Form **990**

1331 Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

		rtne Treasury lue Service		Go to www.irs.gov/	<i>Form</i> 990 for ins	tructions	and th	e latest	information			Inspection		
A	For the	2017 cale	endar year, or tax	year beginning		, 2	2017, a	nd endi	ng		, 20			
В	Check if	applicable	C Name of organiz	ation Evansville	Urban Enterp	rise Con	mmunit	v Serv	vice Corp	D En	nployer	identification number		
	Address	change	Doing business a							1 3!	5-200	00036		
	Name ch	nange	Number and stre	et (or P.O. box if mail is	not delivered to st	reet addres	ss)	Room/s	uite	_	E Telephone number			
	Initial ret	turn	135 S Gar	vin St						(812)426-2490				
	Final retu	return/terminated City or town, state or province, country, and ZIP or foreign postal code												
	Amende	d return	Evansvill	e, IN 47713						G Gr	oss rec	eipts \$ 70,846.		
	Applicat	on pending	F Name and addre	ss of principal officer:					H(a) Is this a	_		bordinates? Yes No		
			Alan Jones	, 135 S. Garvi	n Street, E		lle.	IN 477				ncluded? Yes No		
ī	Tax-exe	mpt status	501(c)(3)	X 501(c) (2) ◄ (insert no.)			□ 527 [st. (see instructions)		
J	Website	: ► N	I/A						H(c) Grou	ıp exem	nption n	umber ▶		
K	Form of	organization	Corporation	Trust Association	Other ▶	1	L Yea	r of forma		·		f legal domicile. I N		
P	art I	Summ	nary			_				'				
	1	Briefly de	escribe the orga	nization's mission	or most signif	icant acti	vities:	The	Organiza	ation	n bri	ings nonprofit		
e		agenci	es and soci	al/human serv	ice organi:	zatons	toge:	ther :	in a sind	ale l	locat	ion to increase		
jan				s of each by										
Activities & Governance	2			e organization dıs										
9	3	Number	of voting memb	ers of the governi	ng body (Part \	/I, line 1a	ı)			.	3	12		
98	4	Number	of independent	voting members of	of the governing	g body (P	art VI,	line 1b)	. [4	12		
ties	5	Total nur	mber of individu	als employed in c	alendar year 20	017 (Part	V, line	2a)		. [5	1		
ŧ	6	Total nur	mber of volunte	ers (estimate if ned	cessary)					. [6	0		
Ac	7a	Total unr	elated business	revenue from Pai	rt VIII, column (C), line 1	2.			. [7a	0.		
	b	Net unre	lated business t	axable income fro	m Form 990-T	tine 34				. [7b	0.		
	RECEIVED O Prior Year											Current Year		
9	8	Contribu	tions and grants	s (Part VIII, line 1h)	N			. Jø				5,000.		
eun	9	Program	am service revenue (Part VIII, line 2g) . 👸 MAY .2 .9 .2018. [O 71									65,846.		
Revenue	10	Investme	ent income (Part	: VIII, column (A), li		'd)		. (9)						
4	11	Other rev	venue (Part VIII,	column (A), lines s	5, 6d, 8c, 9 c, 1	Octand 1	1e)	ٳڲٳٮۣ						
	12	Total reve	enue-add lines	8 through 11 (mus	st equal∫Part Ⅷ	l, column	ľ(Α), \ih	e 12)		1,99	92.	70,846.		
	13	Grants a	nd similar amou	ınts paid (Part IX,	column (A), line	s 1-3) .	• •	• • •						
	14		•	embers (Part IX, c										
es	15		•	tion, employee ber	•		, lines 5	5–10)		5,67	73.	5,789.		
Expenses	16a		Professional fundraising fees (Part IX, column (A), line 11e)											
ă	b			ses (Part IX, colum						1816	13	in the state of th		
ш	17			column (A), lines		-				9,48		107,919.		
	18	-		es 13-17 (must eq			line 25)) .	13	5,16	52.	113,708.		
_	19	Revenue	less expenses.	Subtract line 18 f	rom line 12 .	<u> </u>				3,17		-42,862.		
Net Assets or Fund Ralances		-		40)					Beginning of (End of Year		
Sset	20		sets (Part X, line	•					75	4,82		711,914.		
et A	21		oilities (Part X, lin	•							19.	296.		
_	_			ces. Subtract line	21 from line 20	<u>)</u>			75	4,48	30.	711,618.		
	art II		ture Block											
Ur tn	ider pena le correc	alties of perju	ıry, I declare that I h lete∕Declaration e⊁i	ve examined this retuined the control office and the control of th	rn, including accon icer) is based on all	npanying sc	hedules	and state	ements, and to	the be	st of my	knowledge and belief, it is		
			Marin					п ргораго	Thas any know			10		
Sig	an .		nature of officer							<u></u> Date	-34.	-18		
He		1:		V	-· ·				L	ale				
יונ	i C		an E Jones, e or print name and	, ♥Executive I	urector			 -						
		1 '	pe preparer's name		eparer's signature				ate	- 1 -		PTIN		
	iid	m: mai			// Jan and /	13 th	0	اما			eck [11		
	epare	71	thy J. Otte		my J	CMI (¥ [0	05/01/201 -			pyed P00395799		
Us	se On	ly Firm's r		THY J. OTTE,	C.P.A. P.O							6-0723973		
		Firm's a	address ▶ 1449	Kimber Lane S	ouite 100 B	, Evans	svıll	e, IN	4 / / 15 Pi	ione no	. (81)	2)490-8600		

