Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(e)(1) of the Internal Revenue Code (except private foundations)

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

Inton	ne) Reve	enue Service Oo to www.irs.go	v/Form990 for instructions and	the latest	information.	法 Inspection (公社)			
A F	or th	e 2018 calendar year, or tax year beginning	and	ending					
В	heck if pplicab	C Name of organization			D Employer identifi	cation number			
X	Addre Chans	DO UKBAN INNOVATION ANALY	SIS, INC.						
<u></u>		po i Doing Cusiness as			36-3379108				
느	Initial return		delivered to street address)	Room/suite	E Telephone numbe				
Щ	Final return		l			425169			
_	termin eted Amen		d ZIP or foreign postal code		G Gross receipte \$	181,271.			
느	iretur	CUICAGO, ID GOOTO		_	H(a) is this a group r				
F Name and address of principal officer: TERRY N. CLARK, PH.D. for subordinates? Yes X 2801 KING DR., #1918, CHICAGO, IL 60616									
11	ах-өх	tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52/7		list. (see instructions)			
JV	Nebsi	ite: N/A		1	H(c) Group exemption	n number 🕨			
			Association Other	L Year	of formation: 1985	M State of tegal domicile: IL			
		Summary		1					
-	1	Briefly describe the organization's mission or mor	st significant activities: COLLI	ECT DA	TA AND ANAL	YZB			
Governance	Ì	GOVERNMENT EFFICIENCY.							
Ē	2	Check this box if the organization disc		ed of more	l l				
Š	3	Number of voting members of the governing bod			<u>3</u>				
	4	Number of independent voting members of the g							
88	5	Total number of individuals employed in calendar	year 2018 (Part V, line 2a)		5				
Activities &	6	Total number of volunteers (estimate if necessary	,		<u>6</u>	0			
끃		Total unrelated business revenue from Part VIII-			<u>7a</u>				
_	Ь	Net unrelated business taxable income from Form			7ь	0.			
	ł		8		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, Ine.th)	1V-1-5-2019 - O		185,000.	90,000.			
Revenue	9	Program service revenue (Part VIII, line 29)	10 10		17,268.				
eve	10	Investment income (Part VIII, column A), lines 3-			25,616.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 60,8			<18,963.>	<13,754.>			
	12	Total revenue - add lines 8 through 11 (must equa		208,921.	59,138.				
	13	Grants and similar amounts paid (Part IX, column			0.	0.			
	14	Benefits paid to or for members (Part IX, column			0.	0.			
ø	15	Salaries, other compensation, employee benefits			0.	13,456.			
136	16a	Professional fundralsing fees (Part IX, column (A),			0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), ii		0. 5	是比例是然前				
Ď		Other expenses (Part IX, column (A), lines 11a-11			120,307.	143,442.			
	18	Total expenses. Add lines 13-17 (must equal Part			120,307.	156,898.			
	19	Revenue less expenses. Subtract line 18 from line			88,614.	<97,760.>			
58					inning of Current Year	End of Year			
Net Assets (20	Total assets (Part X, line 16)			1,029,237.	906,767.			
ASS.	21	Total liabilities (Part X, line 26)		· -	131,212.	95,259.			
S	22	Net assets or fund balances. Subtract line 21 from			898,025.	811,508.			
Pa	itil	≝ Signature Block							
Unde	er pena	alties of perjury, I declare that I have examined this retur	n, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is			
true,	corre	ct, and complete. Declaration of pregarer (offer than offi	cer) is based on all information of wh	ich preparer l	has any knowledge.	1			
		TIV KNIR			11/1	1/10			
Sigr	1	Signature of officer			Date ('	7 7			
Her		TERRY N. CLARK, PH.D.,	PRESIDENT						
	_	Type or print name and title							
		Print/Type preparer's name	Preparer's signatore	D	Pate Check [PTIN			
Paid		MARK T. JASON	moil too	<u>~ 1</u>	1/01/19 soll-employ	P00582778			
Prep	arer		ON BASSO AND FAR			46-2353353			
Use	Only	Firm's address > 150 N. WACKER DE							
		CHICAGO, IL 6060	06-1659		Phone no. 31	2-782-4710			
May	the I	RS discuss this return with the preparer shown ab	ove? (see instructions)			. X Yes No			
	01 12-3			ns.		Form 990 (2018)			





Forn	990 (2018) URBAN INNOVA		S, INC.		<u> 36-337910</u>	8 Page 2
Pa	t III Statement of Program Service Ac	complishments				_
	Check if Schedule O contains a response or	note to any line in this F	Part III			
. 1	Briefly describe the organization's mission COLLECT DATA AND ANALYZE (CY.		
						
