

Public Inspection Copy

EXEMPT ORGANIZATION
TAX RETURNS

FOR THE YEAR ENDED DECEMBER 31, 2017

ECUMEN

**CLIENT COPY
RETAIN FOR YOUR RECORDS**

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.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ECUMEN		D Employer identification number 91-1982139
	Doing business as		E Telephone number 651-766-4300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 183,458,863.
	3530 LEXINGTON AVENUE NORTH		H(a) Is this a group return for subordinates? STMT 1 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code SHOREVIEW, MN 55126		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: KATHRYN ROBERTS SAME AS C ABOVE		H(c) Group exemption number 9386	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ECUMEN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1923
M State of legal domicile: MN			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE CREATE HOMES FOR OLDER ADULTS, WHEREVER THEY CHOOSE TO LIVE.
	2 Check this box <input type="checkbox"/> 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 2017 (Part V, line 2a) 5 3762
	6 Total number of volunteers (estimate if necessary) 6 1500
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 26,290.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,075,114. 2,231,219.
	9 Program service revenue (Part VIII, line 2g) 153,698,817. 153,640,281.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,461,422. 9,792,412.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 677,247. 253,292.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 158,912,600. 165,917,204.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 89,273,403. 89,647,666.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) 599,995.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 69,239,189. 70,400,749.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 158,806,271. 160,327,548.	
19 Revenue less expenses. Subtract line 18 from line 12 106,329. 5,589,656.	
Net Assets or Fund Balances	
	21 Total liabilities (Part X, line 26) 277,966,043. 264,919,966.
	22 Net assets or fund balances. Subtract line 21 from line 20 41,046,193. 49,615,233.

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: SCOTT MCGUIRE, CFO & SENIOR VICE PRESIDENT	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name: CHRISTOPHER STEINHOFF	Preparer's signature: CHRISTOPHER STEINHOFF	Date: 11/01/18	Check if self-employed: <input type="checkbox"/>	PTIN: P01587351
	Firm's name: CLIFTONLARSONALLEN LLP	Firm's EIN: 41-0746749	Firm's address: 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Phone no.: 612-376-4500	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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: WE CREATE HOMES FOR OLDER ADULTS, WHEREVER THEY CHOOSE TO LIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

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 \$ 144,072,639. including grants of \$ 279,133.) (Revenue \$ 153,640,281.) ECUMEN IS A MINNESOTA NONPROFIT CORPORATION ORGANIZED PRIMARILY TO OWN, OPERATE, MANAGE AND SUPPORT SENIOR LIVING AND HEALTH CARE COMMUNITIES. HOUSING AND SERVICES FOR SENIORS ARE PROVIDED AT ECUMEN COMMUNITIES THROUGH A CONTINUUM OF CARE, INCLUDING VARIOUS LEVELS OF RESIDENTIAL LIVING AND SKILLED NURSING AS WELL AS OTHER COMMUNITY-BASED PROGRAMS AND SERVICES, INCLUDING HOME HEALTH CARE AND OUTPATIENT THERAPIES. AS OF DECEMBER 31, 2017, ECUMEN AND ITS AFFILIATES OWNED OR LEASED 42 HEALTH CARE AND OTHER FACILITIES, INCLUDING 11 U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT SUBSIDIZED HOUSING PROJECTS. AN ADDITIONAL 20 HEALTH CARE AND OTHER FACILITIES WERE MANAGED FOR UNRELATED THIRD-PARTY OWNERS.

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 144,072,639.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X
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	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	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	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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		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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	X	
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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

Main form area with questions 1a through 14b and columns for Yes/No and numerical answers.

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 in Schedule O. See instructions.

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a			13
b	Enter the number of voting members included in line 1a, above, who are independent		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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O		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?	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		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?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MN**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19 Describe in 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: **SCOTT MCGUIRE - (651)766-4300**
3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) DARRELL TUKUA CHAIR	1.00	X		X				0.	0.	0.
(2) DEBBIE CERVENKA VICE CHAIR	1.00	X		X				0.	0.	0.
(3) GAIL OLSON SECRETARY	1.00	X		X				0.	0.	0.
(4) ANN BARKELEW TREASURER	1.00	X		X				0.	0.	0.
(5) SUSIE CROCKETT TRUSTEE	1.00	X						0.	0.	0.
(6) J. MICHAEL DADY TRUSTEE	1.00	X						0.	0.	0.
(7) DAVID DURENBERGER TRUSTEE	1.00	X						0.	0.	0.
(8) ROBERT HOFFMAN TRUSTEE	1.00	X						0.	0.	0.
(9) LISA KRO TRUSTEE	1.00	X						0.	0.	0.
(10) RICHARD OLSON TRUSTEE	1.00	X						0.	0.	0.
(11) JOHN PETRABORG TRUSTEE	1.00	X						0.	0.	0.
(12) JIM SCHOWALTER TRUSTEE	1.00	X						0.	0.	0.
(13) NANCY THOMPSON ULVESTAD TRUSTEE	1.00	X						0.	0.	0.
(14) KATHRYN ROBERTS PRESIDENT & CEO	39.00 1.00			X				594,316.	0.	59,989.
(15) SHELLEY KENDRICK SR VP OF OPERATIONS	39.00 1.00			X				309,610.	0.	48,958.
(16) SCOTT MCGUIRE CFO & SENIOR VP OF FINANCE	39.00 1.00			X				268,602.	0.	44,943.
(17) ROBIN BALCK SR VP HR & STRATEGIC ALIGNMENT	40.00			X				279,487.	0.	29,489.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) ANASTASIA HANLEY SR VP OF PHILANTHROPY	40.00			X				168,633.	0.	12,197.
(19) JULIE MURRAY SR VP OF MARKETING & DEVELOPMENT	40.00			X				254,560.	0.	25,053.
(20) LARRY JORGENSEN VP OF INFORMATION TECHNOLOGY	40.00				X			150,239.	0.	7,731.
(21) JOHN KORZENDORFER SR REGIONAL DIRECTOR OF OPERATIONS	40.00					X		168,639.	0.	19,538.
(22) CAROL KVIDT SR DIR OF STRATEGY & SPECIAL PROJECT	40.00					X		173,421.	0.	24,252.
(23) PAUL LIBBON SR REGIONAL DIRECTOR OF OPERATIONS	40.00					X		182,717.	0.	15,173.
(24) CYNTHIA MOWAN VP OF FINANCE	39.00 1.00					X		166,963.	0.	22,215.
(25) JENNIFER PFEFFER SR REGIONAL DIRECTOR OF OPERATIONS	40.00					X		169,036.	0.	33,218.
1b Sub-total								2,886,223.	0.	342,756.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,886,223.	0.	342,756.

