Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

EVANSVILLE CHRISTIAN LIFE CENTER, INC. **31-1191608**

Net Asset / Fund Balance at Beginning of Year				**2,254,691**
Revenue				
Contributions		**1,343,903**		
Program service revenue		**36,189**		
Investment income		**22,994**		
Capital gain / loss		**-3,604**		
Fundraising / Gaming:				
Gross revenue	**7,695**			
Direct expenses				
Net income		**7,695**		
Other income		**0**		
Total revenue			**1,407,177**	
Expenses				
Program services		**1,071,196**		
Management and general		**298,712**		
Fundraising		**66,785**		
Total expenses			**1,436,693**	
Excess / (deficit)				**-29,516**
Changes				
Net Asset / Fund Balance at End of Year				**2,225,175**

Reconciliation of Revenue

Total revenue per financial statements	**1,407,177**
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	**1,407,177**

Reconciliation of Expenses

Total expenses per financial statements	**1,436,693**
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	**1,436,693**

Balance Sheet

	Beginning	Ending	Differences
Assets	**2,355,098**	**2,291,511**	
Liabilities	**100,407**	**66,336**	
Net assets	**2,254,691**	**2,225,175**	**-29,516**

Miscellaneous Information

Amended return	
Return / extended due date	**05/15/26**
Failure to file penalty	

Weinzapfel & Co LLC
1301 Mortensen Ln
Evansville, IN 47715
812-474-1015

May 14, 2026

CONFIDENTIAL

Evansville Christian Life Center,
Inc.
509 S Kentucky Avenue
Evansville, IN 47714

Dear Katie:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 6/30/25 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Weinzapfel & Co LLC
1301 Mortensen Ln
Evansville, IN 47715

Important: **Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

Please keep us informed as to all correspondence you receive from any taxing authorities in order that we can discuss with you any potential tax considerations. As there may be deadlines associated with such correspondence, you should provide copies to us immediately upon your receipt.

Weinzapfel & Co., LLC has completed all services as described in our engagement letter for your 2023 returns, the Terms and Conditions Addendum and any other incorporated attachments (collectively the "Engagement Agreement") and consider this engagement closed as of the date of this transmittal letter. We have provided you the services and deliverables described in the Engagement Agreement and have no obligation to update or revise our services or deliverables to reflect regulatory, legislative, administrative, or judicial actions, changes, events or transactions occurring subsequent to the date of this transmittal.

The deliverables, and any advice, recommendations or information included in the deliverables, were prepared for your sole benefit based upon specific facts and circumstances, and may only be used for the objectives noted in the Engagement Agreement. The deliverables, and any advice, recommendations or information included in the deliverables, are not to be distributed to third parties, in whole or in part, or used for any other purpose. You agree to indemnify and hold us harmless with respect to any and all claims arising from the use of the deliverables, advice, recommendations or information for any other purpose.

We appreciate your business and the opportunity to have rendered the services described in our Engagement Agreement. If you have any questions, or if we can be of assistance to you in the future, please do not hesitate to contact us.

Sincerely,

Weinzapfel & Co LLC

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 20 25

Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Name of filer: **EVANSVILLE CHRISTIAN LIFE CENTER, INC.**

EIN or SSN: **31-1191608**

Name and title of officer or person subject to tax: **KATIE MERRICK GRUNOW**
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a **Form 990** check here	X	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	1,407,177
2a **Form 990-EZ** check here		**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a **Form 1120-POL** check here		**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a **Form 990-PF** check here		**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a **Form 8868** check here		**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a **Form 990-T** check here		**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a **Form 4720** check here		**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a **Form 5227** check here		**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a **Form 5330** check here		**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a **Form 8038-CP** check here		**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize **WEINZAPFEL & CO LLC** to enter my PIN **91608** as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: Katie Grunow 05-14-2026 05:16:49 PM Date: 05-14-2026 **05/14/26**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35556840125
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: **LEIGH ANN WEINZAPFEL, CPA** Date: **05/14/26**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24 , and ending 06/30/25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: EVANSVILLE CHRISTIAN LIFE CENTER, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 509 S KENTUCKY AVENUE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: EVANSVILLE IN 47714

D Employer identification number: 31-1191608

E Telephone number: 812-423-9222

G Gross receipts$ 1,410,781

F Name and address of principal officer: ASHLEY GREEN

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.RESTORINGPEOPLE.COM

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1986

M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	21
6	Total number of volunteers (estimate if necessary)	6	360
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,436,602	1,343,903
9	Program service revenue (Part VIII, line 2g)	52,559	36,189
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,131	19,390
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,206	7,695
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,505,498	1,407,177
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	637,621	603,857
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 66,785		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	835,977	832,836
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,473,598	1,436,693
19	Revenue less expenses. Subtract line 18 from line 12	31,900	-29,516

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,355,098	2,291,511
21	Total liabilities (Part X, line 26)	100,407	66,336
22	Net assets or fund balances. Subtract line 21 from line 20	2,254,691	2,225,175

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

KATIE MERRICK GRUNOW EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LEIGH ANN WEINZAPFEL, CPA	LEIGH ANN WEINZAPFEL, CPA	05/14/26		P00291469

Firm's name: WEINZAPFEL & CO LLC — Firm's EIN: 35-2152081

Firm's address: 1301 MORTENSEN LN EVANSVILLE, IN 47715 — Phone no. 812-474-1015

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2024)

DAA

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III X

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? ..... ☐ Yes ☒ No

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? ..... ☐ Yes ☒ No

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 $ 1,071,196 including grants of $) (Revenue $ 36,189)

THE ORGANIZATION CARRIES OUT ITS MISSION BY OFFERING EDUCATION IN LIFE SKILLS, PARENTING SKILLS, AND ABSTINENCE. THE ORGANIZATION ALSO OFFERS POVERTY AWARENESS RESOURCES, 12-STEP ADDICTION RECOVERY RESOURCES, A HEALTH CLINIC, A FOOD CO-OP, AND A CLOTHING DEPARTMENT FOR THOSE IN NEED.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 1,071,196

Part IV Checklist of Required Schedules

			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**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		X
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	**6**		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		X
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**		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	**10**		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	**11a**	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		X
c	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**		X
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**		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	X	
f	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*	**11f**		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	**12b**		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		X
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**		X
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**		X
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**		X
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**		X
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**	X	
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**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	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**		X

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		X
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**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		X
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**		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	**29**	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		X
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*	**34**		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O.	**38**	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	**1a**	9		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			X

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	**21**		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		X
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 (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		**13a**		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		**16**		X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		**17**		
	If "Yes," complete Form 6069.				

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

EVANSVILLE CHRISTIAN LIFE CENTER, 509 S. KENTUCKY AVENUE EVANSVILLE IN 47714 812-423-9222

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) **SUSAN BRUMLEY**	1.00									
BOARD MEMBER	0.00	X						0	0	0
(2) **JULIE DINGMAN**	1.00									
FORMER PRESIDENT	0.00	X		X				0	0	0
(3) **AUSTIN GRABER**	1.00									
BOARD TREASURER	0.00	X		X				0	0	0
(4) **ASHLEY GREEN**	1.00									
BOARD PRESIDENT	0.00	X		X				0	0	0
(5) **BRIAN HANCOCK**	1.00									
BOARD MEMBER	0.00	X						0	0	0
(6) **KYLE KEMPF**	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) **JOE MANZO**	1.00									
BOARD MEMBER	0.00	X						0	0	0
(8) **GREGG MAURER**	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) **TODD MAURER**	1.00									
BOARD SECRETARY	0.00	X		X				0	0	0
(10) **NIKKI MOORE**	1.00									
BOARD MEMBER	0.00	X						0	0	0
(11) **JILL SCHOLL**	1.00									
BOARD MEMBER	0.00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JODY SMITH										
(12)	1.00									
BOARD VICE PRESIDENT	0.00	X		X				0	0	0
(13) TERRY WHEELER										
(13)	1.00									
BOARD MEMBER	0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b **Subtotal**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **0**

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	35,123				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,308,780				
	g Noncash contributions included in lines 1a-1f	1g	$ 326,299				
	h **Total.** Add lines 1a–1f			1,343,903			
Program Service Revenue		Business Code					
	2a CLOTHING DEPARTMENT			17,860	17,860		
	b MEDICAL CARE SERVICES			12,811	12,811		
	c FOOD CO-OP			5,518	5,518		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			36,189			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			22,994			22,994
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a						
	b Less: cost or other basis and sales exps. 7b		3,604				
	c Gain or (loss) 7c		-3,604				
	d Net gain or (loss)			-3,604	-3,604		
	8a Gross income from fundraising events (not including $ 35,123 of contributions reported on line 1c). See Part IV, line 18	8a	7,695				
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events			7,695			7,695
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			1,407,177	32,585	0	30,689

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	106,127	3,151	51,848	51,128
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	455,440	455,440		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	42,290	41,569	1	720
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	28,500		28,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	3,023	1,942	1,081	
12 Advertising and promotion	38,394	718	37,676	
13 Office expenses	1,646		1,646	
14 Information technology	10,616	5,785	4,831	
15 Royalties				
16 Occupancy	99,122	67,707	31,415	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,665	90	14,575	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	158,054	81,573	76,481	
23 Insurance	64,772	29,113	35,659	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD COOP	198,097	198,097		
b CLOTHING	112,373	112,373		
c ABSTINENCE PROGRAM	34,253	34,253		
d MISCELLANEOUS	18,343	5,106	13,237	
e All other expenses	50,978	34,279	1,762	14,937
25 **Total functional expenses.** Add lines 1 through 24e	1,436,693	1,071,196	298,712	66,785
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		620,644	1	589,659
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,330	9	6,549
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,921,658			
	b	Less: accumulated depreciation	10b 2,228,693	1,721,866	10c	1,692,965
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		6,258	15	2,338
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,355,098	16	2,291,511
Liabilities	17	Accounts payable and accrued expenses		50,970	17	13,818
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		49,437	25	52,518
	26	**Total liabilities.** Add lines 17 through 25		100,407	26	66,336
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		2,117,712	27	2,002,628
	28	Net assets with donor restrictions		136,979	28	222,547
		Organizations that do not follow FASB ASC 958, check her ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,254,691	32	2,225,175
	33	Total liabilities and net assets/fund balances		2,355,098	33	2,291,511

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,407,177
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,436,693
3	Revenue less expenses. Subtract line 2 from line 1	3	-29,516
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,254,691
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,225,175

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
EVANSVILLE CHRISTIAN LIFE CENTER, INC.	31-1191608

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 **15** %

16a **33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,616,549	1,515,688	1,454,666	1,436,602	1,343,903	7,367,408
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	30,112	38,191	57,153	52,559	36,189	214,204
3 Gross receipts from activities that are not an unrelated trade or business under section 513	5,886	7,570	8,437	7,206	7,695	36,794
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 furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	1,652,547	1,561,449	1,520,256	1,496,367	1,387,787	7,618,406
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 persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						7,618,406

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	1,652,547	1,561,449	1,520,256	1,496,367	1,387,787	7,618,406
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,201	-5,165	17,090	30,376	22,994	73,496
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,201	-5,165	17,090	30,376	22,994	73,496
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	1,660,748	1,556,284	1,537,346	1,526,743	1,410,781	7,691,902

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.04 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	99.30 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	1 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	1 %

19a **33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests — 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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		
b	Did one or more disqualified persons (as defined on 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 on 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 line 10b below.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported 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		

Section 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).*	1		

Section D. All Type III Supporting Organizations

			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).*	2		
3	By reason of the relationship described on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

- a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- 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 governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, 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		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	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? *If "Yes" or "No," provide details in* ***Part VI.***	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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):			
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**)*:			
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 0.015 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 0.035.	**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**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D – Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	**5**	
6	Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7	**Total annual distributions.** Add lines 1 through 6.	**7**	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2024 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E – Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

Part VI **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.)