				<u></u>		<u> </u>
2	Did the organization undertake any significant prog	ram services during the	year which w	ere not listed on the		
	prior Form 990 or 990-EZ?					Yes X No
2	If "Yes," describe these new services on Schedule					Yes X No
3	Did the organization cease conducting, or make signif "Yes," describe these changes on Schedule O			-		
4	Describe the organization's program service accom-					
	Section 501(c)(3) and 501(c)(4) organizations are re-	quired to report the amo	ount of grants	and allocations to others	s, the total expense	s, and
4-	revenue, if any, for each program service reported	70 • including grants of \$				<u> </u>
4a	(Code) (Expenses \$156,3 \) SURVEYING AND ANALYZING DA			COVERNMENTS		6,884.)
	THE WORLD.	IIA FROM CIT.	TES MID	GOVERNMENTS	AROUND	
						
				···		
4b	(Code) (Expenses \$	including grants of \$) (Revenue	e\$)
		 		······································		
		<u> </u>				
				····		
						
						
		·				
						
4c	(Code) (Expenses \$	including grants of \$		\ (Payanu	• ¢	
	(code) (Expenses #	moleculing grants of a				
			7			
			-			
4d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grain	1ts of \$)	(Revenue \$		
4e	Total program service expenses	156,370.				
					For	m 990 (2018)

$\pi \leftrightarrow \pi$	П	Chaaldid	st of Required Schedules	Ξ
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			,	
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	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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_		X
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		<u> </u>
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		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٠,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	۳		
	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	, <u> </u>		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		<u> </u>
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	44.1		v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		$\frac{x}{x}$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate of consolidated financial statements for the tax year include a foothole 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 the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	Ţ	ī	_
	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		<u>X</u>
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		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
. 7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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 12 if "Yes." complete Schedule I. Parts I and II	21		X
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			Yes	No
.22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24 a	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
	any tax-exempt bonds?	24c		 -
	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			х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		 ^-
D	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			
	·	056		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes."			
	complete Schedule L. Part II	26	х	ĺ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_20_		\vdash
	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		X
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05.	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	251		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	ı
Par		L		
	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			\Box
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		}	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c_		
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	Communication (Communication)			_				
	1		Yes	No				
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							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	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	4-		x				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>						
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
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		Х				
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
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		X				
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		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 7f						
f								
g								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
9	sponsoring organization have excess business holdings at any time during the year?	8						
-	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter			<u> </u>				
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)							
	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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
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							
D	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 Enter the amount of reserves on hand 13b 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		 				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
. •	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O							

Form 990 (2018)