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 **45**

	Yes	No
3 Did the organization list any former officer, director, or 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
GRAY PLANT MOOTY 80 S 8TH ST, STE 500, MINNEAPOLIS, MN 55402	LEGAL	456,446.
CLIFTONLARSONALLEN, LLP, 220 S 6TH ST, STE 300, MINNEAPOLIS, MN 55402	AUDIT & TAX	396,713.
LINCOLN WASTE, 2075 SILAS DEAN HWY STE 101, ROCKY HILL, CT 06067	WASTE MANAGEMENT	274,916.
LIFESTYLE COMMUNITIES LLC 6597 HARBOR BEACH NE, PRIOR LAKE, MN 55372	DEVELOPMENT	247,638.
OUTCOME RESOURCE LLC, 2210 PLAZA DRIVE SUITE 300, ROCKLIN, CA 95765	CONSULT	200,653.

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 **8**

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	1 a	Federated campaigns	8,750.				
	b	Membership dues					
	c	Fundraising events	95,184.				
	d	Related organizations					
	e	Government grants (contributions)	300,362.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,826,923.				
	g	Noncash contributions included in lines 1a-1f: \$	3,078.				
	h	Total. Add lines 1a-1f		2,231,219.			
Program Service Revenue	2 a	ASSISTED LIVING FEES	623000	75,324,667.	75,324,667.		
	b	NURSING REVENUE	623000	73,841,275.	73,841,275.		
	c	MANAGEMENT FEES	541610	2,631,191.	2,631,191.		
	d	OTHER OPERATING FEES	623000	707,922.	707,922.		
	e	MEAL FEES	722210	641,215.	641,215.		
	f	All other program service revenue	623000	494,011.	494,011.		
	g	Total. Add lines 2a-2f		153,640,281.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		760,018.		760,018.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	201,277.			
			(ii) Personal				
			Less: rental expenses	0.			
	c	Rental income or (loss)	201,277.				
	d	Net rental income or (loss)		201,277.		201,277.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	2,284,417.			
			(ii) Other	24,208,060.			
			Less: cost or other basis and sales expenses	1,869,878.	15,590,205.		
			c	Gain or (loss)	414,539.	8,617,855.	
	d	Net gain or (loss)		9,032,394.		9,032,394.	
	8 a	Gross income from fundraising events (not including \$ 95,184. of contributions reported on line 1c). See Part IV, line 18	a	30,240.			
	b	Less: direct expenses	b	42,987.			
c	Net income or (loss) from fundraising events		-12,747.		-12,747.		
9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	64,677.				
		b	Less: cost of goods sold	38,589.			
		c	Net income or (loss) from sales of inventory		26,088.		26,088.
Miscellaneous Revenue		Business Code					
11 a	CAFE/CATERING REVENUES	722320	342,839.			342,839.	
b	TENANT FEES	623000	329,165.			329,165.	
c	FACILITY USE FEES	713940	182,675.			182,675.	
d	All other revenue	900099	-816,005.		26,290.	-842,295.	
e	Total. Add lines 11a-11d		38,674.				
12	Total revenue. See instructions.		165,917,204.	153,640,281.	26,290.	10,019,414.	

