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 1545-0047

Department of the Treasury

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

Open to Public

mter		nue Service	<u> </u>	v.irs.gov/Form990 for instruc	otions and th	C Idicot III	101111111111111111111111111111111111111	VU	Inspection
<u>A</u>	For the	2017 cale	ndar year, or tax year begi	nning October 1	, 2017, a	nd ending			, 20 18
В	Check if	f applicable	C Name of organization Comm	nunities Unlimited, Inc.				Employ	er identification number
	Address	change	Doing business as						71-0464321
	Name ch	hange	Number and street (or P O b	ox if mail is not delivered to street	address)	Room/suite	. [Telepho	ne number
	Initial ret	turn	3 East Colt Square Drive						479-443-2700
	Final retu	rn/terminated	City or town, state or provinc	e, country, and ZIP or foreign post	al code				
	Amende	ed return	Fayetteville, AR 72703				10	Gross re	eceipts \$ 6,478,722
	Applicat	•	F Name and address of principa	al officer Ines Polonius		-	H(a) is this a grou	p return for	subordinates? Yes No
			3 East Colt Square Drive,	Favetteville, AR 72703		-2	_		s included? Yes No
$\overline{}$	Tax-exe	mpt status			4947(a)(1) or [J 527)			a list (see instructions)
J	Website		w communitiesu org	7			H(c) Group e	xemption	number ▶
ĸ				Association ☐ Other ►	L Year	r of formatio			of legal domicile AR
	art i	Summ							
	1		· - · · · · · · · · · · · · · · · · · ·	mission or most significar	t activities:	See Sch	edule O		
ø	'	Bridity do	Soribo the organization s	This sion of those significal					
auc									
Ë	2	Chack the	is boy \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ation discontinued its oper	ations or dis	nosed of	more than	25% of	ite not accate
Governance	3		-	governing body (Part VI, II				3	7
	4		•	embers of the governing bo	•			4	
Se			· · · · · · · · · · · · · · · · · · ·	- -				5	- 1
ŧ	5		· · · · · · · · · · · · · · · · · · ·	yed in calendar year 2017	(Fart V, line	Za) .	•	6	53
Activities &	6		nber of volunteers (estima	• •			• •	7a	0
۹	7a			from Part VIII, column (C),				7a 7b	0
	<u>b</u>	Net unrei	ated business taxable inc	come from Form 990-T, line	e 34 .		Prior Yea		Current Year
				1 413					
Pe	8		tions and grants (Part VIII			032,726			
ē	9	-	service revenue (Part VIII	-	•	· ·		976,337	774,346
Revenue	10		•	mn (A), lines 3, 4, and 7d)				16,821	19,164
_	11		· ·	A), lines 5, 6d, 8c, 9c, 10c,	-	· ·		3,120	22,916
	12		·· · · · · · · · · · · · · · · · · · ·	11 (must equal Part VIII, co			5,	029,004	6,478,722
	13			Part IX, column (A), lines 1-	–3)			49,614	11,210
	14					· ·			
S	15	Salaries, o	other compensation, emplo	oyee benefits (Part IX, colum	nn (A), lines 5	i–10) <u> </u>	3,	325,047	3,547,259
Expenses	16a	Professio	nal fundraising fees (Part	IX COIUTH (A) IMP (15)		<u></u>			
xpe	b	Total fund	draising expenses (Part I)	X, column (D), Inte-29 FD	<u> </u>				
Ŵ	17	Other exp	enses (Part IX, column (/	A), LBes 11a-11d, 11f-24e)		· · L_	1,	327,997	2,612,067
	18	Total exp	enses Add lines 13-17 (r	musiQequall Part2X5copyrgr	ı (A)Öihe 25)	· . L_	4,	702,658	6,170,536
	19		less expenses Subtract		SS.			326,346	308,186
es .				OCDENI LIZ	<u>-</u>	Вс	ginning of Curr	ent Year	End of Year
sets	20	Total asse	ets (Part X, line 16)	OGDEN, UT	<u></u> .	[_	15,	979,483	15,277,842
t As	21	Total liab	ılıties (Part X, lıne 26)				5,	651,400	4,641,574
Net Assets or Fund Balances	22	Net asset	s or fund balances Subt	ract line 21 from line 20		, . [10,	328,083	10,636,268
	art II	Signat	ure Block						
_		ilties of perjur	ry, I declare that I have examine	d this return, including accompan-	ying schedules	and stateme	ents, and to the	best of n	ny knowledge and belief, it is
tru	e, correc	t, and comple	eter Declaration of preparer (other	er than officer) is based on all info	rmation of whic	h preparer h	as any knowled	ige	
		10-1	nu - le l'ann					3-2	0-2019
Sig	ın	Signa	ature of officer	-			Date		
He		1 Ir	nes Rolonius,	LEO					
	. •		or print name and title						<u> </u>
		 	pe preparer's name	Preparer's signature		Date)	Ok T	T. PTIN
Pa			I formation and the	.,,				Check [self-emp	
'1	epare	I							· · ·
Us	e Onl							EIN >	
140	v tha IC		ddress >	arer shown above? (see in	etructions)		Phone	- 110	Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form	990	(2017)	

Pa	na	2

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	See Schedule O
	······································
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,969,576 including grants of \$) (Revenue \$ 3,502,541)
	See attached - Environmental
4b	(Code) (Expenses \$ 1,102,324 including grants of \$) (Revenue \$ 1,754,002)
	See attached - Lending
10	(Code:) (Expenses \$ 895,385 including grants of \$) (Revenue \$ 930,316)
4c	
	See attached - Entrepreneurship, Community Sustainability and Healthy Foods
	·
	·
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 366,958 including grants of \$) (Revenue \$ 291,863)
4e	Total program service expenses ► 5,334,243

	Checklist of Required Schedules			
	le the connectation described in meeting 504/aV/0) on 40.47/aV/4V (athough to a serious foundation) of (1)/a-1/		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	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	✓	
Ü	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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	√	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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.		A	1
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	✓	
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	\	
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		1
d	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		1
	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	1	
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		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1

Form 99	90 (2017)			Page '
Part	M. Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	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	1	
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		1
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 \$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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
				,
h		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		1
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	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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).	L		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		√
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	1	•
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			
352		34 35a	✓_	1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			· ·
26	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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	l