Schedule B (Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization
EVANSVILLE CHRISTIAN LIFE CENTER, INC.

Employer identification number
31-1191608

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ . . . . . .

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
EVANSVILLE CHRISTIAN LIFE CENTER,

Employer identification number
31-1191608

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CECIL A & MABEL LENE HAMMAN FOUNDATION 2709 WASHINGTON AVENUE SUITE18 EVANSVILLE IN 47714	$ 37,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	EVANSVILLE ENDOWMENT FUND 20 NW THIRD ST SUITE 820 EVANSVILLE IN 47708	$ 35,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	HOLIDAY MANAGEMENT FOUNDATION 1202 W BUENA VISTA ROAD EVANSVILLE IN 47710	$ 25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	KOCH FOUNDATION 14 S 11TH AVENUE EVANSVILLE IN 47712	$ 29,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	OLD NATIONAL BANCORP FOUNDATION ONE MAIN STREET EVANSVILLE IN 47708	$ 17,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	UNITED WAY OF SW INDIANA PO BOX 18 EVANSVILLE IN 47701	$ 100,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
EVANSVILLE CHRISTIAN LIFE CENTER,

Employer identification number
31-1191608

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WELBORN FOUNDATION INC. 21 SE THIRD STREET SUITE 610 EVANSVILLE IN 47708	$ 74,850	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	WESTERN GREEN 4609 E BOONVILLE NEW HARMONY ROAD EVANSVILLE IN 47725	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	MICHAEL MARKLE-HULL 1045 OAK TRACE EVANSVILLE IN 47725	$ 21,790	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	ALAN & SHARON BRAUN FAMILY FOUNDATION 4018 FAIRFAX ROAD EVANSVILLE IN 47710	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	JERRY KEY 7399 PLEASANT RIDGE DRIVE NEWBURGH IN 47630	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	CURTIS SHINABARGER 9130 HILLVIEW DR EVANSVILLE IN 47720	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
EVANSVILLE CHRISTIAN LIFE CENTER,

Employer identification number
31-1191608

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	E. LYNN JOHNSON 9010 OLD ORCHARD GRN EVANSVILLE IN 47720	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	J. P. ENGELBRECHT 820 YORK RD EVANSVILLE IN 47715	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	DWIGHT SILVERA 6400 JENWOOD CT NEWBURGH IN 47630	$ 5,043	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	COMMUNITY FOUNDATION ALLIANCE, INC. 20 NW 3RD STREET, SUITE 820 EVANSVILLE IN 47708	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	JIM KECK 1317 SE SECOND ST EVANSVILLE IN 47713	$ 20,917	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	GINNY COOK 2334 BAYARD PARK DR EVANSVILLE IN 47714	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
EVANSVILLE CHRISTIAN LIFE CENTER,

Employer identification number
31-1191608

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	DEBRA FISHER 9683 CEDAR HILL CT EVANSVILLE IN 47710	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	CALVIN V. JOHNSON 23 MISTY CT LEBANON TN 37090	$ 7,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	SOUTHWESTERN INDIANA ORAL HEALTH FOUNDATION PO BOX 416 NEWBURGH IN 47629	$ 8,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	HARVEY SEAMAN III 875 S RED BANK RD EVANSVILLE IN 47712	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	DEBBIE GABE 5101 KLEITZ RD EVANSVILLE IN 47720	$ 20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	CENTERPOINT ENERGY FOUNDATION 1111 LOUISIANA ST HOUSTON TX 77002	$ 51,038	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
EVANSVILLE CHRISTIAN LIFE CENTER,

Employer identification number
31-1191608

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CITY OF EVANSVILLE 1 NW MARTIN L KING JR BLVD ROOM 300 EVANSVILLE IN 47708	$ 43,398	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	C MARK HUBBARD 1059 LAKEFIELD DR NEWBURGH IN 47630	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	LENSING BUILDING SPECIALTIES PO BOX 965 EVANSVILLE IN 47706	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	NATIONAL CHRISTIAN FOUNDATION INDIAN 9953 CROSSPOINT BLVD STE 200 INDIANAPOLIS IN 46256	$ 5,100	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	NEUHOFF AUTO SALES INC. 1800 N BURKHARDT RD EVANSVILLE IN 47715	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	JESSICA L RYAN 6919 STEEPLECHASE DR EVANSVILLE IN 47720	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization
EVANSVILLE CHRISTIAN LIFE CENTER,

Employer identification number
31-1191608

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ANTHONY STEPHENS 222 E WITHERSPOON ST UNIT 1401 LOUISVILLE KY 40202	$ 9,856	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
EVANSVILLE CHRISTIAN LIFE CENTER, INC.

Employer identification number
31-1191608

Part I 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	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 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.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year $

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange program
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ____ %
- **b** Permanent endowment ____ %
- **c** Term endowment ____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	**3a(i)**		
(ii) Related organizations?	**3a(ii)**		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		**3,681,613**	**2,032,449**	**1,649,164**
c Leasehold improvements				
d Equipment		**240,045**	**196,244**	**43,801**
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				**1,692,965**

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	50,180
(3) LEASE LIABILITY	2,338
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	52,518

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,407,177
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,407,177
4	Amounts included on Form 990, Part VIII, line 12, 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			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	1,407,177

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,436,693
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,436,693
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			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	1,436,693

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **EVANSVILLE CHRISTIAN LIFE CENTER, INC.**

Employer identification number **31-1191608**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fund-raiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF SCRAMBLE (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	42,818			42,818
	2 Less: Contributions	35,123			35,123
	3 Gross income (line 1 minus line 2)	7,695			7,695
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				7,695

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

EVANSVILLE CHRISTIAN LIFE CENTER,

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open To Public Inspection

Name of the organization

INC.

Employer identification number

31-1191608

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		113,257	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory	X	1	192,199	FAIR MARKET VALUE
20	Drugs and medical supplies	X	1	2,930	FAIR MARKET VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (SUPPLIES)	X	3	17,913	FAIR MARKET VALUE
26	Other ( )				
27	Other ( )				
28	Other ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **EVANSVILLE CHRISTIAN LIFE CENTER, INC.**

Employer identification number **31-1191608**

FORM 990 - ORGANIZATION'S MISSION

EVANSVILLE CHRISTIAN LIFE CENTER IS DEDICATED TO THE RESTORATION OF PEOPLE. THE ORGANIZATION'S MISSION IS TO MAKE A LIFE CHANGING SPIRITUAL IMPACT THAT WILL RESTORE PEOPLE TO PRODUCTIVE AND INDEPENDENT LIVING THROUGH JESUS CHRIST. BY NETWORKING HUMAN AND FINANCIAL RESOURCES, THE GOAL IS TO EFFECTIVELY MEET THE EMOTIONAL, PHYSICAL, AND SPIRITUAL NEEDS OF FAMILIES AND INDIVIDUALS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

990 REVIEWED BY EXECUTIVE DIRECTOR, BOARD TREASURER, AND BOARD PRESIDENT PRIOR TO FILING. ALL BOARD MEMBERS ARE NOTIFIED THAT THE 990 IS AVAILABLE FOR REVIEW AT ANYTIME.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION FOR EXECUTIVE DIRECTOR DETERMINED ANNUALLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE TO PUBLIC UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.
Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return: **EVANSVILLE CHRISTIAN LIFE CENTER, INC.**

Identifying number: **31-1191608**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	158,048

