Form 990- 7	r Ex	cempt Organizatio						OMB No 1545-0687
roini OOO i		and proxy t). Indar year 2018 or other tax year be					1906	୬ ⋒10
December of the Tonas		Go to www.irs.gov/Forms						<u> 4</u> 0 10
Department of the Treasu Internal Revenue Service	•	not enter SSN numbers on this for					(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		T 1 1		ne changed and see			D Emplo	oyer identification number
address chan	nged	_					(Empio	oyees' trust, see instructions)
B Exempt under section		EVANSVILLE ARC, I	NC.					
X 501(C)(03	Print	Number, street, and room or suite	no IfaPO	box, see instructions	•			992718
408(e) 22	or Type							ated business activity code istructions)
408A5	30(a)	615 W VIRGINIA ST					ļ ``	· ,
529(a)		City or town, state or province, co		IP or foreign postal c	ode			
C Book value of all ass at end of year		EVANSVILLE, IN 47					4230	00
-		up exemption number (See insti			1			- H
		eck organization type X			501(c)		401(a)	
		inization's unrelated trades or bus	sinesses				-	(or first) unrelated
trade or busines					-	•		e than one, describe the
		e end of the previous sentence,	complete	Parts I and II, com	iplete a Sc	nedule M for ea	ach additio	nai
trade or busines		 	- ££.1 4 4		hardina i a	ntrolled areas	`	► Yes X No
- ·		corporation a subsidiary in an a identifying number of the parent			osidiary co	ontrolled group		► L Tes A NO
		EIDRA CONNER	t corporatio		Telephone	number > 8	12-428	-4500
		or Business Income		(A) Incom	- 1	(B) Expe		(C) Net
		13,177.		(7.4)	<u> </u>	(=) = p =		(0)
		c Balance	e ▶ 1c	13	,177.			, ,
		lule A, line 7)			,250.			
		2 from line 1c			,927.	· · - -		3,927.
		attach Schedule D)						
	•	Part II, line 17) (attach Form 4797)			i		-	
		trusts						
		r an S corporation (attach statement)		·				
		ncome (Schedule E)	7				•	
8 Interest, annuitie	s, royalties, and re	ents from a controlled organization (Schedu	ile F) 8					
9 Investment Incom	ne of a section 50	1(c)(7), (9), or (17) organization (Schedul	6 G) 9					
10 Exploited exe	empt activity i	ncome (Schedule I)	40					
11 Advertising ii	ncome (Sched	dule J)	11					
	*	ctions, attach schedule)						
13 Total. Combi	ne lines 3 thr	ough 12	13		,927.			3,927.
Part Deduc		Taken Elsewhere (See in					(Except t	or contributions,
		be directly connected with			ss incor	ne)		1.00
		directors, and trustees (Schedule			<i>A</i>			100.
-					/	• • • • • • •		550.
1.64 Repairs and	maintenance		SEC'F	NED	• • • • • • • • • • • • • • • • • • • •	• • • • • •	16	300.
						<i>i</i>	17	<u>-</u>
interest (atta		(see instructions)		SO		/	18	
Charatala as	enses	See instructions for limite on rule	MAY 2	· 0 5A50 · 1.00		\dots	19	
20 Chantable co	ontributions (See instructions for limitation rule	esyı . ·	2		1,00	20	
Depreciation	(attach Form	4562)	0000	TU W	-	1,00		1,000.
Depletion	ation Claimed		COLEGUE E	2	<u>a </u>		22b	1,000.
		compensation plans						
••		s					· · 	
		Schedule I)						\
		schedule J)						1
		schedule)						2,425.
29 Total deduct	ions. Add line	es 14 through 28		• • • • • • • • • • • • • • • • • • •		, 1-c ~1*, f	28 29	4,375.
		ole income before net operat						-448.
		ig loss arising in tax years begi						1,
	•	e income Subtract line 31 from	-		-		31 32	-448.
For Paperwork Re	duction Act I	Notice, see instructions.					Ţ	Form 990-T (2018)
^{8X2740} 1000 TX5593	Ŕ917		V 1	8-7.6F	2	8362	0	PAGE 43