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O

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

37

Yes Note	Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-26 included in line 1st. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reprotable gaming (gambling) winings to prize winners? Enter the number of emptyoes 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 Statements, filed for the calendar year ending with or within the year covered by this return It also to be it at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note II the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If a tensor of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If Yes has filed a Form 990-T for this year? If Y'm0' for land 3b, provide an explanation in Schedula 0 1a At any time during the calendar year, did the organization have an interest in, or a signature or other nancial account in a foreign country: Image of the provided and provided tax sheller transaction of the foreign country: Image of the provided tax sheller transaction? If Yes' enter the name of the foreign country: Image of the provided tax sheller transaction? If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction and the organization social any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170c). If Yes' did the organization include with every solici				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 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 b If at loast one is reported on line 2a, clid the organization file all required decral employment tax returns? 2b V 1c Yes, has it filed a Form 990-T for this year? If ™o'to hire 3b, provide an explanation in Schedule O. 3d 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, or other financial accounts? 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts FGRAR) 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction? If ™ess' in line Sao et Sai, little the organization file Form 8868-7? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8868-7? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file the organization file form 8020-7. 6d Press, did the organization include with every solicitation an express statement that such contributions of the were not tax deductible as charitable contributions? 6d Press, did the organization make accounting the year and the year and year	1a	· · · · · · · · · · · · · · · · · · ·	- }	,	
reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If 1'Yes, This if filed a Form 1990-IT for this year? If 1'Yes, This if filed a Form 1990-IT for this year? 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; less than a bank account, escurities account, or other financial account in a foreign country; less than a bank account, escurities account, or other financial account in a foreign country; less than a bank account, escurities account, or other financial account in a foreign country; less than a bank account, escurities account, or other financial account in a foreign country; less than a bank account, escurities account, or other financial account in a foreign country; less than a bank account, escurities account, or other financial account in a foreign country; less than a bank account, escurities account, or other financial account in a financial account in a financial account, escurities account, or other financial account in a finan	_		*1	-	, ,
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendary pare anding with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b V Note. If the sum of lines 1a and 2a is greater than 280, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line \$5, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account! n a foreign country (such as a bank account, securities account, or other financial account!? b 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 [FGAR] Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file form 8868-T? b Did any taxable party notify the organization file form 8868-T? b Did save the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8868-T? b Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1 Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1 Press," did the organization include with every solicitation an express attended the solicitation and partly for goods and services provided to the payor? 1 Press," did the organization make deductible contributions under section 170(c). 2 Did the organization selection of the view of the view of the section 50 (100) organization in the very solicitation and the	С		ائـ '	مسله	
Statements, filed for the calendar year ending with or within the year covered by this return	_		1c	√	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. 3c A tany time during the calendary 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)? 5c If "Yes," enter the name of the foreign country: \(\begin{align*} 5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxable party notify the organization file Form 886-17. 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell any avaination include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d If "Yes," id did the organization include whice very solicitation an express statement that such contributions or gifts were not tax deductible? 5d If "Yes," indicate the number of Forms 8262 field during the year 5d If "Yes," indicate the number of Forms 8262 field during the year 5d If "Yes," indicate the number of Forms 8262 field during the year 7d Did the organization sell, exchange, or otherwise dispose of tangible personal penefit contract? 7d Did the organization sell, exchange, or otherwise dispose of tangible personal penefit contract? 7d Did the organization sell contribution of qualified intellicutivity, to pay premium	2a		1	-	Ţ
Note. If the sum of fines 1a and 2a is greater than 250, your may be required to e-rule (see instructions) 3		· · · · · · · · · · · · · · · · · · ·			أدسمي
39 Did the organization have unrelated business gross income of \$1,000 or more during the year? 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 Did if "Yes," has it filed a Form \$9.0-1 for this year? if "No" or line \$0, provide are explanation in Schedule O. 42 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 accounts of the fire growing country (such as a bank account, securities account, or other financial accounts of the fire growing country (such as a bank account, securities account, or other financial accounts of the fire growing country (such as a bank account, securities account, or other financial accounts). 4a Veryes, "and the name of the foreign country (such as a bank account, securities account, or other financial accounts). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization aparty to a prohibited tax shelter transaction at the organization shelf the organization that were not tax deductible as charitable contributions? 5b V Tyes to line 5a or 5b, did the organization have around gross receipts that are normally greater than \$100,000, and did the organization shelf are yearely every solicitation an express statement that such contributions or gifts were not tax deductible? 6c V If "Yes," (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6d Did the organization receive a payment in excess of \$75 made partly as a contribution of quistor advised funds. 6c Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 6c Did the organization organization self, excha	D	·	26	√	. 11
b if "Yes," has it filed a Form 990-T for this year? If "No" io line 3b, provide an explanation in Schedule O. A tany three 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)? 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) Awas the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or granization solicit any contributions that were not tax deductions oscilet any contributions that were not tax deductions oscilet any contributions from the organization solicit any contributions from the value of the goods or services provided? Organizations that may receive deductible contributions under section 170(c). Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization into the payor? Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a pers	3a		,	ئىت.	أعترا
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the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand	b			4	** . · · ·
14a Did the organization receive any payments for indoor tanning services during the tax year?		100		()	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b		<u></u>			-; 1
		· · · · · · · · · · · · · · · · · · ·			
	מ	ii res, has it lieu a romi /20 to report these payments? II Ivo, provide an explanation in Schedule O .		, 990	(2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
•	Check if Schedule O contains a response or note to any line in this Part VI				
Secti	on A. Governing Body and Management			<u></u>	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a 7	4 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			1	` ;
	committee, explain in Schedule O.		[-]		-
b	Enter the number of voting members included in line 1a, above, who are independent	1b 7		, ,]	, }
`2	Did any officer, director, trustee, or key employee have a family relationship or a business in	elationship with	1		
	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	
,	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		
4 5	Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization		5		/
6	Did the organization become aware during the year of a significant diversion of the organization bave members or stockholders?	M 5 d55e(5 ' .	6	\dashv	-
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint	1		<u> </u>
	one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval				
•	stockholders, or persons other than the governing body?		7b		√
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during			. (
а	The governing body?		8a	امشر.	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	t be reached at	-	-	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	_	9		✓_
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven			
10-	Dud the averagination have been been been been as at the top of			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>
-	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor		11a	7	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-	1.:.		1
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		12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the prescribe in Schedule O how this was done	oolicy? If "Yes,"	12c	/	
13	Did the organization have a written whistleblower policy?		13	7	
14			14	✓	
15	Did the process for determining compensation of the following persons include a review a			1.4	` .]
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			الشر.	لت
a b	The organization's CEO, Executive Director, or top management official		15a 15b	/ 	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil	ar arrangement	. 1	, 태	
	with a taxable entity during the year?		16a		√
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		1 4	, 7	f
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		·		
Socti	on C. Disclosure		16b	l	
17	List the states with which a copy of this Form 990 is required to be filed ► None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, are available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	501(c))(3)s	only)
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	nts, conflict of int	erest p	olicy	, and
00	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	n's books and re	cords: I	>	
	Kimberly Griffey 3 East Colt Square Drive, Fayetteville, AR 72703 479-443-2700		Form	990	(2017)
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Street House Division and				
PartVII	Compensation of Officers, Directors,	, Trustees, Key Employees,	Highest Compensated Employee	s, 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 employees."
- 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 organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	nt officer, directo	r, or trustee
		}		(1	C)					
(A)	(B)	۱			ition			(0)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (list any hours for	익호	2	Q	7	욕포	Form	from the	related organizations	other compensation '
	related	dre	ŧ	Officer	y e	탕	rmei	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	g	`	Key employee	ye c	1 4	(W-2/1099-MISC)		organization
	line)	` tr	함	ļ	ye	ğ				and related organizations
	'	tee	Institutional trustee		"	Highest compensated employee	l			•
	Ì		ď	1		ted			1	
(1) Chris Page - Board President	n/a									
3 East Colt Square Drive, Fayetteville, AR 72703		_ <		✓	_			0	0	0
(2) Herman Strickland - Board Treasurer	n/a				•				1	l
3 East Colt Square Drive, Fayetteville, AR 72703	<u></u>	✓	i	✓				0	o	0
(3) Deborah Warren - Board Member	n/a									
3 East Colt Square Drive, Fayetteville, AR 72703		\							0	0
(4) Donna Kay Yeargan - Board Member	n/a									
3 East Colt Square Drive, Fayetteville, AR 72703		✓			<u> </u>			0		0
(5) Salomon Torres - Board Member	n/a]]				
3 East Colt Square Drive, Fayetteville, AR 72703	<u> </u>	\		_				0	. 0	0
(6) Maximillan Sprinkle - Board Member	n/a				l					
3 East Colt Square Drive, Fayetteville, AR 72703	<u> </u>	✓						0	0	0
(7) Wayne Fawbush - Board Member	n/a					}			1	
3 East Colt Square Drive, Fayetteville, AR 72703		✓				<u></u>		0	0	0
(8) Kımberly Grıffey - Chief Financial Officer	30									
3 East Colt Square Drive, Fayetteville, AR 72703				✓				64,948	0	13,631
(9) Ines Polonius - Chief Executive Officer	40			.						
3 East Colt Square Drive, Fayetteville, AR 72703	1 1			✓				106,002	0	14,537
(10)										
· · · · · · · · · · · · · · · · · · ·										
(11)	 -									
(12)										
\(\frac{1}{2}\)	†									
(13)										
(14)	 									