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	158,048
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
3	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	10/26/94	183				183	39	MO	S/L	139	2
6	LIFE CENTER	5/01/88	244,792				244,792	40	MO	S/L	221,332	6,120
8	HEATING	9/10/87	1,800				1,800	5	MO	S/L	1,800	0
9	COMPRESSOR	4/01/89	972				972	5	MO	S/L	972	0
10	WIRECRAFTERS FENCING MATERIAl	5/01/89	818				818	7	MO	S/L	818	0
11	TRANE CONDENSER AND AIR HANDL	8/01/89	1,990				1,990	5	MO	S/L	1,990	0
12	SYMMONS TEMPTROL 5-200	9/01/89	802				802	5	MO	S/L	802	0
13	REWIRE LC	9/01/89	2,220				2,220	5	MO	S/L	2,220	0
16	FURNACE	7/01/90	29,975				29,975	31	MO	S/L	29,975	0
17	CARPETING-BLUE CHAPEL	1/31/92	862				862	7	MO	S/L	862	0
18	LIFE CENTER IMPROVEMENTS	7/31/92	1,468				1,468	31	MO	S/L	1,468	0
19	LIFE CENTER APARTMENT	8/31/92	825				825	31	MO	S/L	825	0
24	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	10/26/94	875				875	39	MO	S/L	666	11
26	KITCHEN CABINETS/NLH	1/25/95	1,500				1,500	7	MO	S/L	1,500	0
27	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	2/15/95	900				900	39	MO	S/L	679	11
28	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	2/28/95	400				400	39	MO	S/L	301	5
29	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	2/28/95	4,476				4,476	39	MO	S/L	3,367	57
31	19 REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	5/25/95	3,175				3,175	39	MO	S/L	2,368	40
34	OFFICE RENOVATIONS	10/16/96	1,028				1,028	39	MO	S/L	729	27
35	3 WINDOWS FOR NURSERY Sold/Scrapped: 12/31/24	12/01/97	1,625				1,625	39	MO	S/L	1,108	21
36	SECURITY MONITORING SYSTEM	2/01/98	1,552				1,552	5	MO	S/L	1,552	0
38	CAREER ROOM RENOVATION	5/01/98	4,801				4,801	39	MO	S/L	3,221	123
40	CARPET - CAREER CLOTHING RENOV	7/10/98	1,862				1,862	5	MO	S/L	1,862	0
41	CAREER CLOTHING LIGHTING	7/10/98	2,560				2,560	39	MO	S/L	1,707	65
42	CAREER CLOTHING RENOVATIONS	12/23/98	2,384				2,384	39	MO	S/L	1,559	61
43	INSTALL DROP CEILING	8/13/98	1,300				1,300	39	MO	S/L	864	33
45	TILE FLOOR-KITCHEN-Guest House	1/01/99	1,000				1,000	31	MO	S/L	823	32
46	Counseling Ctr/Staff Lounge Roof	3/26/99	3,637				3,637	15	MO	S/L	3,637	0
53	KITCHEN CABINETS(lp)	3/01/00	2,545				2,545	7	MO	S/L	2,545	0
55	REMODELED BATHROOM	3/10/01	16,865				16,865	39	MO	S/L	10,090	433
58	Tub/Shower	6/13/01	350				350	20	MO	S/L	350	0
59	Paint iron fence out front	6/13/01	3,556				3,556	5	MO	S/L	3,556	0
60	IMPERIAL RANGE	11/30/01	2,580				2,580	7	MO	S/L	2,580	0
61	Tile-2nd Floor Apt	6/30/02	1,000				1,000	7	MO	S/L	1,000	0
62	Plumbing Fixtures	9/20/01	250				250	20	MO	S/L	250	0
63	Plumbing Electrical Doors (AOC)	3/15/02	5,907				5,907	20	MO	S/L	5,907	0
64	Water Heaters	4/17/02	2,613				2,613	7	MO	S/L	2,613	0
66	Roof	1/01/02	280,000				280,000	20	MO	S/L	280,000	0
70	ROOF	8/01/02	145,000				145,000	20	MO	S/L	145,000	0
74	TILE FLOOR-KITCHEN	9/30/03	11,095				11,095	10	MO	S/L	11,095	0
79	CARPET	6/30/04	750				750	7	MO	S/L	750	0
80	SINK & FAUCET	6/30/04	250				250	7	MO	S/L	250	0
81	LIGHT FIXTURES	6/30/04	225				225	7	MO	S/L	225	0
83	CONVECTION OVEN	3/16/04	4,845				4,845	7	MO	S/L	4,845	0
86	STOVE - 30 STANDARD CLEAN	2/02/05	270				270	7	MO	S/L	270	0
87	MICROWAVE - OTR HOOD AND MICR	2/02/05	230				230	5	MO	S/L	230	0
88	CARPET - SANDBAR 1 2X82 W/ PAD A	11/05/04	1,943				1,943	7	MO	S/L	1,943	0
93	CONCRETE STEPS - Guest House	8/19/05	1,387				1,387	39	MO	S/L	670	35
95	CARRIER CONDENSING UNIT	7/05/05	3,250				3,250	5	MO	S/L	3,250	0
96	Pre-owned Phone system	3/13/06	1,600				1,600	5	MO	S/L	1,600	0
99	Computer Software Quick Books and Donc	11/30/05	1,947				1,947	3	MO	S/L	1,947	0
100	CABINETS	1/12/07	4,362				4,362	7	MO	S/L	4,362	0
108	New flooring	7/20/06	2,929				2,929	15	MO	S/L	2,929	0
109	FCS Basement: Entry Door	1/25/07	2,348				2,348	15	MO	S/L	2,348	0
110	Front door & entry doors	1/26/07	6,776				6,776	15	MO	S/L	6,776	0
114	FCS: Flooring	1/25/07	2,907				2,907	15	MO	S/L	2,907	0
116	FCS: Electrical work (re-wiring)	1/25/07	1,596				1,596	15	MO	S/L	1,596	0
121	2-DOOR REFRIGERATOR	7/10/07	2,761				2,761	10	MO	S/L	2,761	0
123	Glass/Aluminum Entry Door	3/01/08	2,980				2,980	10	MO	S/L	2,980	0
130	Plasma HDTV and DVD Player	6/20/08	3,535				3,535	7	MO	S/L	3,535	0
131	FCS Basement: Plumbing Upgrade	6/06/08	2,404				2,404	7	MO	S/L	2,404	0
132	Roof-Final bill	6/30/09	312,498				312,498	20	MO	S/L	234,373	15,625
133	LCMC RENOVATION	6/30/08	4,233				4,233	15	MO	S/L	4,233	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
134	3RD FLOOR RENOVATION	6/30/08	5,780				5,780	15	MO	S/L	5,780	0
137	Security & Phone System	5/26/09	15,022				15,022	10	MO	S/L	15,022	0
138	Tile Floors	6/25/09	26,275				26,275	15	MO	S/L	26,275	0
139	FRP wall panels dishroom	6/25/00	3,500				3,500	15	MO	S/L	3,500	0
140	Acoustic ceiling	6/25/09	1,400				1,400	15	MO	S/L	1,400	0
141	Roof	10/10/08	300,000				300,000	20	MO	S/L	236,250	15,000
142	Door	12/19/08	855				855	15	MO	S/L	855	0
143	Heat pump	10/10/08	8,500				8,500	15	MO	S/L	8,500	0
144	Dishwasher	6/18/09	364				364	5	MO	S/L	364	0
145	Washer & Dryer	4/14/09	1,781				1,781	5	MO	S/L	1,781	0
	Sold/Scrapped: 12/31/24											
147	Hot Water Holding Tank	2/12/10	3,519				3,519	15	MO	S/L	3,382	117
	Sold/Scrapped: 12/31/24											
148	Dishwasher	12/02/09	11,150				11,150	5	MO	S/L	11,150	0
155	Heating and air - Admin area	12/19/13	17,160				17,160	15	MO	S/L	12,012	1,144
156	Restroom renovation	5/31/14	155,916				155,916	39	MO	S/L	40,312	3,997
157	HVAC Installation Courtyard offices	11/10/14	31,887				31,887	40	MO	S/L	7,706	797
158	Restroom renovation 2	8/05/14	108,191				108,191	39	MO	S/L	27,510	2,774
159	3 Ductless Splits	11/25/15	29,868				29,868	15	MO	S/L	17,091	1,991
160	Kitchen Renovations	1/08/16	30,545				30,545	15	MO	S/L	17,309	2,036
161	Initial Water Project Testing	8/13/15	3,065				3,065	5	MO	S/L	3,065	0
162	Front Doors	10/30/15	4,058				4,058	15	MO	S/L	2,345	270
163	Kitchen Equipment	1/12/16	849				849	5	MO	S/L	849	0
164	Front Porch Project	1/12/16	668				668	15	MO	S/L	379	44
165	Testing and Engineering - Water Project	1/21/16	4,242				4,242	15	MO	S/L	2,380	283
166	Walk-In cooler/Freezer combo	1/21/16	32,484				32,484	10	MO	S/L	27,341	3,248
167	Kitchen Equipment	1/21/16	829				829	5	MO	S/L	829	0
168	Backsplash	1/27/16	439				439	5	MO	S/L	439	0
169	Front Porch Project	2/29/16	586				586	15	MO	S/L	326	39
170	Cooler Room Improvements	4/15/16	2,154				2,154	15	MO	S/L	1,185	143
171	Hot Water Heater	6/23/16	9,500				9,500	10	MO	S/L	7,600	950
172	2 Clothing Donation Bins	1/09/16	2,219				2,219	5	MO	S/L	2,219	0
173	Utility Work - Parking Lot Project	4/30/16	3,250				3,250	15	MO	S/L	1,769	217
197	2- 5 Drawer Lateral File Cabinets	9/01/16	67				67	7	MO	S/L	67	0
198	2 Drawer Gray Lateral File Cabinet	9/01/16	13				13	7	MO	S/L	13	0
199	3- 4 Drawer White Lateral File Cabinets	9/01/16	80				80	7	MO	S/L	80	0
200	3 Complete Office Cubicles	9/01/16	161				161	7	MO	S/L	161	0
201	4 Medical Exam Tables	9/01/16	402				402	7	MO	S/L	402	0
202	6- 3 Drawer Gary Lateral File Cabinets	9/01/16	120				120	7	MO	S/L	120	0
204	Dell Computers	9/01/16	140				140	5	MO	S/L	140	0
	Sold/Scrapped: 12/31/24											
205	Dell Computers	9/01/16	347				347	5	MO	S/L	347	0
206	Office Equipment	9/01/16	55				55	5	MO	S/L	55	0
207	Fujitsu Scansnap S1500	9/01/16	83				83	5	MO	S/L	83	0
	Sold/Scrapped: 12/31/24											
208	Fujitsu FI- 623OZ	9/01/16	213				213	5	MO	S/L	213	0
	Sold/Scrapped: 12/31/24											
209	Fujitsu FI-6110 Desktop Duplex Scanner	9/01/16	118				118	5	MO	S/L	118	0
	Sold/Scrapped: 12/31/24											
210	2 Dell Inspiron Desktop Computers	9/01/16	197				197	5	MO	S/L	197	0
	Sold/Scrapped: 12/31/24											
211	Waiting Room Chairs	9/01/16	582				582	7	MO	S/L	582	0
212	Reception Chairs	9/01/16	136				136	7	MO	S/L	136	0
213	Board Room Chairs	9/01/16	534				534	7	MO	S/L	534	0
214	Phone & Security System	9/01/16	4,776				4,776	5	MO	S/L	4,776	0
215	Belmont Dental Chair	9/01/16	9,597				9,597	7	MO	S/L	9,597	0
216	Belmont Dental Chair	9/01/16	9,597				9,597	7	MO	S/L	9,597	0
218	Powerair Dental Air Compressor	9/01/16	4,185				4,185	7	MO	S/L	4,185	0
219	Powerair Dental Dry Vacuum	9/01/16	5,410				5,410	7	MO	S/L	5,410	0
220	Sonix IV Ultrasonic Cleaner	9/01/16	1,286				1,286	7	MO	S/L	1,286	0
221	2 Dental Chairs & Equipment	9/01/16	38,719				38,719	7	MO	S/L	38,719	0
222	Refrigerator	9/01/16	1,125				1,125	7	MO	S/L	1,125	0
223	Autoclave	9/01/16	5,234				5,234	7	MO	S/L	5,234	0
225	Freezer - Food Co-Op	1/20/17	2,089				2,089	10	MO	S/L	1,549	209
226	HVAC - ECLC Admin	11/16/16	39,568				39,568	40	MO	S/L	7,501	990
227	Ultrasound Machine	5/26/17	25,000				25,000	10	MO	S/L	17,708	2,500
228	Parking lot improvements	3/03/17	1,516				1,516	20	MO	S/L	556	76
229	Lighting improvement	3/08/17	59,534				59,534	40	MO	S/L	10,915	1,488
230	Parking lot project	3/20/18	888,611				888,611	20	MO	S/L	277,691	44,431
231	Water heater/rework pipe-guest house	3/06/18	5,633				5,633	10	MO	S/L	3,568	563
233	Story room chairs	3/21/18	1,168				1,168	10	MO	S/L	730	117
234	Office and hallway renovation	6/30/18	25,329				25,329	40	MO	S/L	3,799	634

