Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

A	or the 2	016 calenda	ar year, or tax year beginning , 2016, and ending		, 20				
В	Check if app	olicable	C Name of organization D Em	ployer identification number					
	Address ch	ange	Epic Center Community Organization	45-2532257					
닏	Name char				Telephone number				
H	initial return		1236 South Layton Avenue	414-517-5418					
H	Amended r	Vterminated		oup Exe	mption				
Ħ		plication pending Milwaukee, WI 53215			Number ▶				
G	Account	ng Method		H Check ► ☐ if the organization is not required to attach Schedule B					
1 1	Nebsite:	: •	require						
J 1	ax-exem	990, 996	0-EZ, or 990-PF).						
			☑ Corporation ☐ Trust ☐ Association ☐ Other						
L	Add lines	5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	3					
(Pa	ırt II, colu		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$					
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	uctions	for Part I)				
		Check if	the organization used Schedule O to respond to any question in this Part I		<u> </u>				
	1	Contribution	ons, gifts, grants, and similar amounts received	1	43,290				
	2	Program s	ervice revenue including government fees and contracts	2	6,835				
	3	Membersh	ip dues and assessments	3					
	4	Investmen	t income	4					
	5a	Gross amo	ount from sale of assets other than inventory 5a						
	b	Less: cost	or other basis and sales expenses	7					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c							
	6	Gaming and fundraising events							
	а	A CONTRACT OF A CONTRACT AND A CONTR							
Ę		\$15,000)							
Revenue	b		ome from fundraising events (not including \$ of contributions						
ě	:	from fund	1						
		sum of su	ch gross income and contributions exceeds \$15,000) 6b						
	C		ct expenses from gaming and fundraising events 6c						
	d	Net incom]						
	}	line 6c)		6d					
3	7a	Gross sale	es of inventory, less returns and allowances						
<i>.</i>	b	Less: cost	of goods sold	╛					
	C	Gross pro	fit or (loss) from sales of inventory (Subtract line 7 (Ref) pe rais	7c					
	8		enue (describe in Schedule O)	8					
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 . MAY 5 5 2017	9	50,125				
	10		d similar amounts paid (list in Schedule O)	10					
	11	Benefits p	aid to or for members	11					
Expenses	12	Salanes, o	other compensation, and employee benefits DOBRI WIT.	12	34,052				
	13		nal fees and other payments to independent contractors	13	ļ				
	14		cy, rent, utilities, and maintenance	14					
	- 10		publications, postage, and shipping	15					
	16		enses (describe in Schedule O)	16	22,965				
_	17	Total exp	enses. Add lines 10 through 16	17	57,017				
	18		(deficit) for the year (Subtract line 17 from line 9)	18	-6,892				
9	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with	- 1					
Not Accete			ar figure reported on prior year's return)		17,823				
	20		nges in net assets or fund balances (explain in Schedule O)	20					
_	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20	21	10,931				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2016)