832006 12-31-18

TERRY N. CLARK, PH.D. - 312-842-5169 2801 KING DR., #1918, CHICAGO, IL 60616

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

(A) (B)				_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box, unless p officer and a			rson	s both	an	compensation	compensation	amount of
	week		T T		a a director trastee,		lee)	from	from related	other
	(list any	recto			ŀ			the	organizations	compensation
	hours for related	b io a	ig Eg		1	sated		organization (W-2/1099-MISC)	(W 2/1099-MISC)	from the organization
	organizations	ruste	l trus		e Je	шдш		(***2/1099-141130)		and related
	below	dualt	liona	_	n plo	st co.				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			3
(1) WILLIAM MORRIS	0.00								",-	
CHAIRMAN		X						0.	0.	0.
(2) TERRY NICHOLS CLARK	0.00									
PRESIDENT / TREASURER		X		L				0.	0.	0.
(3) BURTON DITKOWSKY	0.00				ĺ	ŀ				
VICE-PRESIDENT & SECRETARY		Х		L				0.	0.	0.
(4) ERNEST BAREFIELD	0.00]								
DIRECTOR		Х			<u> </u>			0.	0.	0.
(5) RONALD GRZYWINSKI	0.00	1								
DIRECTOR		X		L	<u> </u>	<u> </u>		0.	0.	0.
(6) ANTHONY MANDOLINI	0.00	1						_	_	_
DIRECTOR		X		L		<u> </u>		0.	0.	0.
(7) LUCINDA KASPERSON	0.00	ļ						_	_	
DIRECTOR		Х		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
		-				1				
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Part VII Section A Officers Directors Trus								.110.		313.	100		age C
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, (A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not ci		ition more		one	Reportable	Reportable		Es	stimate	∍d
	hours per		unles er an					compensation	compensation		ar	nount	of
	week	$\overline{}$	0. 0.1	-	1	1711 03		from	from related	- 1		other	
	(list any hours for	recto						the	organization	1		pensa	
	related	0 o	8			saled		organization (W-2/1099-MISC)	(W-2/1099-MI	30)		om th	
	organizations	ndividual trustee or director	institutional trustee		 ස	Highest compensaled employee		(***2/1099-101130)			_	anızat d relat	
	below	ual t	tiona		g g	ye co	_					anızatı	
	line)	DIMID	ıstıtı	Officer	Key employee	ighe Bage	Former				o.g.	A	0.10
		=	=		<u>*</u>	- e	-						
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										$\neg \uparrow$			
										$\neg \uparrow$			
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part VII	Section A							0.		0.			ō.
	, Section A							0.		0.			0.
d Total (add lines 1b and 1c) Total number of individuals (including but no	at limited to the	000	linto	4 ah	.0.40	طبدا	2 72		000 of conoctable				<u> </u>
· -	or manied to the	USE	115(8)	Jau	iov e ,) VVI I	Ule	ceived more than \$100,	ooo or reportable	,			0
compensation from the organization	 · · · · · · · · · · · · · · · · · 										_	Voc	No
0.001										r		Yes	NO
3 Did the organization list any former officer,		istee	, ke	y en	oldı	yee,	or r	nighest compensated en	nployee on	-			7.
line 1a? If "Yes," complete Schedule J for su										-	3		X
4 For any individual listed on line 1a, is the su	•		•					•	ne organization	1			
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a					-		late	ed organization or individ	lual for services	ļ			
rendered to the organization? If "Yes." com	olete Schedule	Jfc	r.su	ch r	erso	on_					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated ind	eper	nden	t co	ntra	ctor	s th	at received more than \$	100,000 of comp	ensat	ion fro	m	
the organization Report compensation for t	<u>he calendar ye</u>	ar e	ndın	g w	th o	r wit	<u>hın</u>	the organization's tax ye	ear				
(A)								(B)			(C		
Name and business	address	NC	NE					Description of s	ervices	C	ompei	nsatio	n
							\perp						
					_								
							\perp						
							ightharpoonup						
	<u>.</u>					_							
2 Total number of independent contractors (in	icluding but no	t lım	nted	to t	hos	e list	ed a	above) who received mo	re than				
\$100,000 of compensation from the organiz	ation 🕨				0			······································					,

				N INNO	<u>ravc</u>	ION ANAL	YSIS, INC.		36-337	9108 Page 9
Pa	ŗt V	Ш	Statement of Reve	nue				-		
			Check if Schedule O con	tains a res	ponse	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
रु र	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	[1b	_				
		¢	Fundraising events		1c			İ		
		đ	Related organizations	[1d					
S, E		е	Government grants (contribut	tions)	1e					
<u>0</u> .		f	All other contributions, gifts, grain	nts, and						
but			similar amounts not included abo	ove	1f	90,000.				
<u> </u>	1	g	Noncash contributions included in lines	1a-1f \$						
3 6		h	Total. Add lines 1a-1f				90,000.			
						Business Code				
ģ	2	а	PROGRAM FEES			541900	6,884.	6,884.		
<u>،</u> ک		b								
Se		С								
ame	1	d								
Program Service Revenue		е								
4		f	All other program service reve	enue						
		g	Total. Add lines 2a-2f				6,884.			
	3		Investment income (including	dividends	, intere	est, and				
			other similar amounts)			▶ 1	23,189.			23,189.
	4		Income from investment of ta	x-exempt l	bond p	oroceeds >				
	5		Royalties			<u> </u>	,			
				(ı) Re		(II) Personal				
	6	а	Gross rents		260.					
		b	Less rental expenses	21,0						
		C	Rental income or (loss)	<13,7	754.	<u> </u>				
		d	Net rental income or (loss)				<13,754.>			<13,754.>
	7	а	Gross amount from sales of	(ı) Secu		(II) Other				
			assets other than inventory	25,9	<u> 38.</u>	28,000.				
		b	Less cost or other basis							
			and sales expenses			60,607.				
		C	Gain or (loss)	< 14, 5	74.	<32,607.				
		d	Net gain or (loss)				<47,181.>			<47,181.>
9	8	а	Gross income from fundraisin	g events (ı	not					
eun			including \$	of						
ev.			contributions reported on line	1c) See						
erF			Part IV, line 18		а					
Other Revenue			Less direct expenses		b	<u> </u>				
			Net income or (loss) from fund	_						
	9	а	Gross income from gaming ac	ctivities Se	е			,		
			Part IV, line 19		а					
			Less direct expenses		b					ļ
			Net income or (loss) from gam	•	ies					- -
	10	а	Gross sales of inventory, less	returns						
			and allowances		a					
			Less cost of goods sold		b					-
		С	Net income or (loss) from sale		ory	_				
			Miscellaneous Revenu	е		Business Code				
	11					<u></u>				
		b								-
		C	All address serves							
		a	All other revenue				_			