Par	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (cor	ntinued)
•	(A)	(5)			•	C) Itioñ			(2)	(5)	(7)
	(B) Average		not check more than o k, unless person is both					(D) Reportable	(E) Reportable	(F) Estimated	
		hours per week (list any					or/trus	tee)	compensation from	compensation fro related	other
		hours for related	ndivid	nstitu	Officer	ey er	mplo)	orme	the organization	organizations (W-2/1099-MISC	compensation (rom the
		organizations below dotted	ual tr	ional		Key employee	t com		(W-2/1099-MISC)		organization and related
		line)	Individual trustee or director	Institutional trustee		ee	Highest compensated employee				organizations
(15)				ő			lte d	_			
								_			
(16)											
(17)								-			
(18)								-			
(19)					-			-			_
(20)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							-			-
						-		_			
			-					_			
(22)										·	
(23)	·										
(24)											
(25)											
1b	Sub-total				l	! 	•	<u> </u>			
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		•	A A	17/047		2015
2	Total number of individuals (including but	not limited							ho received m	ore than \$100,	000 of
	reportable compensation from the organi	zation D							1		Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							-	loyee, or high	·	Control of the last of the las
4	For any individual listed on line 1a, is the organization and related organizations										
5	individual		 mner	isat	 ion	fror	n anv		 related organiz	 ation or individ	· 4 /
	for services rendered to the organization?										5
Section 1	on B. Independent Contractors Complete this table for your five highest of	compensate	ed inc	lepe	ende	ent o	contra	acto	ors that receive	d more than \$	100.000 of
	compensation from the organization. Repyear.										
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
					·			<u></u>			
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	
											Form 990 (2017)

Form 990 (2017)

	Verte rr	01-1									
ec.	WIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
		Check ii Schedule C	Contains a re	sponse of note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ts	1a	Federated campaigns	s la	Carlo Call Call Carlo a Call Land All Chinaster			TANKE SALES				
Grants	b	Membership dues .	1b								
ons, Gifts, Grants Similar Amounts	С	Fundraising events .	1c								
Gifts, ilar An	d	Related organizations	s 1d								
imi	е	Government grants (cor		5,410,063							
rior S rs	f	All other contributions, g									
ig th		and similar amounts not inc	<u> </u>								
Contributions, and Other Simi	g	Noncash_contributions include		32,282							
	h	Total. Add lines 1a-1	<u>f</u>	<u> </u>	5,662,296						
Program Service Revenue				Business Code							
eve	2a	Loan Interest/Originati		522291	500,132			<u> </u>			
9 2	b	Fee for Service Contra	cts	541519	126,611		ļ				
<u>`</u> <u>Š</u>	. C	Fee for Receivership		541200	45,478	, , , , , , , , , , , , , , , , , , , ,					
Se	d	Sale of Homes		236000	102,125	102,125					
gran	e f	All other program ser	vica rovonua		 	-		 			
roc	g	Total. Add lines 2a-2			774 046	ENGLISH OF STATES	l Description				
	3	Investment income			774,346	建筑机构建设建筑等的	SECUTIVE SECULIAR HOLD				
		and other similar amo	ounts)		19,164	,		19,164			
	4	Income from investmen	•	ond proceeds	15,104			75,10-			
	5	Royalties									
			(i) Real	(ii) Personal	美國共產黨						
	6a	Gross reints	110,09	0							
	ь			· · · · · · · · · · · · · · · · · · ·							
	С	Rental income or (loss)	12,89								
	d	Net rental income or (>	12,893	12,893	のない他们の会立下は1952年12日の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本	A STANDARD OF COMMENTS OF A STANDARD OF SA			
	7a	Gross amount from sales of	(i) Securities	(II) Other	苏西安全的			"是",他们的"通信"			
		assets other than inventory									
	b	Less cost or other basis									
		and sales expenses									
	C	Gain of (loss).	L	<u> </u>							
	d	Net gain or (loss) .		<u>; , , , </u>							
Revenue	8a	Gross income from fu	-								
Other R ₃		of contributions reported See Part IV, line 18		3							
ฮี		Loss: direct expenses		o[TAKE 10.15 11.8						
	C	Net income or (loss) for		events . >	hart Street Hart Street Charles		Mr. planting Tretainery: Au	v de anticiona de la composição de la comp			
	эа	Gross income from ga See Part IV, line 19 .	=								
				·							
		Less, direct expenses Net income or (loss) fi		o{tivities ►							
	102	Gross sales of in		livilles P	***************************************	CONTRACTOR CONTRACTOR	CONTRACTOR SUS				
	iua	returns and allowance		_							
ı	h	Less cost of goods s	_	3							
ı	b	Net income or (loss) fi		- L				"在我们是我们的			
ļ	<u>c</u>	Miscellaneous R		Business Code		No de la companya de	OFFICE AND ADDRESS OF THE PERSON OF THE PERS	TARREST MARKET			
	11a				10.023	10.022	A PROPERTY OF THE				
Ì	b	Miscellaneous			10,023	10,023					
ļ	C										
	d	All other revenue .		-							
	e	Total. Add lines 11a-		🗈	10,023		大學學是				
Ì	12	Total revenue. See in			6 478 722		the there are to tuesd to deep A	19 164			

Form 990 (2017)

Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. A	All other organization	ns must complete co	olumn (A)
	Check if Schedule O contains a respon	nse or note to any li			
	ot include amounts reported on lines 6b, 7b, o, 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.	11,210	11,210		
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,	-			
6	trustees, and key employees	188,019	26,676	161,343	
7 8	Other salaries and wages	2,611,805	2,351,862	259,943	
	section 401(k) and 403(b) employer contributions)	140,199	113,363	26,836	
9	Other employee benefits	395,362	343,498	51,864	<u> </u>
10	Payroll taxes	211,874	180,267	31,607	
11	Fees for services (non-employees)				
a	Management			 	
b	Legal	2,171	1,955		
C	Accounting	37,594		37,594	
q	Lobbying	38,000	YEARSE EN BURNES PER PER	38,000	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		HICKORY CONTRACTOR	是一口引起,他们并在这种政治	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	174 200	440,455	25.025	
12	Advertising and promotion	171,200			
13	Office expenses	17,428 289,843	15,774 228,812		
14	Information technology	209,043	220,012	61,031	
15	Royalties				h
16	Occupancy	169,306	98,293	71,013	
17	Travel	483,766			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,,,,,,,	400,010	20,701	
19	Conferences, conventions, and meetings .	87,352	78,445	8,907	
20 21	Interest	146,615	146,615		
22	Depreciation, depletion, and amortization .	36,951	36,951		\
23	Insurance	67,945	40,845	27,100	where the most control of the Property State of
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.)				
a	Dues	5,493	3,939	1,554	
ь	Bad Debts	921,808			
c d	Cost of Homes Inkind	65,374			
e	All other expenses Miscellaneous	32,282	32,282	2 905	
25	Total functional expenses. Add lines 1 through 24e	38,939 6,170,536		2,805 836,293	
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)	0,170,536	5,334,243	830,293	

Parity **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 3,509,239 1,701,140 2 2 3 3 4 4 958.507 1,630,714 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 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 Assets 7 8,111,198 8.683.428 8 Inventories for sale or use 8 62,685 Prepaid expenses and deferred charges . 24,256 23.888 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,526,757 Less: accumulated depreciation 10b b 1,852,140 10c 1,769,306 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 1,461,458 12 1,469,366 13 Investments -- program-related, See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 15,979,483 15,277,842 17 407,729 17 464,578 18 18 19 19 120,186 141,762 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 44,631 26.167 22 Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 2,308,025 3,524,623 24 Unsecured notes and loans payable to unrelated third parties 24 1,554,231 1,701,042 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . 26 26 4,641,574 5,651,400 Organizations that follow SFAS 117 (ASC 958), check here ▶ Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 10,328,083 10,636,268 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 10,328,083 10,636,268 Total liabilities and net assets/fund balances 15,277,842 15,979,483

