	UR MISS	SION IS TO CREATE MORE AND BETTER I	PERFORM	ANCE OPE	ORTUNIT	'IES
Artivities & Governance	[E	OR UTA	H MUSICIANC. WE PRODUCE PUBLIC PERI	FOMANCE:	S AND OF	FER THE	<u></u>
Š	E	REE TO	THE PUBLIC. BY OFFERING A WIDE RAM	NGE OF	STYLES		
Š	2	Check th	is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more than	25% of its net	assets.	
٥	3 3	Number	of voting members of the governing body (Part VI, line 1a)		[3	
į	3 4	Number	of independent voting members of the governing body (Part VI, line 1b	o) ·· · ·	[4	
, <u>1</u>	5 5	Total nur	nber of individuals employed in calendar year 2016 (Part V, line 2a)			5	
3	} 6	Total nun	nber of volunteers (estimate if necessary)			6	10
		a Total unr	elated business revenue from Part VIII, column (C), line 12 · · · ·		[7a	
		b Net unrel	ated business taxable income from Form 990-T, line 34	<u></u> .		7b	0
					Prior Year		rrent Year
9	8 پ	Contribut	ions and grants (Part VIII, line 1h)		33,		5,098
Roversio	9	Program	service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·	[_	296,	542	415,400
à	10	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			6	7
•	11	 Other rev 	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	2 Total reve	enue add lines 8 through 11 (must equal Part VIII, column (A), line	12)	329,	758	420,505
	13	Grants ar	id similar amounts paid (Part IX, column (A), lines 1-3)				
	14	4 Benefits	paid to or for members (Part IX, column (A), line 4)				
ď	3 15	5 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-1	0)			
Fxnenses	16	a Professio	nal fundraising fees (Part IX, column (A), line 11e)				
Ž	{	b Total fund	draising expenses (Part IX, column (D), line 25)				
п	1 17	7 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		251 ,		412,819
	18	3 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25) · · ·		251,		412,819
	19	Revenue	less expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·		78,	582	7,686
ssets	့ တ			Вед	inning of Current		d of Year
SS	ဦ 20		ets (Part X, line 16)		105,		107,548
# # F	alan 21	Total liab	lities (Part X, line 26)			534	
Net		Net asset	s or fund balances Subtract line 21 from line 20	·	99,	862	107,548
Pa	art II	Signa	ture Block				 _
			, I declare that I have examined this return, including accompanying schedules and			/ knowledge and	belief, it is true,
	ect, an	d complete. De	claration of preparer (other than officer) is based on all information of which prepared	arer nas any knov	wieage 		
			Jeff W. UU)			15-	11-17
Sig		1 -	hature of officer RECEIVED			Date	
He	re		IFF WHITELEY MAN	NAGING	DIRECTOR	₹	
			e or print name and title 0 5 2 2 2017				
D - 1	0			Date	_ Check	if PTIN	
Pai			MOND IORG	5-11-1		ployed P00(
	par		's name ► HRB TAXEROUPCANC		Firm's EIN ▶	4318718	340
US	e Oı		's address ▶ 3438 E 7800 S		Phone no.		· -
		SAI	T LAKE CITY UT 84121		8017330		
			his return with the preparer shown above? (see instructions)				Yes No
For	Pape	rwork Redu	ction Act Notice, see the separate instructions.			For	rm 990 (2016)

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_	990 _r (2016) EXCELLENCE IN THE COMMUNIT 11-3779120 Page till Statement of Program Service Accomplishments	, '
Gμ		П
1	Check if Schedule O contains a response or note to any line in this Part III	Н
•	OUR MISSION IS TO CREATE MORE AND BETTER PERFORMANCE OPPORTUNITIES	
	FOR UTAH MUSICIANS. WE PRODUCE PUBLIC PERFORMANCES AND OFFER THEM	
	FREE TO THE PUBLIC. BY OFFERING A WIDE RANGE OF STYLES AND	_
	DIVERSITY OF ARTISTS PEOPLE COME TOGETHER TO CELEBRATE THE	_
2		_
4	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990–EZ?	<u> </u>
		יי צ
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	() N
	——————————————————————————————————————	7 14
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 412,819 including grants of \$ 5,098) (Revenue \$ 415,400))
	SEE ATTACHMENT #2	- '
		_
4b	(Code) (Expenses \$	_)
		