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
235	3 PTAC units (HOPE)	2/28/13	9,651				9,651	5	MO	S/L	9,651	0
236	Plumbing Renovations (HOPE)	3/29/13	9,790				9,790	15	MO	S/L	7,343	652
237	Electrical Renovations (HOPE)	4/28/13	3,720				3,720	15	MO	S/L	2,769	248
238	HOPE Project Renovations	4/18/13	72,950				72,950	15	MO	S/L	54,307	4,863
239	Roof Replacement-Play Ctr, Food Ptry, Offi	1/21/13	10,413				10,413	20	MO	S/L	5,944	520
240	1st Floor HVAC Units-ductless split system	11/19/18	26,204				26,204	15	MO	S/L	9,754	1,747
241	HVAC Repairs	3/07/19	13,289				13,289	15	MO	S/L	4,725	886
242	Office Renovation	7/17/18	1,472				1,472	15	MO	S/L	581	98
243	1st Floor Hallway Renovation	1/18/19	53,447				53,447	15	MO	S/L	19,300	3,563
244	Story Room Renovation	8/08/18	984				984	15	MO	S/L	388	66
245	2016 Toyota Rav 4	11/05/19	21,738				21,738	5	MO	S/L	20,289	724
	Sold/Scrapped: 8/30/24											
246	2020 Nissan VN200 Cargo S Van	12/16/20	22,500				22,500	5	MO	S/L	15,750	4,500
247	2 Ductless Splits - FCS	2/08/21	6,266				6,266	15	MO	S/L	1,427	418
248	3-Door Free Standing Freezer	2/08/21	5,734				5,734	5	MO	S/L	3,918	1,147
249	3rd Floor Womens HVAC	9/07/21	6,724				6,724	15	MO	S/L	1,270	448
250	3rd Floor Check-in HVAC	6/22/22	7,854				7,854	15	MO	S/L	1,047	524
251	Ramp Replacement/Entry Steps	12/31/22	127,831				127,831	20	MO	S/L	9,587	6,392
252	Dental Amalgamator	12/28/22	5,265				5,265	10	MO	S/L	790	526
253	HVAC 5 ton unit Guest House	3/17/23	8,250				8,250	15	MO	S/L	688	550
254	Food Co-op/Admin Roof Replacement	9/12/23	7,800				7,800	15	MO	S/L	433	520
255	GAIN Hub Roof Replacement	9/12/23	4,500				4,500	15	MO	S/L	250	300
256	2 HVAC Units - Clothing	1/31/24	16,600				16,600	15	MO	S/L	461	1,107
257	HVAC Unit-Guest House	2/14/24	8,300				8,300	15	MO	S/L	231	553
258	Cranex Novus panoramic X-ray unit and mc	6/03/24	15,149				15,149	10	MO	S/L	126	1,515
259	Window Replacement Project	8/30/24	339,660				339,660	15	MO	S/L	0	18,870
260	Outside Door Replacement Project #1	5/08/25	32,554				32,554	15	MO	S/L	0	362
261	Food Co-Op Renovation	4/17/25	17,189				17,189	15	MO	S/L	0	191
	Total Other Depreciation		3,961,084				3,961,084				2,106,464	158,049
	Total ACRS and Other Depreciation		3,961,084				3,961,084				2,106,464	158,049
	Grand Totals		3,961,084				3,961,084				2,106,464	158,049
	Less: Dispositions and Transfers		39,423				39,423				34,831	988
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		3,921,661				3,921,661				2,071,633	157,061

IN Asset Report
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Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
Other Depreciation:								
3	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	10/26/94	183	183	139	2	2	0
6	LIFE CENTER	5/01/88	244,792	244,792	221,332	6,120	6,120	0
8	HEATING	9/10/87	1,800	1,800	1,800	0	0	0
9	COMPRESSOR	4/01/89	972	972	972	0	0	0
10	WIRECRAFTERS FENCING MATERIAl	5/01/89	818	818	818	0	0	0
11	TRANE CONDENSER AND AIR HANDL	8/01/89	1,990	1,990	1,990	0	0	0
12	SYMMONS TEMPTROL 5-200	9/01/89	802	802	802	0	0	0
13	REWIRE LC	9/01/89	2,220	2,220	2,220	0	0	0
16	FURNACE	7/01/90	29,975	29,975	29,975	0	0	0
17	CARPETING-BLUE CHAPEL	1/31/92	862	862	862	0	0	0
18	LIFE CENTER IMPROVEMENTS	7/31/92	1,468	1,468	1,468	0	0	0
19	LIFE CENTER APARTMENT	8/31/92	825	825	825	0	0	0
24	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	10/26/94	875	875	666	11	11	0
26	KITCHEN CABINETS/NLH	1/25/95	1,500	1,500	1,500	0	0	0
27	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	2/15/95	900	900	679	11	11	0
28	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	2/28/95	400	400	301	5	5	0
29	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	2/28/95	4,476	4,476	3,367	57	57	0
31	19 REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	5/25/95	3,175	3,175	2,368	40	40	0
34	OFFICE RENOVATIONS	10/16/96	1,028	1,028	729	27	27	0
35	3 WINDOWS FOR NURSERY Sold/Scrapped: 12/31/24	12/01/97	1,625	1,625	1,108	21	21	0
36	SECURITY MONITORING SYSTEM	2/01/98	1,552	1,552	1,552	0	0	0
38	CAREER ROOM RENOVATION	5/01/98	4,801	4,801	3,221	123	123	0
40	CARPET - CAREER CLOTHING RENOV	7/10/98	1,862	1,862	1,862	0	0	0
41	CAREER CLOTHING LIGHTING	7/10/98	2,560	2,560	1,707	65	65	0
42	CAREER CLOTHING RENOVATIONS	12/23/98	2,384	2,384	1,559	61	61	0
43	INSTALL DROP CEILING	8/13/98	1,300	1,300	864	33	33	0
45	TILE FLOOR-KITCHEN-Guest House	1/01/99	1,000	1,000	823	32	32	0
46	Counseling Ctr/Staff Lounge Roof	3/26/99	3,637	3,637	3,637	0	0	0
53	KITCHEN CABINETS(lp)	3/01/00	2,545	2,545	2,545	0	0	0
55	REMODELED BATHROOM	3/10/01	16,865	16,865	10,090	433	433	0
58	Tub/Shower	6/13/01	350	350	350	0	0	0
59	Paint iron fence out front	6/13/01	3,556	3,556	3,556	0	0	0
60	IMPERIAL RANGE	11/30/01	2,580	2,580	2,580	0	0	0
61	Tile-2nd Floor Apt	6/30/02	1,000	1,000	1,000	0	0	0
62	Plumbing Fixtures	9/20/01	250	250	250	0	0	0
63	Plumbing Electrical Doors (AOC)	3/15/02	5,907	5,907	5,907	0	0	0
64	Water Heaters	4/17/02	2,613	2,613	2,613	0	0	0
66	Roof	1/01/02	280,000	280,000	280,000	0	0	0
70	ROOF	8/01/02	145,000	145,000	145,000	0	0	0
74	TILE FLOOR-KITCHEN	9/30/03	11,095	11,095	11,095	0	0	0
79	CARPET	6/30/04	750	750	750	0	0	0
80	SINK & FAUCET	6/30/04	250	250	250	0	0	0
81	LIGHT FIXTURES	6/30/04	225	225	225	0	0	0
83	CONVECTION OVEN	3/16/04	4,845	4,845	4,845	0	0	0
86	STOVE - 30 STANDARD CLEAN	2/02/05	270	270	270	0	0	0
87	MICROWAVE - OTR HOOD AND MICR	2/02/05	230	230	230	0	0	0
88	CARPET - SANDBAR 1 2X82 W/ PAD A	11/05/04	1,943	1,943	1,943	0	0	0
93	CONCRETE STEPS - Guest House	8/19/05	1,387	1,387	670	35	35	0
95	CARRIER CONDENSING UNIT	7/05/05	3,250	3,250	3,250	0	0	0
96	Pre-owned Phone system	3/13/06	1,600	1,600	1,600	0	0	0
99	Computer Software Quick Books and Donc	11/30/05	1,947	1,947	1,947	0	0	0
100	CABINETS	1/12/07	4,362	4,362	4,362	0	0	0
108	New flooring	7/20/06	2,929	2,929	2,929	0	0	0
109	FCS Basement: Entry Door	1/25/07	2,348	2,348	2,348	0	0	0
110	Front door & entry doors	1/26/07	6,776	6,776	6,776	0	0	0
114	FCS: Flooring	1/25/07	2,907	2,907	2,907	0	0	0
116	FCS: Electrical work (re-wiring)	1/25/07	1,596	1,596	1,596	0	0	0
121	2-DOOR REFRIGERATOR	7/10/07	2,761	2,761	2,761	0	0	0
123	Glass/Aluminum Entry Door	3/01/08	2,980	2,980	2,980	0	0	0
130	Plasma HDTV and DVD Player	6/20/08	3,535	3,535	3,535	0	0	0
131	FCS Basement: Plumbing Upgrade	6/06/08	2,404	2,404	2,404	0	0	0
132	Roof-Final bill	6/30/09	312,498	312,498	234,373	15,625	15,625	0
133	LCMC RENOVATION	6/30/08	4,233	4,233	4,233	0	0	0