		•	
Form	990	(201)	7)

Page 12

TEXADS IN NO.				5	
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,478	3,722
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,170	<u>0,536</u>
3	Revenue less expenses Subtract line 2 from line 1	3		308	3,186
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,328	3,083
5	Net unrealized gains (losses) on investments	5.			
6	Donated services and use of facilities	6			
7	Investment expenses	7		,	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	····		(1)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	} }			
	33, column (B))	10		10,636	5,2 <u>68</u>
1200	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · ·		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in	25.2		
	Schedule O.			1 m	
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 com-	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		经验		
p	Were the organization's financial statements audited by an independent accountant?		2b	V	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		經經		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or] ;		
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın in			
	Schedule O.		體積		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	✓	
			Forn	n 990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Employer identification number

Name o	Name of the organization Employer identification number							
	unities Unlimited, Inc.						64321	
Part							ons.	
	rganization is not a private founda				•	•	1	
	A church, convention of churc						\vee	
	A school described in section		•			· · · · · · · · · · · · · · · · · · ·		
	A hospital or a cooperative ho							
	A medical research organization hospital's name, city, and state	e:						
5 (An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in	
	A federal, state, or local gover							
	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)	•	n a gover	nmental unit or fron	n the general public	
	A community trust described i		· ·	-				
9 (An agricultural research organ or university or a non-land-gra university:	ization described int college of agr	d in section 170(b)(1) iculture (see instruction	(A)(ix) op ons). Ente	erated in er the nar	conjunction with a line, city, and state of	and-grant college the college or	
10 {	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fut t income and un	nctions—subject to c related business taxa	ertain exc ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 33½% of its	
11 {	An organization organized and							
12	An organization organized and							
	of one or more publicly support of the children of the childre							
а	Type I. A supporting organithe supported organization supporting organization. You	n(s) the power to	regularly appoint or e	elect a ma	jority of t			
b	Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same				
С	Type III functionally integ	rated. A suppor	ting organization ope	rated in c			ally integrated with,	
d	☐ Type III non-functionally i		•		-	•	orted organization(s	
u	that is not functionally integree requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an		
е	Check this box if the organ functionally integrated, or l	nization received	a written determination	on from tl	he IRS th	at it is a Type I. Type	e II, Type III	
f	Enter the number of supported of							
g	Provide the following information	n about the supp	orted organization(s).					
((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total		#3 #Haliter 9 Here	中華原文化,第二世際經濟。 编译	40 Sept 20 75 1005	5 (1885 K.) (1883)			

	• • • • • • • • • • • • • • • • • • • •						i uge =
Ren	Support Schedule for Organization	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi	<u>)</u>
,	(Complete only if you checked the						
	Part III. If the organization fails to	o qualify unde	er the tests`lis	sted below, p	lease comple	ete Part III.)	•
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ĺ				{	
	include any "unusual grants.")	4,716,942	4,612,220	3,868,696	4,032,726	5,662,296	22,892,880
2	Tax revenues levied for the	177.1970.1	.,0.12,220	5/555/555	4,002,720	3,002,200	22,002,000
	organization's benefit and either paid					S	
	to or expended on its behalf)	
3	The value of services or facilities				·		
_	furnished by a governmental unit to the			İ		j .	
	organization without charge		,)	
4	Total. Add lines 1 through 3	4,716,942	4,612,220	3,868,696	4,032,726	5,662,296	22,892,880
	•	建设建筑公司	4,012,220	3,000,000	/在 传说: [2]	3,002,200	22,032,000
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly				建筑线		
	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	50年50年50年50日 第14年15月1日 10日日	PRESERVATION OF THE PROPERTY O	THE PERSON AND THE PE	THE COURT OF SHEET	STATE OF THE STATE OF	
	on B. Total Support	LEGITAS TELLIFICAÇÃOS	3.55年第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	与沙雷尔特美国人的沙里特别	を表現し、日本の時間である。 でる。 でる。 でる。 でる。 でる。 でる。 でる。 で	[经验的时间的 解析]	22,892,880
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,716,942	4,612,220	3,868,696	4,032,726	5,662,296	22,892,880
8	Gross income from interest, dividends,	4,710,342	4,612,220	3,868,090	4,032,720	5,002,230	22,892,880
O	payments received on securities loans,				1		
	rents, royalties, and income from				ļ.	i	
	similar sources	12.554	10.000	45.040	40.004	40.464	70.054
9	Net income from unrelated business	13,554	12,369	15,043	16,821	19,164	76,951
9	activities, whether or not the business	Ì		Ì			
	is regularly carried on	4 4 4 5	(47.400)	(0.007)	(407.450)		(400.004)
10	Other income. Do not include gain or	1,145	(17,180)	(6,327)	(107,459)	0	(129,821)
10	loss from the sale of capital assets		į		S		
	(Explain in Part VI.)	97.049					470 744
44	Total support. Add lines 7 through 10	35,213	17,153	99,339	3,120	22,916	177,741
11 12	Gross receipts from related activities, etc	(see instruction	ME ME	TATE OF THE PARTY	が記れている。	MARIAN PARENT	23,017,751
13	First five years. If the Form 990 is for the	•	•		or fifth tay w	12	4,628,654
10	organization, check this box and stop he	_			•	· · · ·	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2017 (line 6			1 column (fl)		14	99.46 %
15	Public support percentage from 2016 Sch					15	99.13 %
16a	331/3% support test—2017. If the organi						
iou	box and stop here. The organization qua						
b	331/3% support test—2016. If the organi			_			
~	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20	•		•			
174	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						
а	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization resplain in Part VI how the organization response to the contract of the contract o						
	supported organization						
10	Private foundation. If the organization di						
18	instructions	a not check a f	JOX ON HITE 13,	10a, 100, 17a	, or 170, check	THIS DUX AND	. ▶ □

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0.4	2
rage	J

Part							1 2/11
•	(Complete only if you checked the						der Part II.
Sooti	If the organization fails to qualify ion A. Public Support	under the te	ists listed bei	ow, please co	omplete Part	11.)	
	idar year (or fiscal year beginning in)	(-) 2012	(b) 2014	(5) 0015	(-0.0016	(-) 0017 4	(0.T-1-1
1	Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Total
'	received (Do not include any "unusual grants.")				ļ		
2	Gross receipts from admissions, merchandise		 	ļ		 	
	sold or services performed, or facilities					/	
	furnished in any activity that is related to the organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an			<u></u>		,	
	unrelated trade or business under section 513	<u></u>					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			 			
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			/		 	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified					1 1	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			:			
С	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less/						
	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			\ '		1	
	(Explain in Part VI.) /						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	•	•			ear as a section	
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support pércentage for 2017 (line					15	%
16	Public support percentage from 2016 Sch			<u> </u>	<u></u> .	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2017 (line 10c, colun	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment, income percentage from 2016					18	%
19a	331/3% support tests-2017. If the organ						
	17 is not, more than 331/3%, check this box		-				
b	331/3% support tests – 2016. If the organize line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_	•	•	• •	=
		o,,.oo,, u		, , , , , , , , , , , , , , , ,			=

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.	Α‼	Supporting	Organizations
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Yes No 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, 1 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). 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. За 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. 3b 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. Зс 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 4a 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 4b 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. 4c 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). 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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). 7 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) 8 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. 9a 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. 9b 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. 9c 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.)