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

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

X Yes
☐ No Form 990 (2017)

	0 (2017)		Page 2								
aŗt [
			Part III								
1	Briefly describe the organization's mis										
	The Organization brings n										
			er in a single location to increase								
	the effectiveness of each	by making services more co	onveniently accessible for								
2		ignificant program services during the ye									
			· · · · · · · · · . Tyes 🗵 No								
	If "Yes," describe these new services										
3		ting, or make significant changes in									
			· · · · · · · · ·								
	If "Yes," describe these changes on S										
4		(c)(4) organizations are required to repo	s three largest program services, as measured by rt the amount of grants and allocations to others								
 4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$								
			ded supporting services								
	to the community enabled many more individuals in the area										
			een available.								
			~								

4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$								
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)								
	•		•								
4d	Other program services (Describe in (Expenses \$ includin	Schedule O.) g grants of \$) (Revenue									



Checklist of Required Schedules Part IV

			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		×
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		×
4	candidates for public office? If "Yes," complete Schedule C, Part I	4		×
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	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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8_		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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.	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a		14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
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		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
		For	, aan	(2017

Part	Checklist of Required Schedules (continued)		<u>'</u>	ago 1
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<u>×</u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$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			
L		24a		-×-
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c		
d		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	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," complete Schedule L, Part I	25b		
26	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 Schedule L, Part II	ne.		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		×
٤1	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	700		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		<u> </u>	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		×
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		×
30	Did the organization receive more than \$25,000 in nonecast contributions? If res, complete schedule M	25	-	 ^
	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		-	
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1
	complete Schedule N, Part II	32	L	×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	_33_		<u>×</u>
U-7	or IV, and Part V, line 1	34	×	{
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		_ ×_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u>×</u>
55	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	{
				(2017)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes .	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	$\overline{}$	165	NO
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	, []	
•	reportable gaming (gambling) winnings to prize winners?	1c	J	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16		ļ
Za				
L	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	- Oh		
b		2b	×	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_×_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	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)?	1. 1		
		4a		×
b	If "Yes," enter the name of the foreign country:	1	3	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	, *	^	
_	(FBAR).		-# <u>`</u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	 	×
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
	gifts were not tax deductible?	6b	-	32 866
7	Organizations that may receive deductible contributions under section 170(c).	3		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- War	A
	and services provided to the payor?	7a	 	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		•	į
	required to file Form 8282?	7c		×
đ	If "Yes," indicate the number of Forms 8282 filed during the year	200		*
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	'	×
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u></u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	لئــــئــا	- ' '	*
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1 1		
а	Initiation fees and capital contributions included on Part VIII, line 12			Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]	'	
11	Section 501(c)(12) organizations. Enter:		'	
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	, !	1	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		l '	
	the organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
Socti	Check if Schedule O contains a response or note to any line in this Part VI		•	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1:			-
	If there are material differences in voting rights among members of the governing body, or	=		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 1.	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with]		
	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 .		ļ
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	<u>5</u>		×
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		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		P y	
	the year by the following:		Ú	
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	_×_	
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			
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	9		<u> </u>
Secu	on B. Folicies (This Section B requests information about policies not required by the internal never	iue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
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	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100		
13	Did the organization have a written whistleblower policy?	12c	×	
14	Did the organization have a written document retention and destruction policy?	14	×	-
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ		
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	ļ	×
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
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		
Secti	ion C. Disclosure	1.00	Щ	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ IN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
20	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 re-			-2400