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	279,133.	279,133.		
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	2,253,804.	494,152.	1,578,822.	180,830.
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	70,148,176.	63,913,311.	6,015,169.	219,696.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,239,365.	1,815,401.	403,209.	20,755.
9 Other employee benefits	9,429,906.	8,769,918.	624,502.	35,486.
10 Payroll taxes	5,576,415.	5,095,575.	451,000.	29,840.
11 Fees for services (non-employees):				
a Management	2,898,740.	2,898,740.		
b Legal	428,319.	367,535.	60,393.	391.
c Accounting	206,338.	20,634.	185,704.	
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 Sch O.)	14,554,991.	13,625,355.	891,342.	38,294.
12 Advertising and promotion	893,920.	757,069.	135,586.	1,265.
13 Office expenses	1,161,403.	893,426.	258,359.	9,618.
14 Information technology	804,879.	419,243.	370,402.	15,234.
15 Royalties				
16 Occupancy	7,912,955.	7,015,284.	897,671.	
17 Travel	1,121,603.	952,473.	158,962.	10,168.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	949,467.	747,766.	174,752.	26,949.
20 Interest	10,292,102.	9,147,210.	1,144,892.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,859,193.	11,113,193.	1,746,000.	
23 Insurance	982,170.	782,848.	199,322.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RESIDENT CARE SUPPLIES	10,009,487.	10,009,487.		
b EQUIP. RENTAL & MAINT.	1,944,506.	1,656,574.	287,148.	784.
c SURCHARGE	1,504,387.	1,504,387.		
d BAD DEBT EXPENSE	512,070.	506,812.		5,258.
e All other expenses	1,364,219.	1,287,113.	71,679.	5,427.
25 Total functional expenses. Add lines 1 through 24e	160,327,548.	144,072,639.	15,654,914.	599,995.
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	14,485,930.	1	23,389,152.
	2	Savings and temporary cash investments	1,254,755.	2	486,753.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	14,015,723.	4	14,937,885.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	174,522.	7	1,163,761.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	659,100.	9	658,304.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 313,594,347.		
	b	Less: accumulated depreciation	10b 106,018,295.	10c	207,576,052.
	11	Investments - publicly traded securities	29,372,440.	11	32,620,220.
	12	Investments - other securities. See Part IV, line 11	2,450,462.	12	2,724,422.
	13	Investments - program-related. See Part IV, line 11	649,095.	13	0.
	14	Intangible assets	5,824,664.	14	5,380,018.
	15	Other assets. See Part IV, line 11	19,299,451.	15	25,598,632.
16	Total assets. Add lines 1 through 15 (must equal line 34)	319,012,236.	16	314,535,199.	
Liabilities	17	Accounts payable and accrued expenses	16,040,287.	17	12,701,257.
	18	Grants payable		18	
	19	Deferred revenue	-141,227.	19	-187,727.
	20	Tax-exempt bond liabilities	97,081,597.	20	86,259,461.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2,906,845.	21	1,717,076.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	159,522,984.	23	156,161,107.
	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	2,555,557.	25	8,268,792.
	26	Total liabilities. Add lines 17 through 25	277,966,043.	26	264,919,966.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	35,354,634.	27	43,147,508.
	28	Temporarily restricted net assets	2,203,503.	28	2,706,764.
	29	Permanently restricted net assets	3,488,056.	29	3,760,961.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	41,046,193.	33	49,615,233.	
34	Total liabilities and net assets/fund balances	319,012,236.	34	314,535,199.	

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	165,917,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	160,327,548.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,589,656.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,046,193.
5	Net unrealized gains (losses) on investments	5	3,262,060.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-282,676.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,615,233.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2017)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **ECUMEN** Employer identification number **91-1982139**

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 or 990-EZ).)
- 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 in 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. 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		<input type="checkbox"/>
b 33 1/3% support test - 2016. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,659,867.	3,935,527.	3,605,371.	3,075,114.	2,231,219.	18,507,098.
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	138,900,293.	138,286,180.	143,553,103.	153,698,817.	153,640,281.	728,078,674.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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	144,560,160.	142,221,707.	147,158,474.	156,773,931.	155,871,500.	746,585,772.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			131,190.	111,011.	11,850.	254,051.
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						0.
c Add lines 7a and 7b			131,190.	111,011.	11,850.	254,051.
8 Public support. (Subtract line 7c from line 6.)						746,331,721.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	144,560,160.	142,221,707.	147,158,474.	156,773,931.	155,871,500.	746,585,772.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	728,737.	715,674.	845,436.	906,752.	961,295.	4,157,894.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	728,737.	715,674.	845,436.	906,752.	961,295.	4,157,894.
11 Net income from unrelated business activities not included in 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.)	1,172,940.	1,290,627.	1,522,610.	636,870.	107,301.	4,730,348.
13 Total support. (Add lines 9, 10c, 11, and 12.)	146,461,837.	144,228,008.	149,526,520.	158,317,553.	156,940,096.	755,474,014.

14 First five 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 2017 (line 8, column (f) divided by line 13, column (f))	15	98.79 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	98.64 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.55 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.57 %

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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 those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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? 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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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 A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

SPECIAL EVENT REVENUES

FACILITY USE FEES

MISCELLANEOUS INCOME

CAFE/CATERING REVENUES

SALES OF INVENTORY

TENANT FEES

LAUNDRY REVENUE

MAINTENANCE/REPAIRS INCOME

HOUSEKEEPING

BEAUTY SHOP

DEBT REFINANCING LOSS

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization ECUMEN	Employer identification number 91-1982139
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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

- 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

ECUMEN

91-1982139

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
<u>1</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>97,111.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>7,944.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ECUMEN	Employer identification number 91-1982139
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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
<u>7</u>		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>8,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>6,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>705,860.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **ECUMEN** Employer identification number **91-1982139**