10a

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			,
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			. '
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		ļ
Socti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c	<u> </u>	L
Secti	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		168	INO
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	į		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		: در د
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	<u></u>	l	Ь
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	· ·		,
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		, ,
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u></u>	!	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	e)
' a	The organization satisfied the Activities Test. Complete line 2 below.	notr u	01.011	٥).
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		,	
	that these activities constituted substantially all of its activities.	2a	_	'
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		- 1
3	Parent of Supported Organizations Answer (a) and (b) below.			!
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	_	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	٠	

Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section 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		
Section 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)	が対象		
a Average monthly value of securities .	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	はいい		
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	ACTUAL SECTION OF THE PARTY OF	
2 Enter 85% of line 1.	2	以作成为他立案 <u>。</u> 并是非的	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	医多类性 经 医	
4 Enter greater of line 2 or line 3.	4	图1623年,李洁洁用	
5 Income tax imposed in prior year	5	在影響的學科學的學科學	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).		tegrated Type III supporting	g organization (see

LEW	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)				
Secti	ection D - Distributions						
_ 1	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which	h the organization is re	sponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10_	Line 8 amount divided by liné 9 amount	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2017	可能是法院工作是他们 可		了。 第一章 第一章 第一章 第一章 第一章 第一章 第一章 第一章			
a	。此學科學的原理的學術的學術學的學術學學學學學學	建筑型。1000年1000		华地思。华 (1888年)			
<u>b</u>	From 2013	新华亚亚洲	是是當時期的				
Ç	From 2014		建工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂	对抗国际的工程和其实			
d	From 2015	於傳統的學術學					
ее	From 2016	系統語於語為語言語					
f	Total of lines 3a through e		是那些法學是那里	THE SECOND			
g	Applied to underdistributions of prior years	調整に対象を		が開発された。			
h_	Applied to 2017 distributable amount	宣傳,但是是學中國學是	是完全的社会的				
i	Carryover from 2012 not applied (see instructions)						
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.		b 1 K M M M M M M M M M M M M M M M M M M				
4	Distributions for 2017 from						
	Section D, line 7:						
a	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount		新工作的企业	1,			
C	Remainder. Subtract lines 4a and 4b from 4.		"我们就是一个人的人的人的人,我们就是一个人的人的人的人,我们就是一个人的人的人,我们就是一个人的人的人,我们就是一个人的人,我们就是一个人的人,我们就是一个人的人,我们				
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		,				
6	Remaining undérdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			,			
7	Excess distributions carryover to 2018. Add lines 3j and 4c	THE REPORT OF THE PROPERTY OF					
8	Breakdown of line 7:						
_ _	Excess from 2013						
b	Excess from 2014	THE PERSON					
c	Excess from 2015						
d	Excess from 2016						
е	Excess from 2017	是認識的關鍵的對於		過影響電影響調整			

Pa	ae	8 e
	40	, .

Supplemental Information. Provide the explanations 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, 9c, 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, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
P

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (s	see separate instructions), t	hen	, , , , , , , ,		, , ,
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization			Employer idea	ntification number
	unities Unlimited, Inc.				71-0464321
Part	Complete if the	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	definition of "political car		·		·
2	Political campaign activit	y expenditures (see instructions)		🕨 🖇	<u> </u>
3		cal campaign activities (see instruc			
Part	illiania.	e organization is exempt und			
1		excise tax incurred by the organiza			
2	Enter the amount of any	excise tax incurred by organizatior	n managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear ⁹	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Cato		e organization is exempt und			(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz			1
2		filing organization's funds contrib			
_		vities	_		
3	•	expenditures. Add lines 1 and 2			
•					
4		file Form 1120-POL for this year			. Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents For each organization listed, ontributions received that were pro- fund or a political action committe	enter the amount (mptly and directly	paid from the filing organi delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(c) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

							raye z
Œ	MEA	Complete if the organiza section 501(h)).	tion is exempt (under section 5	01(c)(3) and file	ed Form 5768 (ele	
A,	Check ▶	If the filing organization be address, EIN, expenses, a				filiated group memb	er's name,
В	Check ▶	_		-			
			bbying Expendit		,	(a) Filing	(b) Affiliated
		(The term "expenditures"	means amounts	paid or incurred	.)	organization's totals	group totals
1	a Total I	obbying expenditures to influer	nce public opinion	(grass roots lobb)	/ing)		
		obbying expenditures to influer					
		obbying expenditures (add line					
		exempt purpose expenditures					
		exempt purpose expenditures (
	f Lobby colum	ing nontaxable amount. Ente	er the amount fi	rom the following	g table in both		
	If the a	mount on line 1e, column (a) or (b	is: The lobbying	nontaxable amoun	t is:		
	Not ove	er \$500,000	20% of the an	nount on line 1e.			
		500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1	,000,000 but not over \$1,500,000		10% of the excess			
		,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000		
		7,000,000	\$1,000,000.				
		oots nontaxable amount (enter	•				
		ict line 1g from line 1a If zero c					
		ict line 1f from line 1c. If zero or				L	· · · · · · · · · · · · · · · · · · ·
		e is an amount other than ze			-	ĭ	☐Yes ☐ No
	героги	ng section 4911 tax for this ye				<u> </u>	res No
	(Som	ne organizations that made a	section 501(h) ele	Period Under sec ection do not hav ructions for lines	e to complete al	l of the five columi	ns below.
_		Lobby	ing Expenditures	During 4-Year A	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 201 ⁶	(d) 2017	(e) Total
	a Lobby	ing nontaxable amount					
		ing ceiling amount of line 2a, column (e))					· · · · · · · · · · · · · · · · · · ·
	c Total lo	obbying expenditures					
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
	f Grassr	oots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

	(election under section 501(h)).	filed	Forn	1 5768		
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)		
	aption of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			7.6.		
a b	Volunteers?		1		. 43 mg 3 0 g 4	
С	Media advertisements?		1	J. C	11 2	وب بحد
d	Mailings to members, legislators, or the public?	-	1	<u> </u>		
e f	Publications, or published or broadcast statements?	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	`	
g	Grants to other organizations for lobbying purposes?	1	\ <u>\</u>	 		14,18
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_	1	 		14, 10
i	Other activities?	1			;	39,50
j	Total. Add lines 1c through 1	da i	,			53,68
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1	.,	\$, 7 to	
b	If "Yes," enter the amount of any tax incurred under section 4912		1			
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1,17.7	1	(12) pr 18	£ 2 4	`~ E
Part		c)(5),	or se			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1_1_		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Petat	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(<u> </u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	OR (b)	Par	t III-A,	line :	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a	<u> </u>		
b	Carryover from last year		2b			
C	Total		2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion continuous continuous and the amount on line 3.	 f tha	3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble and political expenditure next year?	oying	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Teti						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Pa	t II-A, I	nes 1	and
	·					
		•••••				

Schedule C (Form	990 or 990-EZ) 2017	Page 4
Caraty	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

OMB No 1545-0047

Communities Unlimited, Inc. 71-0464321 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (h) Funds and other accounts Total number at end of year . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 海平 Held at the End of the Tax Year Total number of conservation easements . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partilla Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2017