Part VII	Compensation of Officers, I	Directors, Trustees	Key Employees,	Highest Compensat	ted Employees, and
	Independent Contractors				

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 organizat	ion nor any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	OV CHIEGO GIVE GIVE GIVE GIVE GIVE GIVE GIVE GIVE					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Alan E. Jones	1.00									
Executive Director		ļ	<u> </u>	×	<u> </u>		<u> </u>	0.	90,552.	14,614.
(2) William Goodsen President	1.00			×				0.	0.	0.
(3) Linda Jones Secretary/Treasurer	1.00			×				0.	0.	0.
(4) Jane Reel Director	1.00	×						0.	0.	0.
(5) Susan Vaughn Director	1.00	×						0.	0.	0.
(6) Jack McNeely Director	1.00	×						0.	0.	0.
(7) Jack Rogers Director	1.00	×						0.	0.	0.
(8) Henrietta Jenkins Director	1.00	×						0.	0.	0.
(9) Jim Brinkmeyer Director	1.00	×						0.	0.	0.
(10) Marty Amsler Director	1.00	×						0.	0.	0.
(11)Matt Merkel Director	1.00	×						0.	0.	0.
(12) Stephen Melcher Director	1.00	×						0.	0.	0.
(13) Connie Robinson Director	1.00	×						0.	0.	0.
(14)		1			}			1	}	
	1	1	1	1	1	1	}	J.	1	

	(A) Name and title		box,	s pe	ition more	than one of the orest	an	(D) Reportable compensation from	(E) Reportabl compensation related		(F) Estimated m amount of other		
		week (list any hours for related organizations (below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compo froi orgar and	crer ensation m the nization related aizations
(15)										<u></u>			
(16)				<u> </u>				-					
(17)				-		-		-					
(18)				-		-							
(19)				-		-		-					
(20)				-	_	_		_					
				-	-	-		-					
					-	_		_			_		
				ļ	_	_							
(23)			<u> </u>				ļ	_					
(24)													
(25)													
1b c	Sub-total	VII, Section	n A				• •	> > >	0.	90,5			14,614
d 2	Total (add lines 1b and 1c)	t not limited						e) w					14,014
3	Did the organization list any former of employee on line 1a? If "Yes," complete								oloyee, or high			3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150	,000)? <i>I</i>	f "Ye	s," ·	complete Sch	nedule J fo	r such	4	×
5	Did any person listed on line 1a receive of for services rendered to the organization											5	×
Section	n B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	iress							(B) Description of s	ervices	C	(C) Compens	
					_								
								-					
	Total number of independent contractor							匚					