	990- [/(2018)			<u> </u>	age Z
Par	t III Total Unrelated Business Taxable Income				
33	total of unrelated business taxable income computed from all unrelated trades or businesses (see	11			
	instructions)	33			<u> 148.</u>
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions),	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36			448.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36.				
	enter the smaller of zero or line 36	38		- 4	148.
Par	t IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on				
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
b	Other credits (see instructions)				
С	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	╛			
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total tax. Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
	Payments A 2017 overpayment credited to 2018	1			
	2018 estimated tax payments				
	Tax deposited with Form 8868	1			
	Foreign organizations Tax paid or withheld at source (see instructions) 50d				
	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	1 1			
g		1 1			
	Form 4136 Other Total ▶ 50g	- 1			
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded				
	Statements Regarding Certain Activities and Other Information (see instruction		1	Vaal	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		· F	Yes	No_
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m. FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	•			
	here	Toreign	Country	ı	х
57				-	$\frac{x}{x}$
37	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreing "Yes," see instructions for other forms the organization may have to file	ign trust	····-		
58	Enter the amount of Acceptant interest received or accrued during the tax year				
	Under penalties of perun, I lectary that I have examined this return, including accompanying schedules and statements, and to the b	est of my	y knowledge ar	nd belie	ef, it is
Sign	true, correct, and complete Dod argion of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her	7C()C/CDCUATRMAN	-	RS discuss preparer sho		
		e instructio			No_
	Print/Type preparer's name Preparer's signature Date Chase	T	PTIN		
Paid	VESSICA FREEMAN ALCO TULLAN, GTA 4/28/202Gelfe	mploved	P0126	145	7
•	Darer Firm's name BKD, LLP		44-0160		
use			0-781-0		
JSA			Form 99		2018)

Form 990-T (2018)								_		F	Page 3
Schedule A - Cost of G	oods Sold.	Enter method	of inven	tory '	valuation I	>					
1 Inventory at beginning of	year 1	10	,953.	6	Inventory	at end of yea	ar	6		10,9	₹53.
2 Purchases		9	,250.	7	Cost of	goods so	ld. Subtract line		_		
3 Cost of labor	3]	6 from I	lıne 5 En	ter here and in	_			
4a Additional section 263A c	osts				Part I, line	2		7		9,2	250.
(attach schedule)	4a			8			section 263A (w	ith re	spect to	Yes	No
b Other costs (attach schedu		-		1	property	produced	or acquired for	resa	e) apply	,	
5 Total. Add lines 1 through	4b - 5		,203.		to the orga	anization?	<u></u> <u></u>				Х
Schedule C - Rent Incom	e (From Rea	l Property a	nd Perso	nal	Property	Leased V	Vith Real Proper	ty)	·		
(see instructions)											
Description of property							-				
(1)											
(2)											
(3)							<u> </u>				
(4)											
	2. Rent re	ceived or accrue	ed								
(a) From personal property (if the for personal property is more than 50%	nan 10% but not	percenta	age of rent f	or per	sonal property sonal property ed on profit or	exceeds	3(a) Deductions di in columns 2(a	rectly co a) and 2	onnected with t (b) (attach sche	he inco edule)	me
(1)											
(2)			•		_						
(3)											
(4)							-	•			
Total		Total									
(c) Total income. Add totals of chere and on page 1, Part I, line 6							(b) Total deduction Enter here and on Part I, line 6, colun	page 1			
Schedule E - Unrelated D	ebt-Finance	d Income (se	e instruc	tions)						
1. Description of de	bt-financed proper	ty			me from or bt-financed		Deductions directly con debt-finance at line depreciation	ed prop			
			1	prope	rty		ch schedule)	,	(attach sched		
(1)											
(2)											
(3)					,						
(4)											
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis ocable to ced property schedule)	4	. Colu 1 divid 1 colur	led		income reportable n 2 x column 6)		Allocable dedumn 6 x total of 3(a) and 3(b)	f colum	
(1)					%					_	
(2)					%						
(3)					%						
(4)					%						
							re and on page 1, le 7, column (A)		r here and or I, line 7, colu		
Totals		n column 8	 <u></u> .	 		<u>.</u>	▶				