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		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 32,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 35,577.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 12,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ECUMEN	Employer identification number 91-1982139
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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		\$ 114,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 33,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 19,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 60,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 15,039.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ECUMEN	Employer identification number 91-1982139
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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		\$ <u>15,820.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ <u>98,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
ECUMEN

Employer identification number
91-1982139

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization ECUMEN	Employer identification number 91-1982139
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

RM 990 LINE H(B) - LIST OF AFFILIATED STATEMENT 1
 ORGANIZATIONS INCLUDED IN GROUP RETURN

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
UMEN	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	41-0711588
UMEN HOME CARE, INC.	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	41-1586029
NKATO LUTHERAN HOME	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	41-1858069
COND CENTURY HOUSING	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	41-1852311
KESHORE, INC.	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	81-0606178
UMEN PROPERTIES, INC.	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	41-1905567
PLEWOOD SENIOR HOUSING, INC.	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	16-1655687
UMEN FOUNDATION	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	41-1606713
THANY HOME FOUNDATION OF EXANDRIA	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	41-1451489
MANUEL FOUNDATION	3530 LEXINGTON AVENUE NORTH - SHOREVIEW, MN 55126	41-1460344

Political Campaign and Lobbying Activities

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ECUMEN	Employer identification number 91-1982139
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV.a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		0.
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES

ECUMEN PAID \$155,783 FOR MEMBERSHIP DUES TO AGING SERVICES OF MINNESOTA AND LEADINGAGE. THESE AGENCIES ARE INVOLVED IN AGING SERVICES ISSUES RELATED TO LONG TERM CARE, SENIOR HOUSING AND SUPPORTIVE SERVICES THROUGH GRASSROOTS ADVOCACY AND EDUCATION. THESE ASSOCIATIONS DO CONDUCT LOBBYING ACTIVITIES ON BEHALF OF THEIR MEMBERS. THE DUES AMOUNTS SHOWN ARE THE

Part IV Supplemental Information (continued)

TOTAL DUES PAID TO THE RESPECTIVE ASSOCIATIONS, BUT THE PERCENTAGE OF THE DUES ATTRIBUTABLE TO LOBBYING ACTIVITIES HAS NOT BE PROVIDED TO ECUMEN.

Lined area for supplemental information.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ECUMEN

Employer identification number

91-1982139

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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

Schedule D (Form 990) 2017

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 are a 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 programs
 - 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 on 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	5,691,560.	5,568,271.	5,517,731.	7,463,660.	4,034,189.
b Contributions	1,355,320.	1,857,857.	1,333,259.	1,578,164.	3,441,957.
c Net investment earnings, gains, and losses	273,960.	27,715.	-305,205.	-52,676.	206,028.
d Grants or scholarships					
e Other expenditures for facilities and programs	853,115.	1,762,283.	977,515.	3,471,417.	218,514.
f Administrative expenses					
g End of year balance	6,467,725.	5,691,560.	5,568,271.	5,517,731.	7,463,660.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 58.00 %
- c Temporarily restricted endowment 42.00 %

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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		15,331,527.		15,331,527.
b Buildings		271,833,137.	87,383,470.	184,449,667.
c Leasehold improvements				
d Equipment		25,777,738.	18,634,825.	7,142,913.
e Other		651,945.		651,945.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				207,576,052.

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

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) TENANT SECURITY DEPOSITS	5,533,900.
(2) BOND & MORTGAGE INDENTURE AGREEMENTS	17,716,243.
(3) WORKERS COMPENSATION RESERVE	1,500,000.
(4) OTHER	560,445.
(5) LETTER OF CREDIT COLLATERAL	288,044.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	25,598,632.

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) ASSET RETIREMENT OBLIGATIONS	6,305,125.
(3) INSURANCE CLAIMS RESERVES	1,963,667.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,268,792.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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 IV, LINE 2B:

ECUMEN HOLDS IN TRUST DEPOSIT AMOUNTS RECEIVED BY TENANTS OF THE PROJECT UPON MOVE-IN. THERE ARE SEVERAL DIFFERENT TYPES OF THESE DEPOSITS INCLUDING SECURITY DEPOSIT, RESIDENT TRUST, AND UNIT SHARE. THE TENANT DEPOSITS ARE MAINTAINED IN AN INTEREST-BEARING ACCOUNT SEPARATE FROM ECUMEN'S OPERATING ACCOUNT. WITHDRAWALS ARE RESTRICTED TO THE REIMBURSEMENTS OF DEPOSIT AMOUNT.

PART V, LINE 4:

PERMANENT ENDOWMENT FUNDS ARE TO BE HELD IN PERPETUITY AND INCOME IS USED TO SUPPORT THE FACILITIES AND PROGRAMS OF ECUMEN. TERM ENDOWMENTS ARE HELD UNTIL THE SPECIFIC TIME OR EVENT HAS OCCURRED.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION HAS BEEN GRANTED EXEMPT STATUS RELATIVE TO FEDERAL AND MINNESOTA CORPORATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE FEDERAL INTERNAL REVENUE CODE AND APPLICABLE STATE CODES.