IN Asset Report
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Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
134	3RD FLOOR RENOVATION	6/30/08	5,780	5,780	5,780	0	0	0
137	Security & Phone System	5/26/09	15,022	15,022	15,022	0	0	0
138	Tile Floors	6/25/09	26,275	26,275	26,275	0	0	0
139	FRP wall panels dishroom	6/25/00	3,500	3,500	3,500	0	0	0
140	Acoustic ceiling	6/25/09	1,400	1,400	1,400	0	0	0
141	Roof	10/10/08	300,000	300,000	236,250	15,000	15,000	0
142	Door	12/19/08	855	855	855	0	0	0
143	Heat pump	10/10/08	8,500	8,500	8,500	0	0	0
144	Dishwasher	6/18/09	364	364	364	0	0	0
145	Washer & Dryer	4/14/09	1,781	1,781	1,781	0	0	0
	Sold/Scrapped: 12/31/24							
147	Hot Water Holding Tank	2/12/10	3,519	3,519	3,382	117	117	0
	Sold/Scrapped: 12/31/24							
148	Dishwasher	12/02/09	11,150	11,150	11,150	0	0	0
155	Heating and air - Admin area	12/19/13	17,160	17,160	12,012	1,144	1,144	0
156	Restroom renovation	5/31/14	155,916	155,916	40,312	3,997	3,997	0
157	HVAC Installation Courtyard offices	11/10/14	31,887	31,887	7,706	797	797	0
158	Restroom renovation 2	8/05/14	108,191	108,191	27,510	2,774	2,774	0
159	3 Ductless Splits	11/25/15	29,868	29,868	17,091	1,991	1,991	0
160	Kitchen Renovations	1/08/16	30,545	30,545	17,309	2,036	2,036	0
161	Initial Water Project Testing	8/13/15	3,065	3,065	3,065	0	0	0
162	Front Doors	10/30/15	4,058	4,058	2,345	270	270	0
163	Kitchen Equipment	1/12/16	849	849	849	0	0	0
164	Front Porch Project	1/12/16	668	668	379	44	44	0
165	Testing and Engineering - Water Project	1/21/16	4,242	4,242	2,380	283	283	0
166	Walk-In cooler/Freezer combo	1/21/16	32,484	32,484	27,341	3,248	3,248	0
167	Kitchen Equipment	1/21/16	829	829	829	0	0	0
168	Backsplash	1/27/16	439	439	439	0	0	0
169	Front Porch Project	2/29/16	586	586	326	39	39	0
170	Cooler Room Improvements	4/15/16	2,154	2,154	1,185	143	143	0
171	Hot Water Heater	6/23/16	9,500	9,500	7,600	950	950	0
172	2 Clothing Donation Bins	1/09/16	2,219	2,219	2,219	0	0	0
173	Utility Work - Parking Lot Project	4/30/16	3,250	3,250	1,769	217	217	0
197	2- 5 Drawer Lateral File Cabinets	9/01/16	67	67	67	0	0	0
198	2 Drawer Gray Lateral File Cabinet	9/01/16	13	13	13	0	0	0
199	3- 4 Drawer White Lateral File Cabinets	9/01/16	80	80	80	0	0	0
200	3 Complete Office Cubicles	9/01/16	161	161	161	0	0	0
201	4 Medical Exam Tables	9/01/16	402	402	402	0	0	0
202	6- 3 Drawer Gary Lateral File Cabinets	9/01/16	120	120	120	0	0	0
204	Dell Computers	9/01/16	140	140	140	0	0	0
	Sold/Scrapped: 12/31/24							
205	Dell Computers	9/01/16	347	347	347	0	0	0
206	Office Equipment	9/01/16	55	55	55	0	0	0
207	Fujitsu Scansnap S1500	9/01/16	83	83	83	0	0	0
	Sold/Scrapped: 12/31/24							
208	Fujitsu FI- 623OZ	9/01/16	213	213	213	0	0	0
	Sold/Scrapped: 12/31/24							
209	Fujitsu FI-6110 Desktop Duplex Scanner	9/01/16	118	118	118	0	0	0
	Sold/Scrapped: 12/31/24							
210	2 Dell Inspiron Desktop Computers	9/01/16	197	197	197	0	0	0
	Sold/Scrapped: 12/31/24							
211	Waiting Room Chairs	9/01/16	582	582	582	0	0	0
212	Reception Chairs	9/01/16	136	136	136	0	0	0
213	Board Room Chairs	9/01/16	534	534	534	0	0	0
214	Phone & Security System	9/01/16	4,776	4,776	4,776	0	0	0
215	Belmont Dental Chair	9/01/16	9,597	9,597	9,597	0	0	0
216	Belmont Dental Chair	9/01/16	9,597	9,597	9,597	0	0	0
218	Powerair Dental Air Compressor	9/01/16	4,185	4,185	4,185	0	0	0
219	Powerair Dental Dry Vacuum	9/01/16	5,410	5,410	5,410	0	0	0
220	Sonix IV Ultrasonic Cleaner	9/01/16	1,286	1,286	1,286	0	0	0
221	2 Dental Chairs & Equipment	9/01/16	38,719	38,719	38,719	0	0	0
222	Refrigerator	9/01/16	1,125	1,125	1,125	0	0	0
223	Autoclave	9/01/16	5,234	5,234	5,234	0	0	0
225	Freezer - Food Co-Op	1/20/17	2,089	2,089	1,549	209	209	0
226	HVAC - ECLC Admin	11/16/16	39,568	39,568	7,501	990	990	0
227	Ultrasound Machine	5/26/17	25,000	25,000	17,708	2,500	2,500	0
228	Parking lot improvements	3/03/17	1,516	1,516	556	76	76	0
229	Lighting improvement	3/08/17	59,534	59,534	10,915	1,488	1,488	0
230	Parking lot project	3/20/18	888,611	888,611	277,691	44,431	44,431	0
231	Water heater/rework pipe-guest house	3/06/18	5,633	5,633	3,568	563	563	0
233	Story room chairs	3/21/18	1,168	1,168	730	117	117	0
234	Office and hallway renovation	6/30/18	25,329	25,329	3,799	634	634	0

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Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
235	3 PTAC units (HOPE)	2/28/13	9,651	9,651	9,651	0	0	0
236	Plumbing Renovations (HOPE)	3/29/13	9,790	9,790	7,343	652	652	0
237	Electrical Renovations (HOPE)	4/28/13	3,720	3,720	2,769	248	248	0
238	HOPE Project Renovations	4/18/13	72,950	72,950	54,307	4,863	4,863	0
239	Roof Replacement-Play Ctr, Food Ptry, Offi	1/21/13	10,413	10,413	5,944	520	520	0
240	1st Floor HVAC Units-ductless split system	11/19/18	26,204	26,204	9,754	1,747	1,747	0
241	HVAC Repairs	3/07/19	13,289	13,289	4,725	886	886	0
242	Office Renovation	7/17/18	1,472	1,472	581	98	98	0
243	1st Floor Hallway Renovation	1/18/19	53,447	53,447	19,300	3,563	3,563	0
244	Story Room Renovation	8/08/18	984	984	388	66	66	0
245	2016 Toyota Rav 4 Sold/Scrapped: 8/30/24	11/05/19	21,738	21,738	20,289	724	724	0
246	2020 Nissan VN200 Cargo S Van	12/16/20	22,500	22,500	15,750	4,500	4,500	0
247	2 Ductless Splits - FCS	2/08/21	6,266	6,266	1,427	418	418	0
248	3-Door Free Standing Freezer	2/08/21	5,734	5,734	3,918	1,147	1,147	0
249	3rd Floor Womens HVAC	9/07/21	6,724	6,724	1,270	448	448	0
250	3rd Floor Check-in HVAC	6/22/22	7,854	7,854	1,047	524	524	0
251	Ramp Replacement/Entry Steps	12/31/22	127,831	127,831	9,587	6,392	6,392	0
252	Dental Amalgamator	12/28/22	5,265	5,265	790	526	526	0
253	HVAC 5 ton unit Guest House	3/17/23	8,250	8,250	688	550	550	0
254	Food Co-op/Admin Roof Replacement	9/12/23	7,800	7,800	433	520	520	0
255	GAIN Hub Roof Replacement	9/12/23	4,500	4,500	250	300	300	0
256	2 HVAC Units - Clothing	1/31/24	16,600	16,600	461	1,107	1,107	0
257	HVAC Unit-Guest House	2/14/24	8,300	8,300	231	553	553	0
258	Cranex Novus panoramic X-ray unit and mc	6/03/24	15,149	15,149	126	1,515	1,515	0
259	Window Replacement Project	8/30/24	339,660	339,660	0	18,870	18,870	0
260	Outside Door Replacement Project #1	5/08/25	32,554	32,554	0	362	362	0
261	Food Co-Op Renovation	4/17/25	17,189	17,189	0	191	191	0
	Total Other Depreciation		3,961,084	3,961,084	2,106,464	158,049	158,049	0
	Total ACRS and Other Depreciation		3,961,084	3,961,084	2,106,464	158,049	158,049	0
	Grand Totals		3,961,084	3,961,084	2,106,464	158,049	158,049	0
	Less: Dispositions		39,423	39,423	34,831	988	988	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		3,921,661	3,921,661	2,071,633	157,061	157,061	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
3	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	10/26/94	0				0	0	HY		0	0
6	LIFE CENTER	5/01/88	0				0	0	HY		0	0
8	HEATING	9/10/87	0				0	0	HY		0	0
9	COMPRESSOR	4/01/89	0				0	0	HY		0	0
10	WIRECRAFTERS FENCING MATERIAl	5/01/89	0				0	0	HY		0	0
11	TRANE CONDENSER AND AIR HANDL	8/01/89	0				0	0	HY		0	0
12	SYMMONS TEMPTROL 5-200	9/01/89	0				0	0	HY		0	0
13	REWIRE LC	9/01/89	0				0	0	HY		0	0
16	FURNACE	7/01/90	0				0	0	HY		0	0
17	CARPETING-BLUE CHAPEL	1/31/92	0				0	0	HY		0	0
18	LIFE CENTER IMPROVEMENTS	7/31/92	0				0	0	HY		0	0
19	LIFE CENTER APARTMENT	8/31/92	0				0	0	HY		0	0
24	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	10/26/94	0				0	0	HY		0	0
26	KITCHEN CABINETS/NLH	1/25/95	0				0	0	HY		0	0
27	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	2/15/95	0				0	0	HY		0	0
28	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	2/28/95	0				0	0	HY		0	0
29	REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	2/28/95	0				0	0	HY		0	0
31	19 REPLACEMENT WINDOWS Sold/Scrapped: 12/31/24	5/25/95	0				0	0	HY		0	0
34	OFFICE RENOVATIONS	10/16/96	0				0	0	HY		0	0
35	3 WINDOWS FOR NURSERY Sold/Scrapped: 12/31/24	12/01/97	0				0	0	HY		0	0
36	SECURITY MONITORING SYSTEM	2/01/98	0				0	0	HY		0	0
38	CAREER ROOM RENOVATION	5/01/98	0				0	0	HY		0	0
40	CARPET - CAREER CLOTHING RENOV	7/10/98	0				0	0	HY		0	0
41	CAREER CLOTHING LIGHTING	7/10/98	0				0	0	HY		0	0
42	CAREER CLOTHING RENOVATIONS	12/23/98	0				0	0	HY		0	0
43	INSTALL DROP CEILING	8/13/98	0				0	0	HY		0	0
45	TILE FLOOR-KITCHEN-Guest House	1/01/99	0				0	0	HY		0	0
46	Counseling Ctr/Staff Lounge Roof	3/26/99	0				0	0	HY		0	0
53	KITCHEN CABINETS(lp)	3/01/00	0				0	0	HY		0	0
55	REMODELED BATHROOM	3/10/01	0				0	0	HY		0	0
58	Tub/Shower	6/13/01	0				0	0	HY		0	0
59	Paint iron fence out front	6/13/01	0				0	0	HY		0	0
60	IMPERIAL RANGE	11/30/01	0				0	0	HY		0	0
61	Tile-2nd Floor Apt	6/30/02	0				0	0	HY		0	0
62	Plumbing Fixtures	9/20/01	0				0	0	HY		0	0
63	Plumbing Electrical Doors (AOC)	3/15/02	0				0	0	HY		0	0
64	Water Heaters	4/17/02	0				0	0	HY		0	0
66	Roof	1/01/02	0				0	0	HY		0	0
70	ROOF	8/01/02	0				0	0	HY		0	0
74	TILE FLOOR-KITCHEN	9/30/03	0				0	0	HY		0	0
79	CARPET	6/30/04	0				0	0	HY		0	0
80	SINK & FAUCET	6/30/04	0				0	0	HY		0	0
81	LIGHT FIXTURES	6/30/04	0				0	0	HY		0	0
83	CONVECTION OVEN	3/16/04	0				0	0	HY		0	0
86	STOVE - 30 STANDARD CLEAN	2/02/05	0				0	0	HY		0	0
87	MICROWAVE - OTR HOOD AND MICR	2/02/05	0				0	0	HY		0	0
88	CARPET - SANDBAR 1 2X82 W/ PAD A	11/05/04	0				0	0	HY		0	0
93	CONCRETE STEPS - Guest House	8/19/05	0				0	0	HY		0	0
95	CARRIER CONDENSING UNIT	7/05/05	0				0	0	HY		0	0
96	Pre-owned Phone system	3/13/06	0				0	0	HY		0	0
99	Computer Software Quick Books and Donc	11/30/05	0				0	0	HY		0	0
100	CABINETS	1/12/07	0				0	0	HY		0	0
108	New flooring	7/20/06	0				0	0	HY		0	0
109	FCS Basement: Entry Door	1/25/07	0				0	0	HY		0	0
110	Front door & entry doors	1/26/07	0				0	0	HY		0	0
114	FCS: Flooring	1/25/07	0				0	0	HY		0	0
116	FCS: Electrical work (re-wiring)	1/25/07	0				0	0	HY		0	0
121	2-DOOR REFRIGERATOR	7/10/07	0				0	0	HY		0	0
123	Glass/Aluminum Entry Door	3/01/08	0				0	0	HY		0	0
130	Plasma HDTV and DVD Player	6/20/08	0				0	0	HY		0	0
131	FCS Basement: Plumbing Upgrade	6/06/08	0				0	0	HY		0	0
132	Roof-Final bill	6/30/09	0				0	0	HY		0	0
133	LCMC RENOVATION	6/30/08	0				0	0	HY		0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
134	3RD FLOOR RENOVATION	6/30/08	0				0	0	HY		0	0
137	Security & Phone System	5/26/09	0				0	0	HY		0	0
138	Tile Floors	6/25/09	0				0	0	HY		0	0
139	FRP wall panels dishroom	6/25/00	0				0	0	HY		0	0
140	Acoustic ceiling	6/25/09	0				0	0	HY		0	0
141	Roof	10/10/08	0				0	0	HY		0	0
142	Door	12/19/08	0				0	0	HY		0	0
143	Heat pump	10/10/08	0				0	0	HY		0	0
144	Dishwasher	6/18/09	0				0	0	HY		0	0
145	Washer & Dryer	4/14/09	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/24											
147	Hot Water Holding Tank	2/12/10	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/24											
148	Dishwasher	12/02/09	0				0	0	HY		0	0
155	Heating and air - Admin area	12/19/13	0				0	0	HY		0	0
156	Restroom renovation	5/31/14	0				0	0	HY		0	0
157	HVAC Installation Courtyard offices	11/10/14	0				0	0	HY		0	0
158	Restroom renovation 2	8/05/14	0				0	0	HY		0	0
159	3 Ductless Splits	11/25/15	0				0	0	HY		0	0
160	Kitchen Renovations	1/08/16	0				0	0	HY		0	0
161	Initial Water Project Testing	8/13/15	0				0	0	HY		0	0
162	Front Doors	10/30/15	0				0	0	HY		0	0
163	Kitchen Equipment	1/12/16	0				0	0	HY		0	0
164	Front Porch Project	1/12/16	0				0	0	HY		0	0
165	Testing and Engineering - Water Project	1/21/16	0				0	0	HY		0	0
166	Walk-In cooler/Freezer combo	1/21/16	0				0	0	HY		0	0
167	Kitchen Equipment	1/21/16	0				0	0	HY		0	0
168	Backsplash	1/27/16	0				0	0	HY		0	0
169	Front Porch Project	2/29/16	0				0	0	HY		0	0
170	Cooler Room Improvements	4/15/16	0				0	0	HY		0	0
171	Hot Water Heater	6/23/16	0				0	0	HY		0	0
172	2 Clothing Donation Bins	1/09/16	0				0	0	HY		0	0
173	Utility Work - Parking Lot Project	4/30/16	0				0	0	HY		0	0
197	2- 5 Drawer Lateral File Cabinets	9/01/16	0				0	0	HY		0	0
198	2 Drawer Gray Lateral File Cabinet	9/01/16	0				0	0	HY		0	0
199	3- 4 Drawer White Lateral File Cabinets	9/01/16	0				0	0	HY		0	0
200	3 Complete Office Cubicles	9/01/16	0				0	0	HY		0	0
201	4 Medical Exam Tables	9/01/16	0				0	0	HY		0	0
202	6- 3 Drawer Gary Lateral File Cabinets	9/01/16	0				0	0	HY		0	0
204	Dell Computers	9/01/16	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/24											
205	Dell Computers	9/01/16	0				0	0	HY		0	0
206	Office Equipment	9/01/16	0				0	0	HY		0	0
207	Fujitsu Scansnap S1500	9/01/16	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/24											
208	Fujitsu FI- 623OZ	9/01/16	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/24											
209	Fujitsu FI-6110 Desktop Duplex Scanner	9/01/16	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/24											
210	2 Dell Inspiron Desktop Computers	9/01/16	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/24											
211	Waiting Room Chairs	9/01/16	0				0	0	HY		0	0
212	Reception Chairs	9/01/16	0				0	0	HY		0	0
213	Board Room Chairs	9/01/16	0				0	0	HY		0	0
214	Phone & Security System	9/01/16	0				0	0	HY		0	0
215	Belmont Dental Chair	9/01/16	0				0	0	HY		0	0
216	Belmont Dental Chair	9/01/16	0				0	0	HY		0	0
218	Powerair Dental Air Compressor	9/01/16	0				0	0	HY		0	0
219	Powerair Dental Dry Vacuum	9/01/16	0				0	0	HY		0	0
220	Sonix IV Ultrasonic Cleaner	9/01/16	0				0	0	HY		0	0
221	2 Dental Chairs & Equipment	9/01/16	0				0	0	HY		0	0
222	Refrigerator	9/01/16	0				0	0	HY		0	0
223	Autoclave	9/01/16	0				0	0	HY		0	0
225	Freezer - Food Co-Op	1/20/17	0				0	0	HY		0	0
226	HVAC - ECLC Admin	11/16/16	0				0	0	HY		0	0
227	Ultrasound Machine	5/26/17	0				0	0	HY		0	0
228	Parking lot improvements	3/03/17	0				0	0	HY		0	0
229	Lighting improvement	3/08/17	0				0	0	HY		0	0
230	Parking lot project	3/20/18	0				0	0	HY		0	0
231	Water heater/rework pipe-guest house	3/06/18	0				0	0	HY		0	0
233	Story room chairs	3/21/18	0				0	0	HY		0	0
234	Office and hallway renovation	6/30/18	0				0	0	HY		0	0