Part	VIII	Statement of Reve						
Pear		Check if Schedule O	contains a res	ponse or note t				· · · · · L
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants ilar Amounts	1a b c d	Federated campaigns Membership dues . Fundraising events . Related organizations	1b	5,000.	Table 5.5			
Contributions, Gif and Other Similar	e f	Government grants (con All other contributions, gi and similar amounts not inc Noncash contributions include	atributions) Its, grants, luded above					
o Pi	g	Total. Add lines 1a-1		-	5,000.		1	
-	-"	Total: Add lines to t		Business Code				
Program Service Revenue	2a b c d	Rent		531320	65,846.	65,846.	0.	0.
am	е							
og.	f	All other program ser		L		A CONTRACTOR OF THE CONTRACTOR		CALCAS Made's surface in 120
<u> </u>	g	Total. Add lines 2a-2			65,846.			1
	4	Investment income and other similar amount income from investmen	ounts)	•				
	5	Royalties	<u> </u>	🕨			02 04 2 00 82 005/80	privo caramanio o marco co
	6a b c	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(II) Personal				
	d 7a b	Net rental income or of Gross amount from sales of assets other than inventory Less cost or other basis	(loss) (i) Securities	(ii) Other				
	c d	and sales expenses Gain or (loss) . Net gain or (loss) .		•				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte						
Other F	b	See Part IV, line 18 . Less: direct expenses	· · · · a					
	9a		aming activities.					
	6 c 10a	Less. direct expenses Net income or (loss) f Gross sales of in	rom gaming act					
	b	returns and allowance Less: cost of goods s Net income or (loss) f	old b					
	⊢	Miscellaneous F		Business Code	50 C. 18 C.			
	11a b c	All other revenue .			V & major COC and an ambient management	Secretary of Property Street Secretary	2000 TA TO SOMETHING OF THE COMMENT OF THE COMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT O	MARIEMAN COMMISSION CO
	d e	Total. Add lines 11a-		•	70.946	65 946		

	0 (2017)				Page 10
	IX Statement of Functional Expenses	 			
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-	se or note to any li	ne in this Part IX .	 	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				-
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 8	Other salaries and wages	5,336.			
9	Other employee benefits			 	
10	Payroll taxes	453.			
11	Fees for services (non-employees):	133.			
	Management	 			
b	Legal		 		
c	Accounting	1,450.	 		
d	Lobbying		 	 	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion		<u>'</u>		
13	Office expenses	, 			
14	Information technology	<u> </u>			
15	Royalties				
16	Occupancy	18,992.	 		
17	Travel		 		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		<u> </u>		
20	Interest	<u></u>			
21	Payments to affiliates		<u> </u>	ļ	<u> </u>
22	Depreciation, depletion, and amortization .	41,662.		ļ	
23	Insurance	8,976.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Maintenance & Repairs	35,066.	<u></u>		
b	License & Fees	22.			
C	Supplies	1,751.			
d			<u> </u>		
е	A II - 16		 		
25	Total functional expenses. Add lines 1 through 24e	113,708.	 		<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 6,933. 1 5,680. 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L...... 6 Assets 7 8 9 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,789,753. 10b 747,896. Less: accumulated depreciation 1,083,519. 706,234. 10c Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV. line 11 13 13 Investments - program-related. See Part IV, line 11 Intangible assets 14 14 15 15 Other assets, See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 754,829. 16 711,914. Accounts payable and accrued expenses 17 349. 17 296. 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 349. 296. 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 💢 and **Vet Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 754,480. 27 711,618. 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 754,480. 33 711,618. 754,829. 34 711,914.

REV 12/05/17 PRO

Form 99	0 (2017)	Page 12
Part		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	70,846.
2	Total expenses (must equal Part IX, column (A), line 25)	113,708.
3	Revenue less expenses. Subtract line 2 from line 1	-42,862.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	754,480.
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, column (B))	711,618.
Part	XII Financial Statements and Reporting	
	Check if Schedule O contains a response or note to any line in this Part XII	🗵
		Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Modified cash basis	812. 12. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	Na a
	Schedule O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a ×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	22 star 200
	reviewed on a separate basis, consolidated basis, or both:	
b	Were the organization's financial statements audited by an independent accountant?	2b ×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	719 (& S.)
	separate basis, consolidated basis, or both:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c ×
	If the organization changed either its oversight process or selection process during the tax year, explain in	
	Schedule O.	
За	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?	3a ×
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.	3b