832009 12-31-18

0. <37,746.> Form **990** (2018)

59,138.

e Total. Add lines 11a-11d

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) (B) Program service Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 12,500. 12,500. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 956. 956. 10 Payroll taxes Fees for services (non-employees) 120,212 120,212. Management Legal 8,025. 8,025. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 1,625. 1,625. 13 Office expenses 1,490. 1,490. Information technology 14 Royalties 15 Occupancy 16 3,524. 3,524. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 646. 646. 19 Conferences, conventions, and meetings 8. 8. Interest 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 528 1,056. 528. Insurance 23 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.) 5,769. 5,769. BOOKS 649. 649. TAXES 438. PROFESSIONAL DUES 438. C d All other expenses 156,898. 156,370. 528. 0. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720

ar	ţΧ	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
ن				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		142,317.	1_	120,985
	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 fo	ormer officers, directors,			
		trustees, key employees, and highest compensa	ated employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			-
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
ASSELS	7	Notes and loans receivable, net			7	
۲	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	075 600			
		basis Complete Part VI of Schedule D	10a 275,633.	100 500		60 604
-	b	Less accumulated depreciation	10b 207,032.	128,533.	10c	68,601
1	11	Investments publicly traded securities		758,387.	11	717,181
-	12	Investments other securities See Part IV, line 1	i 1		12	
-	13	Investments · program-related See Part IV, line	11		13	
١	14	Intangible assets		14		
ı	15	Other assets See Part IV, line 11		1 000 007	15	006 868
4	16	Total assets. Add lines 1 through 15 (must equ	1,029,237.	16	906,767	
┨	17	Accounts payable and accrued expenses			17	
-	18	Grants payable		18		
ı	19	Deferred revenue			_19	•
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete			21	
3	22	Loans and other payables to current and former				
		key employees, highest compensated employee	s, and disqualified persons	118,315.		05 250
		Complete Part II of Schedule L		110,313.	22	95,259
1	23	Secured mortgages and notes payable to unrela	·		23	
	24	Unsecured notes and loans payable to unrelated			24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines Schedule D	17-24) Complete Part X of	12,897.	25	0
	26	Total liabilities. Add lines 17 through 25		131,212.	26	95,259
+	20	Organizations that follow SFAS 117 (ASC 958), check here	131,212.	20	73,233
		complete lines 27 through 29, and lines 33 an				
3	27	Unrestricted net assets	4 6 7.		27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here			
:		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0.	30	0
	31	Paid-in or capital surplus, or land, building, or ed	juipment fund	0.	31	0
wet Assets of Fully Dalalices	32	Retained earnings, endowment, accumulated in		898,025.	32	811,508
		Total net assets or fund balances	,	898,025.	33	811,508
ž	33	TOTAL HEL ASSETS OF TURIO DATAFICES		0,0,023.	33 1	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Employer identification number Name of the organization 36-3379108 URBAN INNOVATION ANALYSIS. Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 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 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. J 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. 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. 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (II) EIN (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	103,000.	120,000.	170,000.	185,000.	90,000.	668,000.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	41,386.	44,729.	82,596.			310,204.
4	Total. Add lines 1 through 3	144,386.	164,729.	252,596.	257,139.	159,354.	978,204.
5	The portion of total contributions				·		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		,		,		
	on line 1 that exceeds 2% of the		,				
	amount shown on line 11,					•	
	column (f)						
6	Public support. Subtract line 5 from line 4						978,204.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	144,386.	164,729.	252,596.	257,139.	159,354.	978,204.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	21,147.	21,007.	24,662.	26,506.	23,189.	116,511.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						_
	assets (Explain in Part VI.)						,
11	Total support. Add lines 7 through 10						1094715.
12	Gross receipts from related activities,	etc (see instructio	ns)			12	39,550.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
500	organization, check this box and stop		centage				>
	Etion C. Computation of Public			-1 (0)		44	89.36 %
	Public support percentage for 2018 (li		•	olumn (f))		14	^ ^ -
	Public support percentage from 2017		•			15	88.37 %
16a	33 1/3% support test - 2018. If the c	•		line 13, and line 1	14 is 33 1/3% or mi	ore, check this box	
	stop here. The organization qualifies		•	10 10 1			▶ 🗓
ь	33 1/3% support test - 2017. If the c	•		-	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali		• • •				▶∟
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact			•	•	t VI how the organ	ization
	meets the "facts-and-circumstances" f		-		-		▶
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets th						
	organization meets the "facts and circ		=		-		>
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b		nd see instructions dule A (Form 990)	