INCOME OR LOSS FROM ACTIVITIES CONSIDERED UNRELATED TO ECUMEN'S TAX EXEMPT PURPOSE IS RECORDED IN THE ACCOUNTS OF ECUMEN SERVICES, INC. INCOME TAXES FOR ECUMEN SERVICES, INC. ARE RECORDED AT THE PREVAILING STATUTORY RATES AND ARE INCLUDED IN OPERATING EXPENSE. THERE WERE NO INCOME TAXES PAYABLE AT DECEMBER 31, 2017 OR DECEMBER 31, 2016.

THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

SCHEDULE G
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

ECUMEN

Employer identification number

91-1982139

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 non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a 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 fundraiser have custody or control of contributions?		(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
		Yes	No			
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	(b) Event #2	(c) Other events	(d) Total events
	DL CHARITY BENEFIT (event type)	ECUMEN GOLF TOURNAMENT (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	53,301.	30,492.	41,631.	125,424.
2 Less: Contributions	47,801.	13,932.	33,451.	95,184.
3 Gross income (line 1 minus line 2)	5,500.	16,560.	8,180.	30,240.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	3,078.	960.	500.	4,538.
6 Rent/facility costs	500.	13,001.	1,629.	15,130.
7 Food and beverages	4,837.	1,248.	6,252.	12,337.
8 Entertainment	250.	0.	500.	750.
9 Other direct expenses	5,267.	2,737.	2,228.	10,232.
10 Direct expense summary. Add lines 4 through 9 in column (d)				42,987.
11 Net income summary. Subtract line 10 from line 3, column (d)				-12,747.

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 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.

Part IV Supplemental Information (continued)

Lined area for supplemental information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ECUMEN

Employer identification number
91-1982139

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EDUCATION GRANTS	144	263,230.	0.		
EMPLOYEE ASSISTANCE	19	15,903.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
 FOR GRANTS, THE ORGANIZATION TAKES INTO CONSIDERATION THE GRANTEE'S GOALS AND OBJECTIVES WHEN DETERMINING A POTENTIAL CONTRIBUTION. WE FOCUS ON GRANTEES THAT ARE INVOLVED IN THE LONG-TERM CARE INDUSTRY AND LIMIT CONTRIBUTIONS TO ENTITIES THAT ARE DEEMED CHARITABLE ORGANIZATIONS. GRANTS TO RELATED ORGANIZATIONS ARE MONITORED THROUGH COMMON CONTROL AND MANAGEMENT. GRANTS TO NON-RELATED ORGANIZATIONS ARE NOT DIRECTLY MONITORED SUBSEQUENT TO FUNDS BEING GRANTED.

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Part IV Supplemental Information

SCHOLARSHIP RECIPIENTS ARE REQUIRED TO PROVIDE TUITION STATEMENTS PRIOR TO RECEIVING SCHOLARSHIP FUNDS. EMPLOYEE ASSISTANCE RECIPIENTS ARE REQUIRED TO PROVIDE BILLS AND OTHER EXPENSE STATEMENTS PRIOR TO RECEIVING ASSISTANCE FUNDS.

Lined area for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ECUMEN

Employer identification number

91-1982139

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7		X
8		X
9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHRYN ROBERTS PRESIDENT & CEO	(i) 495,456. (ii) 0. (iii) 0.	91,895.	6,965.	34,200.	25,789.	654,305.	0.
(2) SHELLEY KENDRICK SR VP OF OPERATIONS	(i) 270,097. (ii) 0. (iii) 0.	37,596.	1,917.	15,583.	33,375.	358,568.	0.
(3) SCOTT MCGUIRE CFO & SENIOR VP OF FINANCE	(i) 261,880. (ii) 0. (iii) 0.	6,105.	617.	15,444.	29,499.	313,545.	0.
(4) ROBIN BALCK SR VP HR & STRATEGIC ALIGNMENT	(i) 242,130. (ii) 0. (iii) 0.	35,706.	1,651.	16,280.	13,209.	308,976.	0.
(5) ANASTASIA HANLEY SR VP OF PHILANTHROPY	(i) 162,394. (ii) 0. (iii) 0.	5,183.	1,056.	2,894.	9,303.	180,830.	0.
(6) JULIE MURRAY SR VP OF MARKETING & DEVELOPMENT	(i) 221,355. (ii) 0. (iii) 0.	32,688.	517.	13,456.	11,597.	279,613.	0.
(7) LARRY JORGENSEN VP OF INFORMATION TECHNOLOGY	(i) 131,494. (ii) 0. (iii) 0.	18,203.	542.	4,593.	3,138.	157,970.	0.
(8) JOHN KORZENDORFER SR REGIONAL DIRECTOR OF OPERATIONS	(i) 151,711. (ii) 0. (iii) 0.	14,508.	2,420.	10,332.	9,206.	188,177.	0.
(9) CAROL KVIDT SR DIR OF STRATEGY & SPECIAL PROJECTS	(i) 155,985. (ii) 0. (iii) 0.	15,916.	1,520.	9,737.	14,515.	197,673.	0.
(10) PAUL LIBBON SR REGIONAL DIRECTOR OF OPERATIONS	(i) 161,197. (ii) 0. (iii) 0.	21,003.	517.	10,688.	4,485.	197,890.	0.
(11) CYNTHIA MOWAN VP OF FINANCE	(i) 150,925. (ii) 0. (iii) 0.	15,090.	948.	9,871.	12,344.	189,178.	0.
(12) JENNIFER PFEFFER SR REGIONAL DIRECTOR OF OPERATIONS	(i) 142,221. (ii) 0. (iii) 0.	25,926.	889.	10,463.	22,755.	202,254.	0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.
	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4B-C:**SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN:**