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
235	3 PTAC units (HOPE)	2/28/13	0				0	0	HY		0	0
236	Plumbing Renovations (HOPE)	3/29/13	0				0	0	HY		0	0
237	Electrical Renovations (HOPE)	4/28/13	0				0	0	HY		0	0
238	HOPE Project Renovations	4/18/13	0				0	0	HY		0	0
239	Roof Replacement-Play Ctr, Food Ptry, Offi	1/21/13	0				0	0	HY		0	0
240	1st Floor HVAC Units-ductless split system	11/19/18	0				0	0	HY		0	0
241	HVAC Repairs	3/07/19	0				0	0	HY		0	0
242	Office Renovation	7/17/18	0				0	0	HY		0	0
243	1st Floor Hallway Renovation	1/18/19	0				0	0	HY		0	0
244	Story Room Renovation	8/08/18	0				0	0	HY		0	0
245	2016 Toyota Rav 4 Sold/Scrapped: 8/30/24	11/05/19	0				0	0	HY		0	0
246	2020 Nissan VN200 Cargo S Van	12/16/20	0				0	0	HY		0	0
247	2 Ductless Splits - FCS	2/08/21	0				0	0	HY		0	0
248	3-Door Free Standing Freezer	2/08/21	0				0	0	HY		0	0
249	3rd Floor Womens HVAC	9/07/21	0				0	0	HY		0	0
250	3rd Floor Check-in HVAC	6/22/22	0				0	0	HY		0	0
251	Ramp Replacement/Entry Steps	12/31/22	0				0	0	HY		0	0
252	Dental Amalgamator	12/28/22	0				0	0	HY		0	0
253	HVAC 5 ton unit Guest House	3/17/23	0				0	0	HY		0	0
254	Food Co-op/Admin Roof Replacement	9/12/23	0				0	0	HY		0	0
255	GAIN Hub Roof Replacement	9/12/23	0				0	0	HY		0	0
256	2 HVAC Units - Clothing	1/31/24	0				0	0	HY		0	0
257	HVAC Unit-Guest House	2/14/24	0				0	0	HY		0	0
258	Cranex Novus panoramic X-ray unit and mc	6/03/24	0				0	0	HY		0	0
259	Window Replacement Project	8/30/24	0				0	0	HY		0	0
260	Outside Door Replacement Project #1	5/08/25	0				0	0	HY		0	0
261	Food Co-Op Renovation	4/17/25	0				0	0	HY		0	0
	Total Other Depreciation		0				0				0	0
	Total ACRS and Other Depreciation		0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		0				0				0	0

31-1191608

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

31-1191608

Future Depreciation Report FYE: 6/30/26

Form 990, Page 1

Other Depreciation:

Asset	Description	Date In Service	Cost	Tax	AMT
6	LIFE CENTER	5/01/88	244,792	6,120	0
8	HEATING	9/10/87	1,800	0	0
9	COMPRESSOR	4/01/89	972	0	0
10	WIRECRAFTERS FENCING MATERIAL	5/01/89	818	0	0
11	TRANE CONDENSER AND AIR HANDL	8/01/89	1,990	0	0
12	SYMMONS TEMPTROL 5-200	9/01/89	802	0	0
13	REWIRE LC	9/01/89	2,220	0	0
16	FURNACE	7/01/90	29,975	0	0
17	CARPETING-BLUE CHAPEL	1/31/92	862	0	0
18	LIFE CENTER IMPROVEMENTS	7/31/92	1,468	0	0
19	LIFE CENTER APARTMENT	8/31/92	825	0	0
26	KITCHEN CABINETS/NLH	1/25/95	1,500	0	0
34	OFFICE RENOVATIONS	10/16/96	1,028	26	0
36	SECURITY MONITORING SYSTEM	2/01/98	1,552	0	0
38	CAREER ROOM RENOVATION	5/01/98	4,801	123	0
40	CARPET - CAREER CLOTHING RENOV	7/10/98	1,862	0	0
41	CAREER CLOTHING LIGHTING	7/10/98	2,560	66	0
42	CAREER CLOTHING RENOVATIONS	12/23/98	2,384	61	0
43	INSTALL DROP CEILING	8/13/98	1,300	33	0
45	TILE FLOOR-KITCHEN-Guest House	1/01/99	1,000	32	0
46	Counseling Ctr/Staff Lounge Roof	3/26/99	3,637	0	0
53	KITCHEN CABINETS(lp)	3/01/00	2,545	0	0
55	REMODELED BATHROOM	3/10/01	16,865	432	0
58	Tub/Shower	6/13/01	350	0	0
59	Paint iron fence out front	6/13/01	3,556	0	0
60	IMPERIAL RANGE	11/30/01	2,580	0	0
61	Tile-2nd Floor Apt	6/30/02	1,000	0	0
62	Plumbing Fixtures	9/20/01	250	0	0
63	Plumbing Electrical Doors (AOC)	3/15/02	5,907	0	0
64	Water Heaters	4/17/02	2,613	0	0
66	Roof	1/01/02	280,000	0	0
70	ROOF	8/01/02	145,000	0	0
74	TILE FLOOR-KITCHEN	9/30/03	11,095	0	0
79	CARPET	6/30/04	750	0	0
80	SINK & FAUCET	6/30/04	250	0	0
81	LIGHT FIXTURES	6/30/04	225	0	0
83	CONVECTION OVEN	3/16/04	4,845	0	0
86	STOVE - 30 STANDARD CLEAN	2/02/05	270	0	0
87	MICROWAVE - OTR HOOD AND MICR - Gu	2/02/05	230	0	0
88	CARPET - SANDBAR 1 2X82 W/ PAD A	11/05/04	1,943	0	0
93	CONCRETE STEPS - Guest House	8/19/05	1,387	36	0
95	CARRIER CONDENSING UNIT	7/05/05	3,250	0	0
96	Pre-owned Phone system	3/13/06	1,600	0	0
99	Computer Software Quick Books and Dono	11/30/05	1,947	0	0
100	CABINETS	1/12/07	4,362	0	0
108	New flooring	7/20/06	2,929	0	0
109	FCS Basement: Entry Door	1/25/07	2,348	0	0
110	Front door & entry doors	1/26/07	6,776	0	0
114	FCS: Flooring	1/25/07	2,907	0	0
116	FCS: Electrical work (re-wiring)	1/25/07	1,596	0	0
121	2-DOOR REFRIGERATOR	7/10/07	2,761	0	0
123	Glass/Aluminum Entry Door	3/01/08	2,980	0	0
130	Plasma HDTV and DVD Player	6/20/08	3,535	0	0
131	FCS Basement: Plumbing Upgrade	6/06/08	2,404	0	0
132	Roof-Final bill	6/30/09	312,498	15,625	0
133	LCMC RENOVATION	6/30/08	4,233	0	0
134	3RD FLOOR RENOVATION	6/30/08	5,780	0	0
137	Security & Phone System	5/26/09	15,022	0	0
138	Tile Floors	6/25/09	26,275	0	0
139	FRP wall panels dishroom	6/25/00	3,500	0	0
140	Acoustic ceiling	6/25/09	1,400	0	0
141	Roof	10/10/08	300,000	15,000	0
142	Door	12/19/08	855	0	0
143	Heat pump	10/10/08	8,500	0	0
144	Dishwasher	6/18/09	364	0	0
148	Dishwasher	12/02/09	11,150	0	0
155	Heating and air - Admin area	12/19/13	17,160	1,144	0
156	Restroom renovation	5/31/14	155,916	3,998	0