2018.04030 URBAN INNOVATION ANALYSIS 38700_

Yes

No

Schedule A (Form 990 or 990 EZ) 2018 URBAN INNOVATION ANALYSIS, INC.

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1	
	2	
	3a	
	3b	
	3c	
	4a	
	4b	
	4c	
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İ	9a	
	9b	
	9c	 $\overline{}$
	10a	
	10b	

Sche	dule A (Form 990 or 990 EZ) 2018 URBAN INNOVATION ANALYS	IS, IN	ic.	36-3379108 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov 20, 1970 (explain in	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior year distributions	2		
3	Other gross income (see instructions)	3	-	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 URBAI	1 TUNOVALTON	I ANALYSIS,	INC.	36-33/9108 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c,	Provide the explanatio	ns required by Part II,	line 10, Part II, line 17a	or 17b, Part III, line 12,
	Part IV, Section A, lines 1, 2, 3b, 3c,	4b, 4c, 5a, 6, 9a, 9b, 9	c, 11a, 11b, and 11c,	Part IV, Section B, lines	1 and 2, Part IV, Section C,
•	line 1. Part IV. Section D. lines 2 and	 3. Part IV, Section E. I 	lines 1c. 2a. 2b. 3a. ar	nd 3b; Part V, line 1, Pari	t V. Section B. line 1e; Part V.
•	Section D, lines 5, 6, and 8; and Par	t V, Section E, lines 2,	5, and 6 Also comple	te this part for any addit	ional information
-	(See instructions)				
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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.

Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

Do	rt I Organizations Maintaining Donor Advised Funds or Other		36-33/9108									
Pa		Similar runds or A	CCounts. Complete if the									
	organization answered "Yes" on Form 990, Part IV, line 6											
	(a) Donor adv	ised funds	(b) Funds and other accounts									
1	Total number at end of year											
2	Aggregate value of contributions to (during year)											
3	Aggregate value of grants from (during year)											
4												
5	Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised fun	ds									
	are the organization's property, subject to the organization's exclusive legal control?											
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only											
	for charitable purposes and not for the benefit of the donor or donor advisor, or for	any other purpose confer	ring									
	impermissible private benefit?											
Pa	rt II Conservation Easements. Complete if the organization answered "	Yes" on Form 990, Part IV	, line 7									
1	Purpose(s) of conservation easements held by the organization (check all that apply											
		reservation of a historicall	y important land area									
		reservation of a certified h										
	Preservation of open space											
2	Complete lines 2a through 2d if the organization held a qualified conservation conti	ribution in the form of a co	enservation easement on the last									
	day of the tax year		Held at the End of the Tax Year									
а	Total number of conservation easements		2a									
b			2b									
c			2c									
	Number of conservation easements included in (c) acquired after 7/25/06, and not of	on a historic structure										
Ī	listed in the National Register		2d									
3	Number of conservation easements modified, transferred, released, extinguished, or											
Ū	year	terminated by the organ	ization during the tax									
4	Number of states where property subject to conservation easement is located											
5												
	violations, and enforcement of the conservation easements it holds?											
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations,	and enforcing conservation										
•	>	and officering contourname	on eacomonic dailing the year									
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	enforcino conservation ea	sements during the year									
-	▶ \$		osmonio deling ino year									
8	Does each conservation easement reported on line 2(d) above satisfy the requirement	ents of section 170(h)(4)(B)	Mi)									
_	and section 170(h)(4)(B)(ii)?		Yes No									
9	In Part XIII, describe how the organization reports conservation easements in its rev	enue and expense statem										
_	include, if applicable, the text of the footnote to the organization's financial stateme											
	conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an and a december of									
Pa	rt III Organizations Maintaining Collections of Art, Historical Tr	easures, or Other S	Similar Assets.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8											
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in	n its revenue statement ar	nd balance sheet works of art.									
	historical treasures, or other similar assets held for public exhibition, education, or r											
	the text of the footnote to its financial statements that describes these items		,,									
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	revenue statement and ba	alance sheet works of art, historical									
-	treasures, or other similar assets held for public exhibition, education, or research in											
	relating to these items	rianii orango or paono oo.	thes, provide the renewing amounts									
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$									
	(ii) Assets included in Form 990, Part X		► \$ ► \$									
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial dain										
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating t	-										
а	5		▶ \$									
	Assets included in Form 990, Part X		> \$									