KATHRYN ROBERTS - 457(F) - \$18,000

EQUITY-BASED COMPENSATION ARRANGEMENT:

SEE THE NARRATIVE IN SCHEDULE J, PART III, RELATED TO PART I, LINE 5. THE BONUSES OPERATE SIMILARLY TO AN EQUITY-BASED COMPENSATION PLAN.

PART I, LINE 5:**PURPOSE:**

THE PURPOSE OF THE PLAN IS TO REWARD INDIVIDUAL AND TEAM ACCOMPLISHMENTS OF MANAGEMENT AND PROFESSIONAL STAFF THAT MAKE SIGNIFICANT CONTRIBUTIONS TO THE ACHIEVEMENT OF BUDGETED FINANCIAL AND STRATEGIC GOALS AS ESTABLISHED BY ECUMEN.

ELIGIBILITY:

ELIGIBILITY FOR THE PLAN IS LIMITED TO REGULAR MANAGEMENT EMPLOYEES WHO RETAIN THE JOB TITLE OF MANAGER, DIRECTOR, SENIOR DIRECTOR, VICE PRESIDENT, SENIOR VICE PRESIDENT OR CHIEF EXECUTIVE LEVEL OF THE HOME OFFICE, AND TO

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

MANAGEMENT STAFF LOCATED OUTSIDE THE HOME OFFICE WITH JOB TITLES OF ADMINISTRATOR, HOUSING MANAGER, AND DEPARTMENT HEAD. OTHER KEY EMPLOYEES MAY BE INCLUDED IN THE PLAN AS APPROVED BY THE CHIEF EXECUTIVE OFFICER.

PLAN GOALS:

VARIABLE PAY PLAN PAYMENTS ARE EARNED BASED ON ACHIEVING AN ACTUAL EBITDA (EARNINGS BEFORE INTEREST, TAXES, DEPRECIATION & AMORTIZATION) FOR THE YEAR THAT FALLS WITHIN A RANGE OF 93% - 115% OF BUDGETED OPERATING EBITDA. HOME OFFICE PARTICIPANTS WILL HAVE ONLY ONE GOAL AROUND ECUMEN'S BUDGETED OPERATING EBITDA. LOCATION PARTICIPANTS WILL HAVE TWO GOALS, WITH 80% BASED ON LOCAL BUDGETED OPERATING EBITDA ACHIEVEMENT AND 20% ON CONSOLIDATED ACHIEVEMENT. BOTH THE LOCATION AND THE CONSOLIDATED THRESHOLDS MUST BE MET IN ORDER FOR A LOCATION TO RECEIVE A PAYOUT UNDER THIS PLAN. REGIONAL DIRECTORS HAVE THE SAME TWO GOALS WITH THE LOCAL GOAL BASED ON CAMPUS OPERATIONS. ECUMEN RESERVES THE RIGHT TO CHANGE THE EBITDA TO REFLECT CHANGES IN THE CURRENT BUSINESS PORTFOLIO. CHANGES ARE COMMUNICATED TO PARTICIPANTS.

PART I, LINE 6:

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SEE THE NARRATIVE IN SCHEDULE J, PART III, RELATED TO PART I, LINE 5. THE BONUSES ARE BASED ON EBITDA (EARNINGS BEFORE INTEREST, TAXES, DEPRECIATION AND AMORTIZATION), WHICH IS CLOSELY RELATED TO BOTH REVENUES AND NET EARNINGS.

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

ENTITY 1

OMB No. 1545-0047
2017
Open to Public
Inspection

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ECUMEN

Employer identification number
91-1982139

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF OWATONNA, MN	41-6005444	690562AA1	06/30/03	4,120,000.	REFINANCING SERIES 2000 BONDS		X		X		X
B	CITY OF PINE CITY, MN	41-6005456	722518AA5	04/27/06	8,100,000.	PURCHASE OF FACILITIES		X		X		X
C	CITY OF APPLE VALLEY, MN	41-0847612	03789WAE0	03/29/10	5,545,000.	NEW CONSTRUCTION		X		X		X
D	CITY OF MAPLEWOOD, MN	41-6008920	565566AE6	07/01/10	5,875,000.	NEW CONSTRUCTION		X		X		X

Part II Proceeds

	A		B		C		D
	Yes	No	Yes	No	Yes	No	
1			1,905,000.		1,500,000.	545,000.	640,000.
2						5,000,000.	5,235,000.
3			4,120,000.		8,100,000.	5,545,000.	5,875,000.
4							
5							
6			3,841,720.				2,298,710.
7			278,280.		302,750.	223,400.	260,945.
8							
9							
10					7,797,250.	4,890,919.	2,881,487.
11						430,681.	433,858.
12							
13			2003	2006	2011	2010	
14	X			X			
15	X			X			
16	X			X			
17	X			X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	X		X		X		X	
2	X		X		X		X	