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Future Depreciation Report FYE: 6/30/26

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
157	HVAC Installation Courtyard offices	11/10/14	31,887	797	0
158	Restroom renovation 2	8/05/14	108,191	2,774	0
159	3 Ductless Splits	11/25/15	29,868	1,992	0
160	Kitchen Renovations	1/08/16	30,545	2,036	0
161	Initial Water Project Testing	8/13/15	3,065	0	0
162	Front Doors	10/30/15	4,058	271	0
163	Kitchen Equipment	1/12/16	849	0	0
164	Front Porch Project	1/12/16	668	45	0
165	Testing and Engineering - Water Project	1/21/16	4,242	283	0
166	Walk-In cooler/Freezer combo	1/21/16	32,484	1,895	0
167	Kitchen Equipment	1/21/16	829	0	0
168	Backsplash	1/27/16	439	0	0
169	Front Porch Project	2/29/16	586	39	0
170	Cooler Room Improvements	4/15/16	2,154	144	0
171	Hot Water Heater	6/23/16	9,500	950	0
172	2 Clothing Donation Bins	1/09/16	2,219	0	0
173	Utility Work - Parking Lot Project	4/30/16	3,250	217	0
197	2- 5 Drawer Lateral File Cabinets	9/01/16	67	0	0
198	2 Drawer Gray Lateral File Cabinet	9/01/16	13	0	0
199	3- 4 Drawer White Lateral File Cabinets	9/01/16	80	0	0
200	3 Complete Office Cubicles	9/01/16	161	0	0
201	4 Medical Exam Tables	9/01/16	402	0	0
202	6- 3 Drawer Gary Lateral File Cabinets	9/01/16	120	0	0
205	Dell Computers	9/01/16	347	0	0
206	Office Equipment	9/01/16	55	0	0
211	Waiting Room Chairs	9/01/16	582	0	0
212	Reception Chairs	9/01/16	136	0	0
213	Board Room Chairs	9/01/16	534	0	0
214	Phone & Security System	9/01/16	4,776	0	0
215	Belmont Dental Chair	9/01/16	9,597	0	0
216	Belmont Dental Chair	9/01/16	9,597	0	0
218	Powerair Dental Air Compressor	9/01/16	4,185	0	0
219	Powerair Dental Dry Vacuum	9/01/16	5,410	0	0
220	Sonix IV Ultrasonic Cleaner	9/01/16	1,286	0	0
221	2 Dental Chairs & Equipment	9/01/16	38,719	0	0
222	Refrigerator	9/01/16	1,125	0	0
223	Autoclave	9/01/16	5,234	0	0
225	Freezer - Food Co-Op	1/20/17	2,089	209	0
226	HVAC - ECLC Admin	11/16/16	39,568	989	0
227	Ultrasound Machine	5/26/17	25,000	2,500	0
228	Parking lot improvements	3/03/17	1,516	75	0
229	Lighting improvement	3/08/17	59,534	1,488	0
230	Parking lot project	3/20/18	888,611	44,430	0
231	Water heater/rework pipe-guest house	3/06/18	5,633	563	0
233	Story room chairs	3/21/18	1,168	117	0
234	Office and hallway renovation	6/30/18	25,329	633	0
235	3 PTAC units (HOPE)	2/28/13	9,651	0	0
236	Plumbing Renovations (HOPE)	3/29/13	9,790	653	0
237	Electrical Renovations (HOPE)	4/28/13	3,720	248	0
238	HOPE Project Renovations	4/18/13	72,950	4,863	0
239	Roof Replacement-Play Ctr, Food Ptry, Offices	1/21/13	10,413	521	0
240	1st Floor HVAC Units-ductless split system	11/19/18	26,204	1,747	0
241	HVAC Repairs	3/07/19	13,289	886	0
242	Office Renovation	7/17/18	1,472	98	0
243	1st Floor Hallway Renovation	1/18/19	53,447	3,563	0
244	Story Room Renovation	8/08/18	984	65	0
246	2020 Nissan VN200 Cargo S Van	12/16/20	22,500	2,250	0
247	2 Ductless Splits - FCS	2/08/21	6,266	418	0
248	3-Door Free Standing Freezer	2/08/21	5,734	669	0
249	3rd Floor Womens HVAC	9/07/21	6,724	449	0
250	3rd Floor Check-in HVAC	6/22/22	7,854	523	0
251	Ramp Replacement/Entry Steps	12/31/22	127,831	6,391	0
252	Dental Amalgamator	12/28/22	5,265	527	0
253	HVAC 5 ton unit Guest House	3/17/23	8,250	550	0
254	Food Co-op/Admin Roof Replacement	9/12/23	7,800	520	0
255	GAIN Hub Roof Replacement	9/12/23	4,500	300	0
256	2 HVAC Units - Clothing	1/31/24	16,600	1,106	0
257	HVAC Unit-Guest House	2/14/24	8,300	553	0
258	Cranex Novus panoramic X-ray unit and monitor	6/03/24	15,149	1,515	0
259	Window Replacement Project	8/30/24	339,660	22,644	0
260	Outside Door Replacement Project #1	5/08/25	32,554	2,170	0
261	Food Co-Op Renovation	4/17/25	17,189	1,146	0

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Future Depreciation Report FYE: 6/30/26

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Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		3,921,661	159,518	0
	Total ACRS and Other Depreciation		3,921,661	159,518	0
	Grand Totals		3,921,661	159,518	0

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IN Future Depreciation Report FYE: 6/30/26

Form 990, Page 1

Other Depreciation:

Asset	Description	Date In Service	Cost	IN
6	LIFE CENTER	5/01/88	244,792	6,120
8	HEATING	9/10/87	1,800	0
9	COMPRESSOR	4/01/89	972	0
10	WIRECRAFTERS FENCING MATERIAL	5/01/89	818	0
11	TRANE CONDENSER AND AIR HANDL	8/01/89	1,990	0
12	SYMMONS TEMPTROL 5-200	9/01/89	802	0
13	REWIRE LC	9/01/89	2,220	0
16	FURNACE	7/01/90	29,975	0
17	CARPETING-BLUE CHAPEL	1/31/92	862	0
18	LIFE CENTER IMPROVEMENTS	7/31/92	1,468	0
19	LIFE CENTER APARTMENT	8/31/92	825	0
26	KITCHEN CABINETS/NLH	1/25/95	1,500	0
34	OFFICE RENOVATIONS	10/16/96	1,028	26
36	SECURITY MONITORING SYSTEM	2/01/98	1,552	0
38	CAREER ROOM RENOVATION	5/01/98	4,801	123
40	CARPET - CAREER CLOTHING RENOV	7/10/98	1,862	0
41	CAREER CLOTHING LIGHTING	7/10/98	2,560	66
42	CAREER CLOTHING RENOVATIONS	12/23/98	2,384	61
43	INSTALL DROP CEILING	8/13/98	1,300	33
45	TILE FLOOR-KITCHEN-Guest House	1/01/99	1,000	32
46	Counseling Ctr/Staff Lounge Roof	3/26/99	3,637	0
53	KITCHEN CABINETS(lp)	3/01/00	2,545	0
55	REMODELED BATHROOM	3/10/01	16,865	432
58	Tub/Shower	6/13/01	350	0
59	Paint iron fence out front	6/13/01	3,556	0
60	IMPERIAL RANGE	11/30/01	2,580	0
61	Tile-2nd Floor Apt	6/30/02	1,000	0
62	Plumbing Fixtures	9/20/01	250	0
63	Plumbing Electrical Doors (AOC)	3/15/02	5,907	0
64	Water Heaters	4/17/02	2,613	0
66	Roof	1/01/02	280,000	0
70	ROOF	8/01/02	145,000	0
74	TILE FLOOR-KITCHEN	9/30/03	11,095	0
79	CARPET	6/30/04	750	0
80	SINK & FAUCET	6/30/04	250	0
81	LIGHT FIXTURES	6/30/04	225	0
83	CONVECTION OVEN	3/16/04	4,845	0
86	STOVE - 30 STANDARD CLEAN	2/02/05	270	0
87	MICROWAVE - OTR HOOD AND MICR - Gu	2/02/05	230	0
88	CARPET - SANDBAR 1 2X82 W/ PAD A	11/05/04	1,943	0
93	CONCRETE STEPS - Guest House	8/19/05	1,387	36
95	CARRIER CONDENSING UNIT	7/05/05	3,250	0
96	Pre-owned Phone system	3/13/06	1,600	0
99	Computer Software Quick Books and Dono	11/30/05	1,947	0
100	CABINETS	1/12/07	4,362	0
108	New flooring	7/20/06	2,929	0
109	FCS Basement: Entry Door	1/25/07	2,348	0
110	Front door & entry doors	1/26/07	6,776	0
114	FCS: Flooring	1/25/07	2,907	0
116	FCS: Electrical work (re-wiring)	1/25/07	1,596	0
121	2-DOOR REFRIGERATOR	7/10/07	2,761	0
123	Glass/Aluminum Entry Door	3/01/08	2,980	0
130	Plasma HDTV and DVD Player	6/20/08	3,535	0
131	FCS Basement: Plumbing Upgrade	6/06/08	2,404	0
132	Roof-Final bill	6/30/09	312,498	15,625
133	LCMC RENOVATION	6/30/08	4,233	0
134	3RD FLOOR RENOVATION	6/30/08	5,780	0
137	Security & Phone System	5/26/09	15,022	0
138	Tile Floors	6/25/09	26,275	0
139	FRP wall panels dishroom	6/25/00	3,500	0
140	Acoustic ceiling	6/25/09	1,400	0
141	Roof	10/10/08	300,000	15,000
142	Door	12/19/08	855	0
143	Heat pump	10/10/08	8,500	0
144	Dishwasher	6/18/09	364	0
148	Dishwasher	12/02/09	11,150	0
155	Heating and air - Admin area	12/19/13	17,160	1,144
156	Restroom renovation	5/31/14	155,916	3,998