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

Schedule D (Form 990) 2018

Sche		NNOVATION A					379108 Page 2						
Pa	rt III Organizations Maintaining C	ollections of Art,	Historical Tre	easures, o	r Other S	imilar Asset	S (continued)						
3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following that	t are a signif	icant use of its	collection items						
	(check all that apply)												
а	Public exhibition /	d	Loan or exc	change progra	ams								
b	Scholarly research	е	Other										
С	Preservation for future generations												
4	Provide a description of the organization's co	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5	During the year, did the organization solicit of	r receive donations of	art, historical trea	sures, or othe	er sımılar ass	ets _	_						
	to be sold to raise funds rather than to be ma				**		Yes No						
Par	rt IV Escrow and Custodial Arran		e if the organization	on answered	"Yes" on Fo	m 990, Part IV,	line 9, or						
	reported an amount on Form 990, Pa	rt X, line 21											
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contribution	s or other as:	sets not incli	uded							
	on Form 990, Part X?					L	Yes No						
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table [.]			7							
							Amount						
С						1c							
d	Additions during the year					1d							
е	• ,					1e							
f	Ending balance												
	Did the organization include an amount on Fi		•		•	<u>_</u>	Yes No						
Pai	If "Yes," explain the arrangement in Part XIII												
T ai	rt V Endowment Funds. Complete					There were book							
4-	Decision of wear belones	(a) Current year	(b) Prior year	(c) Two yea	rs dack (d)	Three years back	(e) Four years back						
1a	Beginning of year balance			 			-						
D	Contributions			 	-								
ن س	Net investment earnings, gains, and losses			+									
u o	Grants or scholarships Other expenditures for facilities			 									
e					Ì								
	and programs Administrative expenses			 		***************************************	 						
'	End of year balance			 			 						
9 2	Provide the estimated percentage of the curr	ent year and halance (line 1a, column (a)) hold as			<u> </u>						
a	Board designated or quasi-endowment	•	mie rg, coluinin (a %	ij) rielu as									
	Permanent endowment	 %	70										
	Temporarily restricted endowment	^ %											
Ŭ	The percentages on lines 2a, 2b, and 2c short												
За	Are there endowment funds not in the posse		on that are held a	nd administer	red for the o	rganization							
-	by				00 101 1110 01	garneation	Yes No						
	(i) unrelated organizations						3a(ı)						
	(ii) related organizations						3a(ii)						
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	on Schedule R?				3b						
4_	Describe in Part XIII the intended uses of the	•											
Par	t VI Land, Buildings, and Equipm	ent.											
	Complete if the organization answered	d "Yes" on Form 990, F	Part IV, line 11a S	See Form 990	, Part X, line	10							
	Description of property	(a) Cost or oth		t or other	(c) Accu		(d) Book value						
		basis (investme	1 ' '	(other)	depred		· •						
1a	Land	5,4	52.				5,452.						
b	Buildings	103,5	85.		4	1,342.	62,243.						
С	Leasehold improvements												
d	Equipment												
е	Other		16	6,596.	16.	5,690.	906.						
Total	. Add lines 1a through 1e (Column (d) must e	oual Form 990. Part X.	column (B). line 1	Oc.)			68,601.						