Form 990-T (2018)

Form 990-T (2018)	EVANSVIL										992718	Page 4
Schedule F-Interest, Ann	uities, Royalties							i ons (see	instruction	ns)		
1 Name of controlled organization	2. Employer identification numb		3. Net unrelated income (loss) (see instructions) 4. Total of specific payments made			of specifie	included				s directly h income in 5	
(1)												
(2)							_					
(3)												
(4) Nonexempt Controlled Organi	izations	1_			 			.1	 			
7 Taxable Income	8. Net unrelated in (loss) (see instruc				otal of specific	ed .	ınclu	art of column ded in the co zation's gros	ntrolling		I. Deductions d inected with inc column 10	
(1)												
(2)												
(3)								•				
(4)							Add	columns 5 a	nd 10	Λ.	dd columns 6 ar	ad 11
							Ente	here and on I, line 8, colu	page 1,	Ent	ter here and on p	page 1,
Totals	<u></u>	<u> </u>	<u></u>			<u></u> ▶	<u> </u>					
Schedule G-Investment I	ncome of a Sec	tion 5	U1(C)	(7), (9), or (17 3. Deduc		nizatio			Т	5. Total ded	uctions
1 Description of income	2. Amount of	rincome			directly cor (attach sch	nected			t-asides schedule)		and set-aside plus col	s (col 3
(1)										\dashv		
(2)								•		-		
(3)								· -				
(4)	Enter here and Part I, line 9, c										Enter here and Part I, line 9, c	
Schedule I-Exploited Ex	empt Activity In	come,	Othe	r Tha	ın Adverti	ising Ir	come	(see instru	ictions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dı conne prod un	Expenses irectly ected wi luction of irelated ess incor	ith of	4 Net inconfrom unrelat or business 2 minus col If a gain, co cols 5 thro	led trade (column lumn 3) ompute	from a	ess income ctivity that unrelated ess income	6 Expen attributab column	ole to	7 Excess expen (column 6 column 5 more colum	ses 5 minus , but not than
(1)						<u>-</u>		-				
(2)												
(3)												
(4)							l					
Tatala	Enter here and on page 1, Part I, line 10, col (A)	page	nere and 1, Part 0, col (8	1,							Enter he on pag Part II, li	je 1,
Schedule J- Advertising I		uctions)				····						
Part I Income From Per				nsoli	dated Bas	sis						
1 Name of penodical	2. Gross advertising income	3	Direct tising co		4. Advertigan or (los 2 minus co a gain, co cols 5 thro	tising ss) (col ol 3) If mpute		rculation come	6. Reader costs	•	7 Excess r costs (co minus colu not mor colum	lumn 6 mn 5, but e than
(1)	<u> </u>											
(2)												
(3)											_]	
(4)	ļ											
Totals (carry to Part II, line (5))												
						· · ·					Form 990	-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instru	uctions)		
				0 D		

1 Name	3. Percent of ime devoted to business	Compensation attributable to unrelated business
1)	%	
2)	%	
3)	%	
1)	%	
otal. Enter here and on page 1, Part II, line 14.	▶	

Form **990-T** (2018)

ATTACHMENT	2		

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INSURANCE 55. UTILITIES 975. SHIPPING & DELIVERY 605. SUPPLIES 790.

> PART II - LINE 28 - OTHER DEDUCTIONS 2,425.