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IN Future Depreciation Report FYE: 6/30/26

Form 990, Page 1

Asset	Description	Date In Service	Cost	IN
157	HVAC Installation Courtyard offices	11/10/14	31,887	797
158	Restroom renovation 2	8/05/14	108,191	2,774
159	3 Ductless Splits	11/25/15	29,868	1,992
160	Kitchen Renovations	1/08/16	30,545	2,036
161	Initial Water Project Testing	8/13/15	3,065	0
162	Front Doors	10/30/15	4,058	271
163	Kitchen Equipment	1/12/16	849	0
164	Front Porch Project	1/12/16	668	45
165	Testing and Engineering - Water Project	1/21/16	4,242	283
166	Walk-In cooler/Freezer combo	1/21/16	32,484	1,895
167	Kitchen Equipment	1/21/16	829	0
168	Backsplash	1/27/16	439	0
169	Front Porch Project	2/29/16	586	39
170	Cooler Room Improvements	4/15/16	2,154	144
171	Hot Water Heater	6/23/16	9,500	950
172	2 Clothing Donation Bins	1/09/16	2,219	0
173	Utility Work - Parking Lot Project	4/30/16	3,250	217
197	2- 5 Drawer Lateral File Cabinets	9/01/16	67	0
198	2 Drawer Gray Lateral File Cabinet	9/01/16	13	0
199	3- 4 Drawer White Lateral File Cabinets	9/01/16	80	0
200	3 Complete Office Cubicles	9/01/16	161	0
201	4 Medical Exam Tables	9/01/16	402	0
202	6- 3 Drawer Gary Lateral File Cabinets	9/01/16	120	0
205	Dell Computers	9/01/16	347	0
206	Office Equipment	9/01/16	55	0
211	Waiting Room Chairs	9/01/16	582	0
212	Reception Chairs	9/01/16	136	0
213	Board Room Chairs	9/01/16	534	0
214	Phone & Security System	9/01/16	4,776	0
215	Belmont Dental Chair	9/01/16	9,597	0
216	Belmont Dental Chair	9/01/16	9,597	0
218	Powerair Dental Air Compressor	9/01/16	4,185	0
219	Powerair Dental Dry Vacuum	9/01/16	5,410	0
220	Sonix IV Ultrasonic Cleaner	9/01/16	1,286	0
221	2 Dental Chairs & Equipment	9/01/16	38,719	0
222	Refrigerator	9/01/16	1,125	0
223	Autoclave	9/01/16	5,234	0
225	Freezer - Food Co-Op	1/20/17	2,089	209
226	HVAC - ECLC Admin	11/16/16	39,568	989
227	Ultrasound Machine	5/26/17	25,000	2,500
228	Parking lot improvements	3/03/17	1,516	75
229	Lighting improvement	3/08/17	59,534	1,488
230	Parking lot project	3/20/18	888,611	44,430
231	Water heater/rework pipe-guest house	3/06/18	5,633	563
233	Story room chairs	3/21/18	1,168	117
234	Office and hallway renovation	6/30/18	25,329	633
235	3 PTAC units (HOPE)	2/28/13	9,651	0
236	Plumbing Renovations (HOPE)	3/29/13	9,790	653
237	Electrical Renovations (HOPE)	4/28/13	3,720	248
238	HOPE Project Renovations	4/18/13	72,950	4,863
239	Roof Replacement-Play Ctr, Food Ptry, Offices	1/21/13	10,413	521
240	1st Floor HVAC Units-ductless split system	11/19/18	26,204	1,747
241	HVAC Repairs	3/07/19	13,289	886
242	Office Renovation	7/17/18	1,472	98
243	1st Floor Hallway Renovation	1/18/19	53,447	3,563
244	Story Room Renovation	8/08/18	984	65
246	2020 Nissan VN200 Cargo S Van	12/16/20	22,500	2,250
247	2 Ductless Splits - FCS	2/08/21	6,266	418
248	3-Door Free Standing Freezer	2/08/21	5,734	669
249	3rd Floor Womens HVAC	9/07/21	6,724	449
250	3rd Floor Check-in HVAC	6/22/22	7,854	523
251	Ramp Replacement/Entry Steps	12/31/22	127,831	6,391
252	Dental Amalgamator	12/28/22	5,265	527
253	HVAC 5 ton unit Guest House	3/17/23	8,250	550
254	Food Co-op/Admin Roof Replacement	9/12/23	7,800	520
255	GAIN Hub Roof Replacement	9/12/23	4,500	300
256	2 HVAC Units - Clothing	1/31/24	16,600	1,106
257	HVAC Unit-Guest House	2/14/24	8,300	553
258	Cranex Novus panoramic X-ray unit and monitor	6/03/24	15,149	1,515
259	Window Replacement Project	8/30/24	339,660	22,644
260	Outside Door Replacement Project #1	5/08/25	32,554	2,170
261	Food Co-Op Renovation	4/17/25	17,189	1,146

31-1191608

IN Future Depreciation Report FYE: 6/30/26

Form 990, Page 1

Asset	Description	Date In Service	Cost	IN
	Total Other Depreciation		3,921,661	159,518
	Total ACRS and Other Depreciation		3,921,661	159,518
	Grand Totals		3,921,661	159,518

Form **990**

Two Year Comparison Report

For calendar year 2024, or tax year beginning **07/01/24** , ending **06/30/25**

2023 & 2024

Name

EVANSVILLE CHRISTIAN LIFE CENTER, INC.

Taxpayer Identification Number

31-1191608

			2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1.	1,436,602	1,343,903	-92,699
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	52,559	36,189	-16,370
	5. Investment income	5.	30,376	22,994	-7,382
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	-21,245	-3,604	17,641
	8. Net income or (loss) from fundraising events	8.	7,206	7,695	489
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. **Total revenue.** Add lines 1 through 11	12.	1,505,498	1,407,177	-98,321
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	124,212	106,127	-18,085
	16. Salaries, other compensation, and employee benefits	16.	513,409	497,730	-15,679
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	23,653	31,523	7,870
	19. Occupancy, rent, utilities, and maintenance	19.	106,536	99,122	-7,414
	20. Depreciation and Depletion	20.	145,346	158,054	12,708
	21. Other expenses	21.	560,442	544,137	-16,305
	22. **Total expenses.** Add lines 13 through 21	22.	1,473,598	1,436,693	-36,905
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	31,900	-29,516	-61,416
Other Information	24. Total exempt revenue	24.	1,505,498	1,407,177	-98,321
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	68,896	63,274	-5,622
	27. Total assets	27.	2,355,098	2,291,511	-63,587
	28. Total liabilities	28.	100,407	66,336	-34,071
	29. Retained earnings	29.	2,254,691	2,225,175	-29,516
	30. Number of voting members of governing body	30.	12	13	
	31. Number of independent voting members of governing body	31.	12	13	
	32. Number of employees	32.	21	21	
	33. Number of volunteers	33.	360	360	

Form **990**

Tax Return History

2024

Name **EVANSVILLE CHRISTIAN LIFE CENTER, INC.**

Employer Identification Number **31-1191608**

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	1,616,549	1,515,688	1,454,666	1,436,602	1,343,903	
Membership dues						
Program service revenue	30,112	38,191	57,153	52,559	36,189	
Capital gain or loss	-3,525	-1,360	-7,295	-21,245	-3,604	
Investment income	8,201	-5,165	17,090	30,376	22,994	
Fundraising revenue (income/loss)	5,886	7,570	8,437	7,206	7,695	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	1,657,223	1,554,924	1,530,051	1,505,498	1,407,177	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				124,212	106,127	
Other compensation	674,035	683,362	682,421	513,409	497,730	
Professional fees	12,400	21,900	23,264	23,653	31,523	
Occupancy costs	92,567	91,036	104,836	106,536	99,122	
Depreciation and depletion	170,961	163,890	152,992	145,346	158,054	
Other expenses	590,271	589,686	570,307	560,442	544,137	
Total expenses	1,540,234	1,549,874	1,533,820	1,473,598	1,436,693	
Excess or (Deficit)	116,989	5,050	-3,769	31,900	-29,516	
Total exempt revenue	1,657,223	1,554,924	1,530,051	1,505,498	1,407,177	
Total unrelated revenue						
Total excludable revenue	40,674	39,236	75,385	68,896	63,274	
Total Assets	2,272,998	2,278,973	2,294,267	2,355,098	2,291,511	
Total Liabilities	51,488	52,413	71,476	100,407	66,336	
Net Fund Balances	2,221,510	2,226,560	2,222,791	2,254,691	2,225,175	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
INTEREST INCOME						
	$ 20,750		14			
TOTAL	$ 20,750					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK FEES	$ 3,023	$ 1,942	$ 1,081	$
TOTAL	$ 3,023	$ 1,942	$ 1,081	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
GOLF SCRAMBLE EXPENSES	$ 14,937	$	$	$ 14,937
PARENTING REWARDS	9,594	9,594		
ANTI-POVERTY PROGRAM	9,475	9,475		
SUPPLIES	7,097	5,550	1,547	
MEDICAL RESOURCE CENTER	6,866	6,866		
LAB FEES	1,931	1,931		
ACCENT ON CHRIST	833	833		
VEHICLES	245	30	215	
TOTAL	$ 50,978	$ 34,279	$ 1,762	$ 14,937

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
CONTRIBUTIONS	$ 588,748
GRANTS-FOUNDATIONS & TRUSTS	401,556
GIFTS IN KIND-SUPPLIES	496
GIFTS IN KIND-PARENTING REWARDS	9,594
GIFTS IN KIND-LC DONATIONS	884
GIFTS IN KIND-PRC & MEDICAL	2,930
GIFTS IN KIND-CLOTHING	112,373
GIFTS IN KIND-FOOD DONATIONS	192,199
GOLF SCRAMBLE	
CASH CONTRIBUTION	27,300
NONCASH CONTRIBUTIONS	7,823
TOTAL	$ 1,343,903

Schedule A, Part III, Line 2(e)

Description	Amount
FOOD CO-OP	$ 5,518
CLOTHING DEPARTMENT	17,860
MEDICAL CARE SERVICES	12,811
TOTAL	$ 36,189

Schedule A, Part III, Line 3(e)

Description	Amount
GOLF SCRAMBLE	$ 7,695
TOTAL	$ 7,695

Federal Statements

Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	$ 20,750
GAIN ON INVESTMETNS	2,244
TOTAL	$ 22,994