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 URBAN INNOVA	ATION ANALYSIS	, INC.	36	-3379108	Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b See Form 990, F	art X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	lluation Cost or end	l-of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)				.,	
(C)					
(D)				-	
(E)					
(F)			_	-	
(G)				-	
(H)				-	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.		_			
Complete if the organization answered "Yes" (-1
(a) Description of investment	(b) Book value	(c) Method of Va	luation Cost or end	i-or-year market v	alue
(1)					
(2)					
(3)					
(4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(5)		. ==			
(6)					•
(7) (8)	·····	<u>,,,</u>			
(9)					
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1d See Form 990. P	art X. line 15		
	Description]	(b) Book va	lue
_ (1)					
(2)	-	J-11-11-11			
(3)					
(4)					
(5)					
(6)					
(7)	-				
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)				
Part X Other Liabilities.			•		
Complete if the organization answered "Yes" of		Y-	990, Part X, line 25		
1. (a) Description of liability	(b) Book value	,		
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)	-				
(7)					
(8)					
(3)	ı				

ightrightarrowTotal. (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 organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

SCHEDULE L

10 N_ 100 N

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

				OVATION								/91	<u> </u>		
Part I	Excess Bene	efit Trans	acti	ons (section 50)1(c)(3	3), secti	on 501(c)(4), and 50	01(c)(2	9) organization:	s only))				
							urt IV, line 25a or 25l					lb			
	Complete ii the t	Jigariizatioi						יט וט	01111 330°LZ, 1 8	21 C V, 1	1110 40		1	_	
1 (a) Name of disqualified person			(b) F	Relationship betv			itied	(c) Description of tran		eaction			(a)	Corre	cted?
- (a) Hamo of aloqualities portion			person and or	ganıza	ation		(0, 50	sonption of trail	Jactic			Y	es	No	
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2 Enter	the amount of tax i	ncurred by	the o	rganization mana	agers	or disq	ualified persons dui	iring th	ne year under						
section	on 4958										▶ \$				
3 Enter	the amount of tax,	if any on h	ne 2 :	ahove reimburei	ad by	the ord	nantation				•				
O Linton	the amount of tax,	ii arry, orr iii	110 2, 1	above, reimburs	su by	tile org	garnzation				Ψ				
	Tabasa ta ana	J/au Fuan	- 11	avanta d Dava											
Part II	Loans to and	a/or Fron	n inti	erested Pers	ons.	•									
	Complete if the o	organization	n ansv	vered "Yes" on F	orm 9	90·EZ.	Part V, line 38a or l	Form	990. Part IV. line	e 26. d	or if th	e orga	nizatio	n	
	reported an amo	-					,		,,	, .		3-			
		T					4.20	T				(h) Ap	nroved	T (3) 14	
	a) Name of	(b) Relatio			(e) Original			(g) In		This board or L 19 V		ritten			
inte	rested person	with organi	ization of loan		organization? Prince		principal amount			default?		committee?		agree	ment?
					То	From				Yes	No	Yes	No	Yes	No
TERRY	N. CLARK	DRECTI	DEN	MORTGAGE		1	153,520.	+	95,259.		X	X		X	
TEMMI	H. CHAKK	FKESTI	DEIN	MORIGAGE	Λ.	1	133,320.	<u>' </u>	93,439.		Α.	_ <u>^</u>		Λ	
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Total							▶ \$	3	95,259.						
Part III	Grants or As	sistance	Ben	efiting Intere	este	Per	sons.								
	_			•											
	Complete if the c		answ	verea "Yes" on F	orm s	90, Pa	rt IV, line 27								
(a) N	lame of interested p	person	((b) Relationship I	oetwe	en	(c) Amount of	- 1	(d) Type	of		(e)) Purp	ose of	:
			-	interested pers	on an	d	assistance	- 1	assistance			assistance			
				the organiza	tion										
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Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS

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SCHEDULE O

ing with the

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization 36-3379108 URBAN INNOVATION ANALYSIS, FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED SPECIFICALLY BY TERRY CLARK, PRESIDENT AND TREASURER, AND ALSO SHARED WITH THE BOARD FOR REVIEW BEFORE SIGNATURE AND FILING. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 8 PRIOR PERIOD ADJUSTMENT - SCHWAB MARGIN LOAN

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

Schedule O (Form 990 or 990-EZ) (2018)

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