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Vame o	f the or	ganization		Employer identification number
Evai	ns <u>v</u> i.	lle Urban Enterprise Community		35-2000036
Par	t I	Organizations Maintaining Donor Adv		
		Complete if the organization answered '		
			(a) Donor advised funds	(b) Funds and other accounts
1		number at end of year	<u> </u>	
2		egate value of contributions to (during year)		
3	Aggr	egate value of grants from (during year) .		
4		egate value at end of year		
5		he organization inform all donors and donor		
		s are the organization's property, subject to th		— ··· — ···
6		he organization inform all grantees, donors, a		
		for charitable purposes and not for the benef		
		erring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · Yes 🗆 N
Par	t [[Conservation Easements.		
		Complete if the organization answered '		
1		ose(s) of conservation easements held by the		
		reservation of land for public use (e.g., recrea	· · · · · · · · · · · · · · · · · · ·	
		rotection of natural habitat	☐ Preservation o	of a certified historic structure
_		reservation of open space	. 1. 1	and the Albert Annual of the Common continue
2		plete lines 2a through 2d if the organization he	eid a qualified conservation contribution	
		ment on the last day of the tax year.		Held at the End of the Tax Yea
а				
b		acreage restricted by conservation easement		
C		ber of conservation easements on a certified I		
d		ber of conservation easements included in ric structure listed in the National Register .		1 I
•		ber of conservation easements modified, tran-		
3		ear ►	sierred, released, extinguished, or ter	minated by the organization during the
4	-	ber of states where property subject to conse	nyation easement is located	
4 5		s the organization have a written policy re		spection handling of
	viola	tions, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_	>		and the state of the form of the form the state of the st	
7		unt of expenses incurred in monitoring, inspectir	ng, nandling of violations, and enforcing	conservation easements during the yea
	▶ \$	and annual edition appearant concepted on line	O(d) shows satisfy the requirements of	f anation 170/h\/4\/D\/i\
8		s each conservation easement reported on line		
_		section 170(h)(4)(B)(ii)?		
9		art XIII, describe how the organization reports noe sheet, and include, if applicable, the text of		
		nization's accounting for conservation easem	=	inancial statements that describes the
Dar	t III	Organizations Maintaining Collection		r Other Similar Assets
rai	ı III	Complete if the organization answered		
1a	If the	e organization elected, as permitted under SF		
,,,		s of art, historical treasures, or other similar		
		ic service, provide, in Part XIII, the text of the		
b	•	e organization elected, as permitted under S		
		s of art, historical treasures, or other similar		
		ic service, provide the following amounts relat		
	•	· •	=	> \$
	(i) A	evenue included on Form 990, Part VIII, line 1 ssets included in Form 990, Part X		\$
2	tin △	e organization received or held works of art	historical treasures or other simila	r assets for financial gain, provide the
_	follo	wing amounts required to be reported under S	SFAS 116 (ASC 958) relating to these	items:
_		enue included on Form 990, Part VIII, line 1		
a		ate included in Form 990. Part X		▶ \$