	·	
		
		
łC	(Code) (Expenses \$including grants of \$) (Revenue \$	_ '
		
•		
•		
•		
		
	Other program convece (Decembers Schools to Co.)	_
a l	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	

Form 99Q (2016) EXCELLENCE IN THE COMMUNIT 11-3779120
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III . N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D. Part IV	9)	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			^
••	VII, VIII, IX, or X as applicable.			
۵	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	l		
a	D, Part VI	11a		Х
h	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	1		
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total	11.5	 	1
v	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	-1.0		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			<u> </u>
~	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1.74	_	
_	business, investment, and program service activities outside the United States, or aggregate foreign investments		•	
	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		 	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	İ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance	- <u>"</u>	 	
	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	"	 	- ^`
. •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	- ' ' -	 	 ^
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	Х
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?		 	
	If "Yes," complete Schedule G, Part III	19	1	Х

Part IV Checklist of Required Schedules (continued) Yes No 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Χ 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Χ 26 Schedule L, Part II ... Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N. Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Χ

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Part				П
	Check if Schedule O contains a response or note to any line in this Part V	<i>:</i>	V	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	i I		ļ
	gaming (gambling) winnings to prize winners?	1c	ļ	Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A.	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	LX_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O \mathbb{N}/\mathbb{A}	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ĺ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? N/A	5c	ļ	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X_
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۱		
~	gifts were not tax deductible?	6b	-	-
7	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	1	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	$\frac{\Lambda}{\Lambda}$
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 15		
	required to file Form 8282?	7c	Ì	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	X
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	1	1	
8	Initiation fees and capital contributions included on Part VIII, line 12	ĺ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	}	
11	Section 501(c)(12) organizations. Enter	1	}	1
a	Gross income from members or shareholders	1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
120	against amounts due or received from them.)	40-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	X
13	TEST THE REPORT OF THE CONTROL OF TH	1		
a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	 -	X
-	Note. See the instructions for additional information the organization must report on Schedule O.	138		1-
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N./.A.	14b	 	T

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instr			\Box
	Check if Schedule O contains a response or note to any line in this Part VI	• • • •	<u> </u>	
Secti	on A. Governing Body and Management			
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body,			
	or if the governing body delegated broad authority to an executive committee or similar			!
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent]		[
ь 2	Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ĺ
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
·	of officers, directors, or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			
	or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			1
а	The governing body?	8a		Χ
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		!	l
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots N/A$	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	406		ĺ
_		12b		├
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			l
13	describe in Schedule O how this was done	12c		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		_	1
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]		İ
а	The organization's CEO, Executive Director, or top management official	15a	1	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ĺ
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			}
	the organization's exempt status with respect to such arrangements?	16b	ı	1
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s o	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SEE ATTACHMENT #3			

Part VII

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

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

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

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

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

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

Check this box if neither the org	anization no	or any related organization compensated any current offi				ated a	any current officer, di	rector, or trustee.			
(A)	(B)			(C Posi	tion			(D)	(E)	(F)	
Name and Title	Average hours per		box, un	check less pe	more th rson is	both an		Reportable compensation	Reportable compensation	Estimated amount of	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	and Officer	Key employee	e Highest compensated mployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
JEFF WHITELEY	40.00	X		1		X		46,000	0	0	
MANAGING DIRECTOR WILL LARSEN DIRECTOR	5.00		×					7,866	0	0	
GUY STANDING DIRECTOR	5.00		×					2,400	0	0	
DEAN GLANVILLE DIRECTOR	5.00		×					2,400	0	0	
ANDREW GLANVILLE DIRECTOR	5.00		×					7,432	0.	0	
LEX ANDERSON DIRECTOR	5.00		×					7,400	0	0	

Form **990** (2016)