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Par	t II	Balance Sheets (see the instructions for	or Part II)				
		Check if the organization used Schedule	O to respond to ar	y question in this F	Part II		<u> </u>
					(A) Beginning of year		(B) End of year
22	Cash	n, savings, and investments		[_	22,847	22	15,952
23	Land	and buildings				23	<u></u>
24	Othe	r assets (describe in Schedule O)				24	
25	Total	l assets			22,847		15,952
26		I liabilities (describe in Schedule O)			5,024		5,021
27	Net a	assets or fund balances (line 27 of column	(B) must agree with	line 21)	17,823	27	10,931
Part		Statement of Program Service Accomp	olishments (see th	e instructions for P	art III)		_
		Check if the organization used Schedule	O to respond to ar	ny question in this f	Part III	10,	Expenses equired for section
What	is the	organization's primary exempt purpose?	Working with neighb	orhood children and	youth		1(c)(3) and 501(c)(4)
Desc	ribe the	e organization's program service accomplis	hments for each of	its three largest pr	ogram services,	, .	ganizations, optional for ners.)
perso	ons ber	od by expenses. In a clear and concise manefited, and other relevant information for each	ch program title.				
28		chool program, tutoring, open gym, summer y					
		n served through these programs. The progra					
		g importance of physical education, sportsmar	nship, community av	rareness and educati	on.]	
	(Grant:	s \$ 41,000) If this amount	includes foreign gra	nts, check here .	<u> ▶ ∐</u>	28	a 57,017
29							
						,	
	(0	A (6 three amount)	inal idea foreign are	nts, check here .		29	
30	(Grant	s	includes loreign gra	into, check here .	· · ·	29	<u>a</u>
30							
]	
	(Grant	s \$) If this amount	includes foreign gra	ints, check here .	▶ □	30	a
31		program services (describe in Schedule O)			· · · · ·	100	
٠.	(Grant	• •		ints, check here .	▶ □	31	a
32		program service expenses (add lines 28a t				32	2 57,017
		<u>. </u>					
Par	t IV	List of Officers, Directors, Trustees, and Key	Employees (list eacl	one even if not comp	pensated-see the i	nstr	uctions for Part IV)
Par	t IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule		· ·		nstn	uctions for Part IV)
Par	t IV			· ·	Part IV (d) Health benefits, contributions to employ	· /ee (e) Estimated amount of other compensation
	t IV Sengye	Check if the organization used Schedule (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employ benefit plans, and	· /ee (e) Estimated amount of
Mike		Check if the organization used Schedule (a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	· /ee (e) Estimated amount of
Mike	Sengye	Check if the organization used Schedule (a) Name and title othinh irector	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denr	Sengye	Check if the organization used Schedule (a) Name and title othinh irector	(b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denr Pres	Sengye utrve D nis Oula	Check if the organization used Schedule (a) Name and title othinh irector	O to respond to a (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denr Pres Chris	Sengye utrve D nis Oula ident stopher surer	Check if the organization used Schedule (a) Name and title othinh pirector phan Gramling	O to respond to a (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denr Pres Chris	Sengye autive D nis Oula ident stopher surer	Check if the organization used Schedule (a) Name and title othinh pirector phan Gramling	O to respond to a (b) Average hours per week devoted to position 40 4	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denr Pres Chris Trea Kelly	Sengye Lutive D nis Oula Ident stopher surer Sonne Preside	Check if the organization used Schedule (a) Name and title othinh irrector ahan Gramling enberg ent	O to respond to a (b) Average hours per week devoted to position 40	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denr Pres Chris Trea Kelly Vice	Sengye utrive D nis Oula ident stopher surer Sonne Preside el Adan	Check if the organization used Schedule (a) Name and title othinh irrector ahan Gramling enberg ent	O to respond to a (b) Average hours per week devoted to position 40 4 3	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denr Pres Chris Trea Kelly Vice Dans	Sengye utrive D nis Oula ident stopher surer Sonne Preside el Adan etary	Check if the organization used Schedule (a) Name and title othinh irrector than Gramling enberg ent ns	O to respond to a (b) Average hours per week devoted to position 40 4	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denr Pres Chris Trea Kelly Vice Dans Secr Past	Sengye Lutive D his Oula ident stopher surer Sonne Preside el Adan etary or Jon	Check if the organization used Schedule (a) Name and title othinh irrector than Gramling enberg ent ns	O to respond to a (b) Average hours per week devoted to position 40 4 3 2	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denn Pres Chris Trea Kelly Vice Dann Secr Past	Sengye autive D his Oulandent stopher surer Sonne Preside el Adan etary or Jon	Check if the organization used Schedule (a) Name and title othinh irrector than Gramling enberg ent ns	O to respond to a (b) Average hours per week devoted to position 40 4 3	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denr Pres Chris Trea Kelly Vice Danu Secr Past Direa	Sengyentrive Dais Oulandent stopher Sonne Preside el Adametary or Jon actor Rule	Check if the organization used Schedule (a) Name and title othinh irrector than Gramling enberg ent ns	O to respond to a (b) Average hours per week devoted to position 40 4 3 2	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
Mike Exec Denn Pres Chris Trea Kelly Vice Dann Secr Past	Sengyentrive Dais Oulandent stopher Sonne Preside el Adametary or Jon actor Rule	Check if the organization used Schedule (a) Name and title othinh irrector than Gramling enberg ent ns	O to respond to a (b) Average hours per week devoted to position 40 4 3 2	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	· /ee (e) Estimated amount of
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
	Instructions for Part V) Check it the organization used conceded to to respond to any question in this		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	┨		
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-		\ <u> </u>
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	4		
40a	Gross receipts, included on line 9, for public use of club facilities	┥	}	}
40a	section 4911 ► ; section 4912 ► ; section 4955 ►		1	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Wisconsin			
42a	1.10 0.94		19-937	'9
b	Located at ► 1030 South 26th Street Milwaukee, WI At any time during the calendar year, did the organization have an interest in or a signature or other authority over	53	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	+	1
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	1	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ 🗆
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		\ \ \
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	<u>.L </u>	