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a	Part										
b	3	•	ccession, and oth	ner reco	rds, chec	k any of the	e follov	ving that are a s	ignifican	t use	of its
c Preservation for future generations 1 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 1 Ouring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	☐ Public exhibition		d	🗌 Loan	or exchang	e progi	ams			
c Preservation for future generations 1 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 1 Ouring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	☐ Scholarly research		е	Other	•					
Sulfing the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	☐ Preservation for future generations							·		
Part IV Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a St the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a St the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	4		ion's collections a	nd expla	ain how ti	hey further t	the org	anization's exen	npt purp	ose ii	n Part
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5									es [⊒ No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2D off the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Part										
included on Form 990, Part X? Yes No K 'Yes, 'explain the arrangement in Part XIII and complete the following table: Amount Ie		990, Part X, line 21.								n For	rm
c Beginning balance	1a								_	es [□No
C Beginning balance . 1c 1c	b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing ta	able:		Τ Α	mount		
d Additions during the year Distributions during the year 16 16 16 17 16 16 16 16	•	Reginning balance					10	·}			
e Distributions during the year f Ending balance .		-									
f Ending balance . If	-	<u> </u>									
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions (e	-								2 🗇 🗸	90 F	7 1/0
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions											
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. a Gourent year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years			art Aill. Check here	an the e	xpiariatio	n nas been	provide	d on Part Alli .			┵
(a) Curent year (b) Pror year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Contributions (e) Contributions (e) Contributions (e) Contributions (e) Contributions (e) Four years back (e) Four years back (e) Four years back (e) Contributions (e) Contributions (e) Contributions (e) Four years back (e) Four years back (e) Four years back (e) Four years back (e) Contributions (e) Contributions (e) Four years back (e	Par		answered "Ves"	on For	m 000 E	Dart IV line	. 10				
Beginning of year balance		Complete if the organization						(d) Three years had	((e) Fou	r vears	back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment Lead C Leasehold improvements d Equipment Line 11, 638. 1, 634. 4. Cother Cothe	4	Beginning of year bolongs	(a) conton your			(0) 1110 years		(5) 111100 your buo	(0) (0)	. , , ,	
c Net investment earnings, gains, and losses		· · · · · · · · · · · · · · · · · ·									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		F							+		
e Other expenditures for facilities and programs	C	losses									
f Administrative expenses	d										
f Administrative expenses	е										
g End of year balance		programs				L					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	Administrative expenses				<u> </u>					
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	g	End of year balance				1					
b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2	Provide the estimated percentage of the	he current year en	d baland	e (line 1g	, column (a)) held a	as:			
b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	a	Board designated or quasi-endowmer	nt 🕨	%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b	Permanent endowment ►	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	С										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations		The percentages on lines 2a, 2b, and	2c should equal 10	00%.							
(i) unrelated organizations	3a	Are there endowment funds not in the	e possession of th	e organ	ization th	at are held	and ad	ministered for th	ie		
(ii) related organizations		organization by:								Yes	No
(ii) related organizations		(i) unrelated organizations							3a(i)		†
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		-									
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (other) (1,759,790. 1,054,128. 705,662. Leasehold improvements	b	, ,								i	
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e Other	-	•	·		 	1,638		1.634			4
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			nust equal Form 9	90. Part)c.) .		_		

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of investments of security or category held equity interests . (3) Other (A) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (9) (9) (1) (9) (9	Part VII	'Investments - Other Securities.	od "Voo" on Fo-	m 000 Port IV	ling 11h Coa Ea	orm 000 Port V line 10
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 12e or 11f. See F						
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Gi Column (a) must equal Form 930, Part X, cot. (b) line 12.) ►						9.19
Contact Column (b) must equal Form 990, Part X, col. (b) fine 12) ▶						
Total (Column (b) must equal Form 990, Part X, col. (B) Inte 12) Part X						
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation Cost or end-of-year market value		b) must equal Form 990, Part X, col. (B) line 12.) ▶			* - * 3	, - , , , , , , , , , , , , , , , , , ,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's funancial statements that reports the			27 11.10 10.9			<u> L</u>
Iine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	raitA		red "Yes" on Fo	rm 990. Part IV.	line 11e or 11f.	See Form 990. Part X.
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's funancial statements that reports the		· -			,	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's funancial statements that reports the	1.		(b) Book value			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		ncome taxes				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(2)					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's funancial statements that reports the						
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)					
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶			-11-6	Lancardo Martine Contractor
	2. Liability fo	or uncertain tax positions. In Part XIII, provide	tne text of the foot	note to the organiza	ation's financial stat	tements that reports the

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Page	4

Part	Reconciliation of Revenue per Audited Financial Statem		Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
а	Net unrealized gains (losses) on investments	2a	1
b	Donated services and use of facilities		4
С	Recoveries of prior year grants		<u> </u>
d	Other (Describe in Part XIII.)		÷ , .
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	, . ,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		, - ,
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
а	Donated services and use of facilities	2a	1 1
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	2d	ir all a
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	43. 1
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
	Total expanses Add lines 3 and 46. (This must equal Form 990. Part I lin	18)	E
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines Supplemental Information	ne 18.)	5
5 Part	XIII Supplemental Information.		1
5 Part Provid	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line
5 Part Provid	XIII Supplemental Information.	d 4; Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line
5 Part Provid	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line
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5 Part Provid	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line
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5 Part Provid	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line
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5 Part Provid	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line
5 Part Provid	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and 2b	p; Part V, line 4; Part X, line