Part	VII Section A. Officers	, Directors	s, Truste	ees, K	ey Em	ploye	es, and	Highe	est Compensated E	mployees (continue	ed)		
	(A) Name and title	(B) Average		box, ur		more th rson is	nan one both an (trustee)		(D) Reportable	(E) Reportable	!	(F) timated nount o	
		hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org and	other pensate om the anization of relate anization of the	on e d
				}]				}		
1b	Sub-total							▶	73,498				
C	Total from continuation sh		-				• • •		73,498		 		
d 	Total (add lines 1b and 1c) Total number of individuals (from the organization ▶						d above) who			ble com		
3	Did the organization list any on line 1a? If "Yes," complete							-	r highest compensat		3	Yes	No X
4	For any individual listed on li											1	,,
5	organization and related organization and related on line										. 4	+-	X
	services rendered to the orga				•		•		 -		5		X
	n B. Independent Contracto												
1	Complete this table for your		-							•	tov voor		
	compensation from the orga	(A)	eport co	inpen	Sauon	IOI THE	calenda	i yeai	(B)	n the organizations		(C)	
	Name and	, ,	address						Description of se	ervices		ensatio	n
								<u> </u>					
													
2	Total number of independen \$100,000 of compensation fr				out not	limite	d to thos	e liste	d above) who receiv	ed more than			

Part VIII	Statement of Revenue		<u> </u>	COLHIOMIT	11-31/9120
Form 990 (2016	EXCELLENCE	TN	THE	COMMINITE	11_2770120

		Check it Schedule O contains a response or	note to any line in the				П
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ş	nts	1a Federated campaigns 1a			reveilde	Toveride	512-514
Š	ᅙ	b Membership dues 1b		7	1		
y.	٩	c Fundraising events 1c		-		1	
Ö	į	d Related organizations 1d		7	İ		
Contributions, Gifts, Grants	Ë	e Government grants (contributions) 1e		7			
.₽	ē	f All other contributions, gifts, grants, &		-			
Ę	튄	similar amounts not included above 1f	5,09	8			<u>'</u>
or the	١٩	g Noncash contributions included in lines 1a-1f \$		1			
<u>၁</u>	<u>ē</u>	h Total. Add lines 1a-1f		5,0	98		
			Business Code				
Program Service	3	PROGRAM SERVICES		415,40	20	1	
ΕZ	اه	b				 	
Š	ᇎ	C					
<u>ra</u>	<u>ĕ</u>	d					
وَّر	-	e					
ы.		f All other program service revenue					
	+	g Total. Add lines 2a-2f	, ▶	415,40	00		
	3	interest in come (moldaling dividends, interes					
	14	other similar amounts)	· · · · · · · · · · •		7		
	5	be a serie we will also series of tax-exempt bond b					
	"						
	6	a Gross rents (1) Real	(II) Personal	_[
		b Less rental expenses	ļ				
		Rental income or (loss)		_			,
				↓		*	,
		(I) Converting					
	7	Gross amount from sales of assets other than inventory	(II) Other				
	1	Less cost or other basis		1			
	1	and sales expenses .					
	(Gain or (loss)	 	-			
		Net gain or (loss)	.	-			
	8a	Gross income from fundraising events			 		
흑	ļ	(not including \$					
ē	1	of contributions reported on line 1c).					
ě		See Part IV, line 18 a					
Other Revenue	b	Less direct expenses b					
g	C	Net income or (loss) from fundraising events					
_	9a	Gross income from gaming activities. See					
		Part IV, line 19					-
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities .				-	
	10a	Gross sales of inventory, less			 		
		returns and allowances a			j		
	b	Less cost of goods sold b			j		
	_ c	Net income or (loss) from sales of inventory				ļ	
ì	44	Miscellaneous Revenue	Business Code				
	11a						
	b				 		
	C	All other revenue					
		All other revenue					
		Total revenue Constitution	▶				
L	16	Total revenue. See instructions	·· · · · · · •	420,505			