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

	Organizations Maintaining	Collections of	Art, His	storical 1	Treasures	s, or Ot	her Similar /	Assets (continu	ued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her reco	ords, chec	ck any of ti	ne follow	ving that are a	significant use	of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ae proar	rams		
b	Scholarly research								
С	Preservation for future generation	s							
4	Provide a description of the organiza		and expl	ain how t	hev further	the ora	anization's ex	empt purpose ir	n Part
	XIII.					1110 019	armzanori o ox	op. pa.pooo	
5	During the year, did the organization	solicit or receive	donatio	ne of art	historical t	reactire	or other sim	nilar	
Ū	assets to be sold to raise funds rathe								¬ N.o
Par				part of th	- Granizar			res	1140
S. France	Complete if the organization 990, Part X, line 21.	_	" on Fo	rm 990, I	Part IV, lin	e 9, or	reported an a	amount on For	m
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	er interr	nediary fo	or contribu	tions or	other assets	not . ☐ Yes [v	
b	If "Yes," explain the arrangement in F								
-		art Am and compr		Jilowing t	apic.			Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
e									
f	Distributions during the year					1e			
	Ending balance					1f		[7] V [7 11-
2a	Did the organization include an amou								
b Deli	If "Yes," explain the arrangement in F	art XIII. Check here	e ir the e	xpianatio	n nas been	provide	o on Part XIII	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>
	Complete if the organization	a anguared "Vee"	on En	OOO I	Doub IV Ivo	- 10			
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years ba	ack (e) Four years	back
	Designation of the balance	(a) Current year	(0) [1	or year	(c) Two year	I'S DACK	(u) Three years or	ack (e) Four years	
1a	Beginning of year balance	<u> </u>							
b	Contributions		· · · · · · ·						
С	Net investment earnings, gains, and					1			
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and							i	
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current year en	d baland	e (line 1g	, column (a	a)) held a	is:		
а	Board designated or quasi-endowme	nt ▶	%	_	·				
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in th			zation tha	at are held	and adr	ninistered for	the	
	organization by:	•	Ŭ					Yes	No
	(i) unrelated organizations							. 3a(i)	
	· · ·							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related of							. 3b	_
4	Describe in Part XIII the intended uses							. [05]	
				70011101111111	arido.		 .		
EL SUL	Complete if the organization		on For	m 000 E	Part IV Inc	0112 5	Soe Form 900	Dart V line 1	10
									
	Description of property	(a) Cost or oth		1 ' '	r other basis ther)		ccumulated preciation	(d) Book value	3
		(IIIVCStille							
1a	Land			ļ	669,163	泛點的	TEMPORAL TO THE TEMPORAT TO T		<u> 9,163</u>
b	Buildings				1,658,967		558,824	1,10	00,143
С	Leasehold improvements	·		ļ <u>.</u>					
d	Equipment				198,627		198,627		0
<u>е</u>	Other	·				L			
Total	Add lines 1a through 1e. (Column (d) r.	nust equal Form 99	0. Part	X column	(R) line 10)c)		1 76	59.306

Partyll	Investments – Other Securiti Complete if the organization a		rm 000 Port IV lin	a 11h Saa Farr	n 000 Port V line 10
~	(a) Description of security or category		(b) Book value		ethod of valuation
	(including name of security)	gory	(b) Book value		d-of-year market value
(1) Financia	I derivatives				
(2) Closely-	held equity interests				
(3) Other Ce	ertificates of Deposit/Money Market Ac	count	1,469,366	Cost	
(A)					
(B)					
(C)					
(D)					
(E)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************			
(F)					
(G)	~~~~~~	*			
(H)	***************************************				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12)			加速起源是於	
Parkym	Investments—Program Relat				
	Complete if the organization ar	nswered "Yes" on For	m 990, Part IV, lin	e 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation
				Cost or end	d-of-year market value
(1)					·
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					
(5)				····	
(6)					
(7)					
(8)					
Total /Column /	b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		加速或電影	
Partition	Other Assets.			[中的文章] · 文章] · 文章	《公司》 [1] [2] [3] [4] [5] [6] [6] [6] [6] [7] [6] [7] [6] [7] [7
ha rectanged	Complete if the organization ar	newered "Ves" on For	m 990 Part IV line	a 11d Soo Form	000 Part V Irao 15
	Complete if the organization at	(a) Description	in 990, raitiv, inte	e ilu See i oili	(b) Book value
(1)		(-)			(5) 5551 75155
(2)					
(3)				 	
(4)					
(5)			'		
(6)					
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(8)				· · · · · · · · · · · · · · · · · · ·	
(9)					
	mn (b) must equal Form 990, Part X,	col. (B) line 15)			
TETRAL	Other Liabilities.		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	Complete if the organization ar	swered "Yes" on Fori	m 990, Part IV, line	e 11e or 11f. Se	e Form 990, Part X,
	line 25.		•		
1.	(a) Description of liability	(b) Book value	TOWER STATES		
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (l	b) must equal Form 990, Part X, col (B) line 25.) 🕻	·			
2. Liability for	uncertain tax positions. In Part XIII. pro	wide the text of the footno	te to the organization	's financial stateme	ante 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

Par			er Return.	
	Complete if the organization answered "Yes" on Form 990, I		······································	
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:		The state of the s	_
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
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	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	. 5	
Cett				
Contract of the Contract of th	Complete if the organization answered "Yes" on Form 990, F			
1	Total expenses and losses per audited financial statements		11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	100 m	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
	Supplemental Information.		· 3	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4. Part IV lines 1h and	2h: Part V Jine 4: Part	X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			λ,ο
Partiv	2b Escrow funds held to pay insurance and taxes on homes financed			
		·····		
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		····		

Schedule D (Fo	orm 990) 2017	Page 5
POTO EXITE	Supplemental Information (continued)	
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the o	rganization		
	es Unlimited, Inc.	 	
Partin	General Information on Grants and Assistance	 	

ocher activitation						
 Does the organization maint the selection criteria used to 			unt of the grants o	r assistance, the (· · · · ·	grantees' eligibility fo	or the grant:
2 Describe in Part IV the organ	_		the use of grant fu	inds in the United	States.	
Grants and Other A 990, Part IV, line 21,	ssistance to Do	mestic Organiz	ations and Don	nestic Governn	nents. Complete if	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Desc noncash
(1) Widows Empowering Widows PO Box 1025, Dumas, AR 71639	47-5076019		7,583			
(2)						
(3)		·				·
(4)						
(5)						
(6)						
(7)						
(8)		 				
(9)						
(10)						
(11)						
(12)						
2 Enter total number of section 3 Enter total number of other of						

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

Cat No 50055P

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6	\\				
7					
Havy	Supplemental Information. Pro	vide the information re	equired in Part I, I	ne 2, Part III, columi	n (b); and any other ac
					·····
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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.

2017

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

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.

Communities Unlimited, Inc.	71-0464321
Part I line 1, Part III line 1, and Part III lines 4 a-d	
Communities Unlimited, Inc connects people and rural communities to solutions.	
We roll up our sleeves and work with people, combining their ingenuity with our technology, expertise	and capital to unwind generations
of inequity and ensure healthy water, healthy food, healthy businesses, healthy communities and heal	thy lives.
Our Promise	
To partner with people working for a better life in their hometown and connect them to solutions for ac	hieving sustainable prosperity
Our Purpose	
Talent is distributed equally across the United States. Opportunity is not. Access to opportunities sho	uld not depend on where you
live, how much you have in the bank or what you look like.	
Our Approach	
We take a holistic approach to community development by combining human connection and ingenuit	y with technology, expertise
and capital to solve problems. We work with communities to sustain healthy businesses, healthy com	munities and healthy lives.
Our Place	
We serve communities in Alabama, Arkansas, Louisiana, Mississippi, Oklahoma, Tennessee and Texa	s. This service area includes
significant minority populations (African American, Native American and Latino) and 45% of our nation	ns' persistent poverty counties,
where people want to break through generations of inequity and disinvestment resulting from more th	an 3 decades of poverty. This
area also includes 6 of the 11 states where current food insecurity is above the U.S. average. And, this	s area is home to rural
innovators, small town entrepreneurs and people with a history of working hard sunrise to sunset to p	rovide for their families.
Our Organization	
We are a 501(c)3 nonprofit corporation founded in 1976, with staff in seven states and over \$15M in as	sets. Communities Unlimited, Inc. (CU)
was certified by the U.S. Department of Treasury as a Community Development Financial Institution (C	DFI) in 2001. As a CDFI,
Communities Unlimited expands economic opportunity for small business owners and communities b	y providing access to capital
when traditional options do not meet the need.	

management system staff memebers.