orm 990-EZ (2	2016)			. <u></u>				age 4
					,		Yes	No
	the organization engage, directly or introduced in the interest of public office? If "Yes,"							1
	Section 501(c)(3) organization		,			140		
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and	complete th	e tables i	or lin	es
	50 and 51.	h - dula O ta rasmana	l to any ayaatian in t	·bio Dort \	n			
	Check if the organization used Sc	nequie O to respond	to any question in t	IIIS Fait	<u> </u>		Yes	No
	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						1	
					. 48	†	1	
49a Did t	Did the organization make any transfers to an exempt non-charitable related organization?			. 49a		1		
b If "Ye	"Yes," was the related organization a section 527 organization?			. 49b		✓		
50 Com	plete this table for the organization': loyees) who each received more tha	s five highest compen n \$100 000 of compe	isated employees (oth	ner than o	Micers, directi If there is non	ors, truste e enter "l	ies, an None "	а кеу
emp	loyees) who each received more that	(b) Average	(c) Reportable		alth benefits,	0, 0,110, 1		
(a)) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit pla	ons to employee ins, and deferred opensation	(e) Estimat other cor	-	
lone		+						
				 				
		1	<u> </u>	ĺ				
			 	 				
		+		•				
		 		 				
		1						
	i number of other employees paid o				_			
	nplete this table for the organization 0,000 of compensation from the org			contract	ors who eacl	n received	more	thar
	Name and business address of each indepen		(b) Type of ser		1 10	\ Componen		
	y Name and business address of each indeper		(b) Type of ser		,,,) Compensa		
								
			-1					
			- 					
			-1					
d Tota	al number of other independent cont	ractors each receiving	over \$100,000 .	>				
	the organization complete Scheonpleted Schedule A	lule A? Note: All s	ection 501(c)(3) orga			ha . ⊳ <mark> </mark>	s 🗌	No
Jnder penaltie true, correct, a	es of perjury, I declare that I have examined this and complete Declaration of preparer (other th	s return, including accompa an officer) is based on all in	nying schedules and statem formation of which preparer	has any kno	the best of my k bwledge	nowledge an	d belief	, it is
Sign	Signature of officer (parley			5/8	'/-i'}		
Here	l V				∪al o	•		
	Type or print name and tritle							
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check _	NILA I		
Preparer	-				self-empk	- 1		
Use Only	L				Firm's EIN ▶			

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Phone no

SCHEDULE A (Form 990 or 990-EZ)

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.

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

20**16**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number 45-2532257 **Epic Center Community Organization** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ 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 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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, C 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) d 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) **(B)** (C) (D) (E) **Total**

SCHEDULE 0 (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

2016

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Epic Center Community Organization	45-2532257
Part 1 Other Expenses: Administrative 7,462 (phone internet mileage insurance office supplies) Progra	m 15,503 (coaches referees uniforms
field rental art supplies school supplies)	
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