Form 990 (2016) EXCELLENCE IN THE COMMUNIT 11-3779120 Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)						
<u></u>	Check if Schedule O contains a response or note to		(B)	(C)	· · · · · · · · · · · · · · · · · · ·		
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21 · · · ·						
2	Grants and other assistance to domestic						
	ındıvıduals See Part IV, line 22		,	L			
3	Grants and other assistance to foreign organizations,						
	foreign governments, and foreign individuals.						
	See Part IV, lines 15 and 16		 		,		
4	Benefits paid to or for members		<u> </u>				
5	Compensation of current officers, directors,						
_	trustees, and key employees						
6	Compensation not included above, to disqualified			[
	persons (as defined under section 4958(f)(1)) and						
_	persons described in section 4958(c)(3)(B)	 					
7	Other salaries and wages		 	 			
8	Pension plan accruals and contributions (include			}			
_	section 401(k) and 403(b) employer contributions)			 			
9	Other employee benefits						
10			<u> </u>	 			
11	Fees for services (non-employees)	55,073		55,073			
a	Management						
b	Legal	430		430			
C	Accounting Lobbying	130	 				
d e	Professional fundraising services. See Part IV, line 17						
e f	Investment management fees	<u> </u>	 				
g	Other. (If line 11g amount exceeds 10% of line 25, column		 	 			
9	(A) amount, list line 11g expenses on Schedule O.)						
12	Advertising and promotion	93,410	93,410	 			
13	Office expenses	947	l				
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	171	171				
18	Payments of travel or entertainment expenses for any						
-	federal, state, or local public officials				· 		
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization				<u> </u>		
23	Insurance	532	532				
24	Other expenses. Itemize expenses not covered above						
	(List miscellaneous expenses in line 24e. If line 24e	,					
	amount exceeds 10% of line 25, column (A) amount,		1 .				
	list line 24e expenses on Schedule O.)						
а	ARTIST FEES	142,355	142,355				
b	BANK CHARGES	6	6)			
c	DINING	258	258				
đ	DUES AND SUBSCRIPTIONS	85	L	1			
e	All other expenses	119,552					
25	Total functional expenses. Add lines 1 through 24e	412,819	357,316	55,503			
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined		[
	educational campaign and fundraising solicitation.		1				
	Check here ▶☐ If following SOP 98-2 (ASC 958-720) .		1				

Form 990 (2016) EXCE
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	105,396	1	107,548
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees.	, - •,	Ì	
	1	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	,		
	Ì	4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions) Complete Part II of Schedule L		6	
¥88	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other		-	
		basis. Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation		10c	
	11	Investments publicly traded securities		11	
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	105,396		107,548
	17	Accounts payable and accrued expenses	5,534	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			¥
Liabilities		trustees, key employees, highest compensated employees, and			
Ei Ei		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	····
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	ĺ		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,534	26	0
"		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and		ľ	
č		complete lines 27 through 29, and lines 33 and 34.	-		
lan	27	Unrestricted net assets	00.062	27	107,548
ä	28	Temporarily restricted net assets	99,862	28	107,548
, un	29	Permanently restricted net assets		29	
7		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Net Assets or Fund Balances	20	complete lines 30 through 34.	~	00	
SSe	30	Capital stock or trust principal, or current funds		30	
Ĭ,	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ž	32	Retained earnings, endowment, accumulated income, or other funds	99,862	32	107,548
	33 34	Total het assets or fund balances	105,396	33	107,548
	34	Total liabilities and net assets/fund balances	TO3,330	34	101,040

0000	1	2
Page		_

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			\Box	
1	Total revenue (must equal Part VIII, column (A), line 12)			, 505	
2	Total expenses (must equal Part IX, column (A), line 25)			819	
3	Revenue less expenses. Subtract line 2 from line 1		7,686		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		99	,862	
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		<u>-</u>		
	_column (B))		107	,548	
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			. ∐	
			Yes	No	
1	Accounting method used to prepare the Form 990. 🛛 Cash 🔲 Accrual 📗 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	L _	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		Ì		
b	Were the organization's financial statements audited by an independent accountant?	2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		ŀ		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	}	1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	/A. 2c	1	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in		1		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	. За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		†		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	/A 3b	1		
DA	16 99012 BWF 990 Form Software Copyright 1996 - 2017 HRB Tax Group, Inc		990	(2016)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Name of the organization

Inspection ▶ Information about Schedule A (Form 990 or 990–EZ) and its instructions is at www.irs.gov/form990 Employer identification number

OMB No 1545-0047

2016

Open to Public

11-3779120

EXCELLENCE IN THE COMMUNITY INC 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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). 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. 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. 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. 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. I 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. Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (ii) EIN (iii) Type of organization (Vi) Amount of other (V) Amount of monetary (described on lines 1-10 listed in your governing document? organization support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2016

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.)