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Schedule K (Form 990) 2017

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

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **ECUMEN** Employer identification number: **91-1982139**

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY OF LAKE CRYSTAL, MN	41-6005294509530BG5		08/10/10	6,865,000	NEW CONSTRUCTION		X		X		X
B CITY OF MOORHEAD, MN	41-600538661615CAB8		09/27/12	10,076,874	REFINANCING SERIES 2005A AND		X		X		X
MOORHEAD ECONOMIC DEVELOPMENT AUTHORITY, HOUSING AND REDEVELOPMENT AUTHORITY	M41-167151061615JAR8		09/27/12	10,000,000	REFINANCING SERIES 2005A AND		X		X		X
D REDEVELOPMENT AUTHORITY	41-6006975	NONE	09/28/12	8,300,000	REFINANCING SERIES 2004A, 200		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		595,000		2,630,000				1,231,972
2 Amount of bonds legally defeased								
3 Total proceeds of issue		6,865,000		10,076,874				8,300,000
4 Gross proceeds in reserve funds		508,849						
5 Capitalized interest from proceeds		419,720						
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		334,050		245,923				7,984,423
8 Credit enhancement from proceeds								154,104
9 Working capital expenditures from proceeds		550,000						
10 Capital expenditures from proceeds		5,052,381						161,473
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2010		2012				2012
14 Were the bonds issued as part of a current refunding issue?			X				X	
15 Were the bonds issued as part of an advance refunding issue?			X				X	
16 Has the final allocation of proceeds been made?	X		X				X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X				X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X		X		X		X	
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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

ENTITY 3

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

ECUMEN

Employer identification number
91-1982139

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	LAKE COUNTY HOUSING AND REDEVELOPMENT AUTHORITY, MN	41-1563472	NONE	09/28/12	9,140,000	REFINANCING SERIES 2004A, 200		X		X		X
B	TOWN OF RICE LAKE, MN	41-6005489	NONE	09/28/12	5,560,000	REFINANCING SERIES 2004A, 200		X		X		X
C	CITY OF FALCON HEIGHTS, MN	41-6007644	NONE	01/04/13	4,400,000	REFINANCING SERIES 2005A BOND		X		X		X
D	CITY OF CHISAGO CITY, MN	41-6005046	17012CAR4	07/25/13	18,520,000	REFINANCING SERIES 2004A AND		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1			1,356,755.	825,334.	611,867.			1,245,000.
2								
3			9,140,000.	5,560,000.	4,400,000.			18,520,000.
4								
5								
6			8,792,485.	5,348,602.	4,330,395.			18,046,679.
7			169,700.	103,231.	69,605.			473,321.
8								
9								
10			177,815.	108,167.				
11								
12								
13			2012	2012	2013	2013	2013	2013

	2012		2012		2013		2013	
	Yes	No	Yes	No	Yes	No	Yes	No
14	X		X		X		X	
15	X		X		X		X	
16	X		X		X		X	
17	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1			X		X		X	
2			X		X		X	

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Schedule K (Form 990) 2017

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

ENTITY 4

OMB No. 1545-0047
2017
Open to Public
Inspection

Supplemental information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number
91-1982139

ECUMEN

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased (h) On behalf of issuer		(i) Pooled financing		
							Yes	No	Yes	No	Yes
A	CITY OF ST. CLAIR, MN	41-60077943	363651LZ1	07/30/13	9,125,000.	REFINANCING SERIES 2004D, 200			X		X
B	CITY OF DETROIT LAKES, MN	41-6005098	NONE	08/01/13	2,670,748.	REFINANCING SERIES 2004A BOND			X		X
C	CITY OF WORTHINGTON, MN	41-60056569	8185QAX1	05/21/14	6,385,000.	REFINANCING SERIES 2009A BOND			X		X
D	CITY OF NORTH BRANCH, MN	41-6005421	NONE	11/25/14	4,075,000.	REFINANCING SERIES 2006B BOND			X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1			1,422,128.		337,355.		575,000.	545,892.
2								
3			9,125,000.		2,670,748.		6,385,000.	4,075,000.
4								
5								
6			9,013,939.		2,635,370.		6,198,840.	3,959,541.
7			111,061.		35,379.		186,160.	115,460.
8								
9								
10								
11								
12								
13			2013	2013	2013	2013	2014	2014
14	X				X		X	
15		X			X		X	
16	X				X		X	
17	X				X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2	X		X		X		X	