Schedule O (Form 990 or 990-EZ) (2017) Page 2 **Employer identification number** Name of the organization 71-0464321 Communities Unlimited, Inc. Communities Unlimited works collaboratively to build partnerships that support our work to maximize the benefits to our clients. We are a founding partner of two national collaboratives, the Rural Community Assistance Partnership (RCAP) founded in the 1970s and WealthWorks launched in 2011. RCAP is the oldest national nonprofit serving the nation's small communities with environmental services that support access to safe clean drinking water and other critical cornerstones of healthy communities. As one of six regional RCAP partners, we work in over 500 rural communities each year, impacting the lives of more than 1.5 million people and leveraging millions of dollars in funding for essential community facilities and infrastructure. Through WealthWorks we provide solutions that include a 21st century approach to economic development that builds from local strengths, connects to regional markets, and creates wealth that stays local. Environmental Communities Unlimited Environmental Services works with community environmental management systems including drinking water systems, wastewater systems, and solid waste management systems through on-site technical assistance and training, publications, and financing. With a current staff of over 30 highly trained professional technical assistance providers, Communities Unlimited Environmental Services supports efforts to provide access to safe drinking water for everyone and environmentally-responsible waste disposal within an ever-changing regulatory environment in the communities that are provided technical assistance. As a regional partern of the national Rural Community Assistance Partnership (RCAP), Communities Unlimited serves as the Southern RCAP partner in providing environmental technical assistance and training throughout our seven-state region of Alabama, Mississippi, Tennessee, Arkansas, Louisiana, Texas, and Oklahoma. Additionally, Communities Unlimited Environmental Services supports other RCAP regional partners in other regions of the country with access to our CDFI community environmental lending. During fiscal year 2018, Communities Unlimited Environmental Services provided onesite assistance to 568 small communities and rural environmental systems serving more than 418,900 households and businesses. CU's environmental staff leveraged over \$62 million in construction financing to improve community water and wastewater systems in 48 communities serving more than 35,400 households. This leveraged funding facilitated the connection of 2,594 households which previously lacked access to safe drinking water and/or sanitarty waste disposal. Communities Unlimited Environmental Services staff completed 52 formal training workshops attended by 698 community officals, board members, certified operators, and other environmental

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

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

Employer Identification number

Communities Unlimited, Inc.	71-0464321							
Entrepreneurship								
In fiscal year 2018, CU's entrepreneurship team connected small businesses to solutions by providing	intensive management							
consulting and training services to businesses in ideation, startup, growth, and transition stages. Our								
	growth issues related to how a small business is managed, recommend corrective management consulting services, and provided							
these services one-on-one with the business. CU's entrepreneurship team provided an average of 30 h	nours of intensive management							
consulting services to 95 small business owners in targeted areas of Arkansas, Mississippi, Tennesse	e, and Texas. We also facilitated							
15 workshops for 152 entrepreneurs.								
Over 92% of CU's small businesses were microbusinesses creating 0 to 4 jobs Seventy-two percent o	f CU's businesses were in the							
startup and growth stages that received mnagement consulting services to improve their financial trac								
various types of planning services.								
Microbusinesses are the largest employers in the U.S. according to the Small Business Administration	s's (SBA) Small Business Facts							
published August 2017. In 2016, there were 3.8 million microbusiness employers across the U.S. that r	nade up 74.8% of all U.S.							
employers. The SBA defines microbusinesses as small businesses with 1 to 9 employees. These micro								
of private sector jobs. Non-employer microbusinesses created another 24 million jobs for their owners								
The Association for Enterprise Opportunity (AEO) defines microbusinesses as those with 0 to 4 jobs.								
41 jobs and sustained another 312 jobs. The small businesses we served were 67% minority owners (4								
55% rural and 51% female in various industries that includes retail, food, transportation, manufacturing								
According to data from the AEO's Tapestry of Black Business Ownership, business ownership narrow								
minority and women business owners. CU's entrepreneurship and lending services jointly address the								
helping them problem-solve growth issues; strengthen their business and management skills; and obt								
Over the past 20 years, CU has provided consulting to over 3,425 small businesses and provided traini								
entrepreneurs resulting in the creation of over 6,521 jobs while sustaining another 6,792 jobs.	34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							
<u> </u>	,							

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer Identification number
Communities Unlimited, Inc.	71-0464321
Community Sustainability	
In FY 2018, CU partnered with 11 rural communities to work toward more vibrant, sustainable econom	ies by leveraging local assets
for long-term growth. Residents drive the process; creating the plans, filling the gaps and connecting	to existing resources to
activate the community's power for change. Communities Unlimited staff facilitates this process and	assists with infrastructure
management and improvement, community facility development, small business development and according to the community facility development and according to the community facility development, small business development and according to the community facility development, small business development and according to the community facility development.	cess to financing.
One of the goals of CU's staff is to build a diverse leadership team who are open minded and motivate	ed to initiate change. We
provide training to develop skills that will enable residents to be problem solvers. As a regional hub v	ve provide WealthWorks
training and value chain facilitation Assets are recognized through the engagement of community lea	aders and utilized to build
a strategy for economic growth. This strategy directs the long term execution of work by CU staff side	e by side within the community.
By deploying our E.D.G.E Capacity Building process - which involves Enlightening (training), Deliveri	ng (technical assistance),
Guiding (as community conducts tasks), and Empowering (monitoring the community's continued suc	ccess in their execution of tasks) -
we purposefully and intentionally go into every community that we work in with an exit strategy. We r	ealize that the true benefit of our
outputs and efforts is about building or strengthening the capacity of local governments and non-prol	its, so that when we do complete
our project, we are no longer needed to ensure that community facilities, local housing, and/or commu	unity and economic
development will continue to be sustainable long after we are gone.	
CU leverages each of its programs and identifies partners to bring the resources needed for implemen	ntation of the strategies to
create lasting change. In addition, our entrepreneurship team is involved during the process, bringing	one on one consultation
to local business people, to increase profitability and provide jobs in these communities.	
We believe that by partnering with communities to address challenges, and by providing needed resor	urces, we can work together
to create healthy businesses, healthy communities and healthy lives.	
We help communities:	
Evaluate ordinances and policies that are friendly to small businesses	
Increase the number of local businesses	
Support growth of existing local businesses	
Deliver resources	
Provide access to financing	