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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Evansville Urban Enterprise Community Service Corp.	35-2000036
Pt VI, Line 11b: The Board of Directors compare the Form 990 to t	he audited
financial statements to ascertain its accuracy and to review ques	tions pertaining
to the Form 990.	
Pt VI, Line 12c: The Board of Directors are responsible for gover	nance and regularly
& consistently monitor and enforce the policy.	
Pt VI, Line 19: All governing documents and financial statements	are made available
to the public upon request.	
Pt XII, Line 1: Modified cash basis	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part I

(a) Name, address, and EIN (if applicable) of disregarded entity

(1)

(5)

9

(0)

8

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Partnerships
Unrelated
rganizations and
Related 0

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

Open to Public. 2017

OMB No 1545-0047

Employer identification number

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had 35-2000036 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity Evansville Urban Enterprise Community Service Corp.

one or more related tax-exempt organizations during the tax year.	during the tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
	-					Yes	No
(1) Evans. Urban Enterprise Assoc. 35-1601346 135 S. Garvin Street Evansville IN 47713	16 Enterprise Zone development IN	NI	501(c)3)	7	N/A		×
(2)							
(3)							
						+	
(4)							
(5)						-	
(9)						-	
(a)					·		

Schedule R (Form 990) 2017

REV 11/13/17 PRO

For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

(f) Section 512(b)(13) controlled entity? (k) ′ Percentage Schedule R (Form 990) 2017 ownership ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (i) General or managing partner? ş (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (i) Code V – UBI (g)
Share of
end-of-year assets (Form 1065) (g) (h)
Share of end-of- Disproportionate year assets allocations? å (f) Share of total income Yes (C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) REV 11/13/17 PRO (c)
Legal domicile
(state or foreign country) (d) Direct controlling (b) Primary activity (c) Legal domicile (state or foreign country) Primary activity (a) Name, address, and EIN of related organization (5) (a) Name, address, and EIN of related organization Part IV Part III 8 Ξ 2 € 9 ල 8 ල ε 9 ₹ 9 £

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes	SS No	ı
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related orgal	nizations listed in Par	ts II–IV?		•	7
a Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×	
b Gift grant or capital contribution to related organization(s)			•	4	×	
				ر ک	-	
	•			7	×	1
				2 4	; >	1
e Loans or toan guarantees by related organization(s)				שַ	(r-
6 Dividende from related armanization(c)			-	+	/	
					; ; -	
g Sale of assets to related organization(s)				6	K	- 1
h Purchase of assets from related organization(s)				Ę	×	
i Exchange of assets with related organization(s)				1i	×	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×	
				ž	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
k Lease of facilities, equipment, or other assets from related organization(s)		•		+	×	
Performance of services or membership or fundraising solicit	•			=	×	1
m Performance of services or membership or fundraising solicitations by related organization(s)		•	•	5	×	
	· ·			5	×	1
	•		•	5	×	
				2	:	
a Demonstrated to related oversity statistics (c) for according to				5	×	
d Reimbulsement paid to related organization(s) for expenses				2 5	×	1
				?	+	ı
(c) and the contract of the co				1	×	-,
				= ,	()	
s Other transfer of cash or property from related organization(s				18	×	- 1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	omplete this line, incl	uding covered relatio	nships and transacti	ion thresh	olds.	
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved) ng amount in	volved	
	() -d(-					
(1) Evans. Urban Enterprise Assoc.	v	5,000.	Cash			
(4)						
(3)						
			j			
(4)						
(c)						
(9)				I		
BAA REV 11/13/17 PRO			Schedule R (Form 990) 2017	R (Form 99	90) 2017	

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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

S			,		-					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partner	(f) Share of		(h) Disproportionate	e Code V—UBI		(k) or Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?		end-or-year assets	Allocations	of Schedule K-1 (Form 1065)	partner?	
			sections 512-514)	Yes No			Yes No		Yes	8
(1)									-	
(2)										
(6)									-	
(4)										
(5)									-	
(9)									-	
(7)									<u>-</u>	
(8)										
(6)										
(10)										
(11)									-	
(12)										
(13)										
(14)										
(15)										
(16)										
ВАА			REV 11	REV 11/13/17 PRO				Schec	dule R (F	Schedule R (Form 990) 2017

Part ₂ VII	•Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
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