Calen	ion A. Public Support dar year (or fiscal year beginning in)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		,						
	- ,	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
1 (Gifts, grants, contributions, and									
	membership fees received (Do not	57.161								
	include any "unusual grants.")	57,161	42,334	28,735	33,210	5,098	166,538			
2 -	Tax revenues levied for the organization's						· · · · · · · · · · · · · · · · · · ·			
	benefit and either paid to or expended on	07.000								
		27,290	149,551	221,521	296,542	415,400	1,110,304			
3 7	The value of services or facilities									
ī	urnished by a governmental unit to the organization without charge									
		- 04 151								
•	Total. Add lines 1 through 3	84,451	191,885	250,256	329,752	420,498	1,276,842			
5 T	he portion of total	İ								
p	he portion of total contributions by each erson (other than a governmental unit or									
р	ublicly supported organization) included	İ								
0	n line 1 that exceeds 2% of the amount		1							
	ublic support. Subtract line 5 from line 4.			·	- '					
Section	on B. Total Support						1,276,842			
Calend	dar year (or fiscal year beginning in)									
7 A	mounts from line 4	(a) 2012 84, 451	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total			
	ross income from interest, dividends,	04,431	191,885	250,256	329,752	420,498	1,276,842			
ρŧ	ayments received on securities loans	l.	1							
re	ents, royalties and income from similar		j							
	· · ·									
9 No	et income from unrelated business									
re:	ctivities, whether or not the business is gularly carried on			j						
	<u>├</u>									
10 Ot	ther income. Do not include gain or									
(E	ss from the sale of capital assets xplain in Part IV)		1.50							
	otal support. Add lines 7 through 10		168	4	6		178			
2 Gr	oss receipts from related activities, etc. (see i						1,277,020			
3 Fir	'st five years If the Form 900 to for the	nstructions)				12				
orc	est five years. If the Form 990 is for the organization, check this have and stop been	nization's first, se	econd, third, four	th, or fifth tax yea	ar as a section 50	D1(c)(3)				
Section	ganization, check this box and stop here on C. Computation of Public Supp		· · · · ·		<u>· ·· </u>	<u></u>	▶□			
4 Pu	blic support percentage for 2016 (line C. and	on Percenta	ge							
5 Pul	blic support percentage for 2016 (line 6, colu	mn (t) divided by	y line 11, column	n (f))		14	99.99%			
6a 33	blic support percentage from 2015 Schedule	A, Part II, line 14				15	%			
and	1/3% support test 2016. If the organization stop here. The organization qualifies as a r	on did not check	the box on line	13, and line 14 is	33 1/3% or mor	e, check this box	·			
		aniony auphonic	d organization				► K I			
box	1/3% support test 2015. If the organization and stop here. The organization qualifies a	on did not check	a box on line 13	3 or 16a, and line	15 is 33 1/3% o	r more, check thi	s			
	5 quannos a	o a pablicly supp	Jorteu organizati	ion . , , , , ,			► I I			
moi	0.0-racis-and-circumstances test 2016. If the organization did not about a least and a									
	nore, 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									
	and and another the	s restricted ords	anization qualifie:	s as a publicly su	pported organiza	ation	▶ [7]			
b 10%	6-facts-and-circumstances test 2015. I	If the organizatio	n did not check	a box on line 13.	16a, 16b, or 17a	ı, and line 15 is 1				
ora	e, and if the organization meets the "facts-al anization meets the "facts-and-circumstance	nd-circumstance	es" test, check th	is box and stop	here. Explain in	Part VI how the	278 01			
							▶ 🗍			
	COOKS COOKS	neck a box on li	ne 13, 16a, 16b,	17a, or 17b, che	ck this box and s	see instructions	▶ 🎞			

. SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EXCELLENCE IN THE COMMUNITY INC

Employer identification number

11-3779120

PART III - DID ADDITIONAL PROJECT AND ADDITIONAL FUNDING