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

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

Employer identification number

Communities Unlimited, Inc.	71-0464321
The way we do this:	
Collaborate with local leadership to provide an assessment of your community's economic opportunity	nities
Environmental Technical Assistance Resources	
Small Business Management Consultation	
Community Facilities Resources	
Home improvement lending	
	•
Healthy Foods	
Our current work as the value chain coordinator for the USDA Food LINC initiative leverages WealthWo	orks tools to expand a
regional food system for the benefit of people living in food deserts in Memphis (TN) and Black farmer	s and surrounding
Mississippi River Delta communities in Tennessee, Mississippi and Arkansas. Communities Unlimited	, Inc. is 1 of 13 value chain
coordinators for the USDA initiative Food LINC, which stands for Leveraging Investment for Network C	oordination. Communities
Unlimited coordinates the Mid-South Food LINC Value Chain in Memphis and Mississippi River Delta a	rea.
The fact that the number of people in our nation that live in poverty is the same as the number that fac-	e hunger and food insecurity is
no coincidence. We also know that access to healthy foods is not a luxury. Healthy food is critical for	physical health; and, health
is inextricably correlated with economic and educational success. Communities Unlimited's focus on	healthy foods is driven by
our on-the-ground experience in communities facing the loss of grocery stores and agricultural entrep	oreneurs with generations of
farming experience and knowledge struggling to sustain a livelihood. Our work leverages local assets	to strengthen regional food
systems by building connections between small-scale growers, consumers living in food deserts, and	institutional buyers. When
connected symbiotically, the system supports sustainable access to healthy foods and healthy food-re	elated businesses.
·	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
Coommunities Unlimited, Inc.	71-0464321
Lending	
In 1992, CU started making loans to water and wastewater systems in rural areas to ensure that residents I	nad access to clean,
healthy drinking water and safe wastewater treatment systems. In 2001 CU was certified as a Community	Development Financial
Institution (CDFI). CU has loaned more than \$40 million to 478 water and wastewater systems. Loans are	used for improvement
projects, pre-development financing, purchase of equipment and emergency financing needs.	···
in 2018, CU loaned \$4,711,793 to 23 water and wastewater systems. Loans included a small loan used to re	epair a water line so a bridge
could reopen in a small rural community, a loan for new meters that eliminated water losses for another sy	stem and a larger loan that
was used to help a rural community address problems after Hurricane Harvey.	
In 2002, CU also began making small home improvement loans in the Colonias of Texas. Loans start at \$2	500 with subsequent
	•
loans up to \$3,500. Funds are used for basic home repairs and improvements with many individuals using	these small loans to
completely remodel and expand their houses. Since launching this loan product, CU has loaned \$5 million	to 1,776 borrowers.
Small business lending was added in 2010 as small businesses were struggling to recover from the 2008 r	ecession and bank lending
tightened. Again, CU filling a gap in financing with loans up to \$50,000 and is today making loans up to \$1	00,000 as the financing gap
for small businesses continues to grow. To date, CU has loaned \$1,304,666 to 73 small businesses includi	ng 57% to African
American owned businesses and 52% to women-owned businesses.	
	inancina Other uses
Small business loans can be used for working capital, which is one of the biggest gaps in small business f	
include purchase or repair of equipment and real estate purchase or improvements. CU offers a variety of	small business toan
products that are designed to grow as the business grows.	
in 2018, CU loaned \$331,626 to 15 small businesses. 87% were minority owned and 67% were women own	ed businesses. Loans were
used to start 6 new businesses and to help 8 existing businesses grow. An entrepreneur who started his b	usiness in 2013 was able to
triple his sales in 2018 because of the financing he received.	
·	

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

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

Employer identification number

Communities Unlimited, Inc.	71-0464321
Part VI Section B 11a a copy of the 990 was provided to all board members. The return was reviewed	by the CFO with the Board
Members at the 3/13/2018 meeting.	
Part VI Section B 12v Upon hire all employees are required to review the policy and sign a conflict of	interest policy form. Annually,
all employees and board memebers are required to review the policy and sign a conflict of interest policy	cy form.
Par VI Section B 15b The Board of Directors review the CEO salary and makes recommendations for	revisions. For all other staff
salaries, comparable data is obtained from a third party consulting agency. The consultant meets with	top management to review the
information and make necessary adjustments.	
Part VI Section C 19 Upon written request, documents are available for review at our corporate office	s or we will copy and mail
any requested documents.	
Par XI 9 Rounding	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Fayetteville, AR 72703

(2)

(6)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Affordable Housing

Employer identification r

71-0464321

(f) Direct controlling entity

0 Communities Und

OMB No 1545-0047

Communities Unlimited, Inc.

(1)CRG Realty 3 East Colt Square Drive

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) EIN (if applicable) of disregarded entity

(3)									
(4)									
(5)									
(6)			<u> </u>						
PartII	Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations du	ations. Co	omplete if that ax year	e organization a	nswered "Yes" or	Form 990, Part I	V, line 34, becau	ıse ıt h	ad
	(a) Name, address, and EIN of related organization	ľ ľ			(d) Exempt Code section	í	(f) Direct controlling entity	Section 5 conti ent	3) 112(b)(13) colled
(1) Alt Con	sulting 3 E Coft Square Drive, Fayetteville, AR 72703	Small husu	ness develop		501 c 3	. ,	Communities Und	Yes	No
(2)		Sittle Ousi	ileas develo		30100		Communica ove		
(3)									
(4)									
(5)									

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

Cat No 50135Y

(c) Legal domicile (state or foreign country)

																			g
Part III	Identification of because it had on	Related Organia	zations d orgai	Taxable	e as a	Partners	ship. C	Complete if	the	organiza tax year	ation ans	were	d "Y	es" c	n Form 990), Part I	V, lın	e 34,	
	(a) , address and EIN of ated organization	(b) Primary activit		(c) Legal domicile (state or foreign country)		(d) ct controlling entity	Pre- incor ui exci	(e) edominant me (related, nrelated, luded from ax under ns 512 – 514)	Sha	(f) tre of total ncome	(g) Share of e year as		Disprop	h) orkonale rkons?	(i) .Code V – UE amount in box of Schedule I (Form 1065	: 20 ma (-1 pa	(i) neral or naging irtner?	Perc	(k) entage ership
(1)					┼								Yes	No		Ye	s No	1	
					ļ. <u>.</u> .				ļ									1_	
. (2)									Ì										
(3)								•				`			-				
(4)					İ													-	
(5)									-					-			 	1	
(6)				<u> </u>		_							-					-	
_(7)											i i							1	
Part IV	Identification of l	Related Organia	zations	Taxable	as a	Corpora	tion o	r Trust. Co	omp	lete if the	e organi	zatior	ans	were	d "Yes" on	Form 9	90, F	art IV	/,
Nam	(a) e, address, and EIN of relate			(b) Imary activity		(c) Legal don (state or foreig	nicīle	(d) Direct control entity		Type (e) of entity corp, or trust)	Share	(f) of tota come		(g) Share of I-of-year assets	(h) Percenta ownersi		(i) ection 51 contro entri	lled
																		/es	No
(1) CU Vei AR 72703	ntures 3 East Colt Squa 20-4598735			ss consult	ına	AR		Communiti	es IP	C			100	, l	100%	10	0%		
											•								
(3)																			
(4)																			
(5)			-											1					_
(6)				••															
(7)						 		 		 				+		-	-		

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Schedul	e R (Form 990) 2017					ŧ	Page 3
Par	Transactions With Related Organizations. Complete if the organization answ	ered "Yes" on Forn	n 990, Part IV, line 3	4, 35b, or 36			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	•				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	nizations listed in Part	s II-IV?	-233	· 漢	数线
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•	•		1a		1
b	Gift, grant, or capital contribution to related organization(s)		•		1b		1
С	Gift, grant, or capital contribution from related organization(s)				1c		1
d	Loans or loan guarantees to or for related organization(s) .				1d		✓
е	Loans or loan guarantees by related organization(s)				1e		V
					1	銀體	私选
f	Dividends from related organization(s)				1f		1
g	Sale of assets to related organization(s)		•		1g		\
h	Purchase of assets from related organization(s)				1h		/
i	Exchange of assets with related organization(s)				11		7
1	Lease of facilities, equipment, or other assets to related organization(s)				11		1
-					100	1	
k	Lease of facilities, equipment, or other assets from related organization(s)		•		1k		1
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		1
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		1
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			•	1n		7
0	Sharing of paid employees with related organization(s)	•			10		1
					12154	4	Q.25
р	Reimbursement paid to related organization(s) for expenses				1p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V
a	Reimbursement paid by related organization(s) for expenses				1q		1
٦,	, , , , , , , , , , , , , , , , , , ,				382	亞翼	整型
r	Other transfer of cash or property to related organization(s)				1r	,	1
s	Other transfer of cash or property from related organization(s)				1s		7
2	If the answer to any of the above is "Yes," see the instructions for information on who must of	omplete this line, Incl	uding covered relation	ships and transa	ction thr	eshol	ds
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method of determ	ining amou	nt invo	lved
		type (a – s)					
(1)							
(2)							
(3)							
(4)					-		
(5)							
(6)		l		1			

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded			(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)												_	
(4)						· ·						-	
(5)								1					
(6)						-		 	\vdash				
(7)						· · · · · · · · · · · · · · · · · · ·		-					
(8)								+-		· · · · · · · · · · · · · · · · · · ·			
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(15)						~		 					
(16)								 			\vdash	-	

acheodie H (F	drii 990) 2017	Page 3
PartVII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
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