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

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ECUMEN

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing
						Yes	No	Yes	No	
A CITY OF LAKE CRYSTAL, MN	41-60052945	09530BT7	12/18/14	8,316,913.	REFINANCING SERIES 2006 BONDS		X		X	X
B CITY OF OWATONNA, MN	41-60054446	090558AL5	12/18/14	6,797,665.	REFINANCING SERIES 2006 BONDS		X		X	X
C CITY OF MINNEAPOLIS, MN	41-60053756	03786AN2	05/18/15	32,052,494.	NEW CONSTRUCTION REFERENCE SERIES		X		X	X
D CITY OF WORTHINGTON, MN	41-6005656	NONE	03/15/16	5,900,000.	2007A BONDS		X		X	X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2014		2014		2016		2016	
14 Were the bonds issued as part of a current refunding issue?	X			X		X		X
15 Were the bonds issued as part of an advance refunding issue?		X	X	X		X		X
16 Has the final allocation of proceeds been made?	X		X	X		X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	X		X		X
Amount of bonds retired	1,980,000.		390,000.				383,311.	
Total proceeds of issue	8,316,913.		6,797,665.		32,052,494.		5,900,000.	
Capitalized interest from proceeds	8,067,611.		6,593,903.		2,032,067.		5,795,819.	
Issuance costs from proceeds	249,302.		203,762.		1,938,070.		104,181.	
Working capital expenditures from proceeds					21,173,798.			
Capital expenditures from proceeds					268,558.			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X		X		X		X	
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

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

ENTITY 6

OMB No. 1545-0047
2017
Open to Public
Inspection

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ECUMEN

Employer identification number
91-1982139

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (h) On behalf of issuer		(i) Pooled financing		
							Yes	No	Yes	No	Yes
A	CITY OF VERGAS, MN	41-0900504923413AN8	08/29/16	10,105,987.	REFINANCE SERIES 2006 AND 2007 BON			X			X
B	CITY OF MAPLEWOOD, MN	41-6008920565584AL3	12/21/17	10,390,000.	REFINANCE SERIES 2010 APPLE VALLEY			X			X
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	260,000.							
2								
3	10,105,987.		10,390,000.					
4								
5	9,155,987.		10,183,139.					
6	315,000.		206,861.					
7								
8								
9	635,000.							
10								
11								
12								
13	2016		2017					
14	X		X					
15	X		X					
16	X		X					
17	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1	X		X					
2		X		X				

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 56

Schedule K (Form 990) 2017

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Part IV Arbitrage								
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b Exception to rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
c No rebate due?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
c Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		12.10 %
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								<input checked="" type="checkbox"/>
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Part IV Arbitrage	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b Exception to rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
c No rebate due?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.00	%						%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	1.00	%						%
6 Total of lines 4 and 5	2.00	%						%
7 Does the bond issue meet the private security or payment test?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%						%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Part IV Arbitrage								
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
b Exception to rebate?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
c No rebate due?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?	X			X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	35.90	%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X			X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		<input checked="" type="checkbox"/>						
b Name of provider				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7 Has the organization established written procedures to monitor the requirements of section 148?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7 Has the organization established written procedures to monitor the requirements of section 148?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Multiple horizontal lines provided for supplemental information.

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

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Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7 Has the organization established written procedures to monitor the requirements of section 148?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?								
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X				
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

- (A) ISSUER NAME: CITY OF MOORHEAD, MN
- (F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2005A AND 2008A BONDS
- (A) ISSUER NAME: MOORHEAD ECONOMIC DEVELOPMENT AUTHORITY, MN
- (F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2005A AND 2008A BONDS
- (A) ISSUER NAME: HOUSING AND REDEVELOPMENT AUTHORITY OF DULUTH, MN
- (F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2004A, 2004B, 2004C, AND 2005 BONDS
- (A) ISSUER NAME: LAKE COUNTY HOUSING AND REDEVELOPMENT AUTHORITY, MN
- (F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2004A, 2004B, 2004C, AND 2005 BONDS
- (A) ISSUER NAME: TOWN OF RICE LAKE, MN
- (F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2004A, 2004B, 2004C, AND 2005 BONDS

Part VI Supplemental information. Provide additional information for responses to questions on Schedule K. See instructions (Continued)

(A) ISSUER NAME: CITY OF FALCON HEIGHTS, MN

(F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2005A BONDS

(A) ISSUER NAME: CITY OF CHISAGO CITY, MN

(F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2004A AND 2004B BONDS

(A) ISSUER NAME: CITY OF ST. CLAIR, MN

(F) DESCRIPTION OF PURPOSE:

REFINANCING SERIES 2004D, 2004E, AND 2006 BONDS

(A) ISSUER NAME: CITY OF DETROIT LAKES, MN

(F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2004A BONDS

(A) ISSUER NAME: CITY OF WORTHINGTON, MN

(F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2009A BONDS

(A) ISSUER NAME: CITY OF NORTH BRANCH, MN

(F) DESCRIPTION OF PURPOSE: REFINANCING SERIES 2006B BONDS

(A) ISSUER NAME: CITY OF VERGAS, MN

(F) DESCRIPTION OF PURPOSE: REFINANCE SERIES 2006 AND 2007 BONDS

(A) ISSUER NAME: CITY OF MAPLEWOOD, MN

(F) DESCRIPTION OF PURPOSE:

REFINANCE SERIES 2010 APPLE VALLEY AND MAPLEWOOD BONDS

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CITY OF OWATONNA, MN

DATE THE REBATE COMPUTATION WAS PERFORMED: 04/01/2008

(A) ISSUER NAME: CITY OF PINE CITY, MN

DATE THE REBATE COMPUTATION WAS PERFORMED: 04/14/2016

(A) ISSUER NAME: CITY OF APPLE VALLEY, MN

DATE THE REBATE COMPUTATION WAS PERFORMED: 02/28/2015

(A) ISSUER NAME: CITY OF MAPLEWOOD, MN

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued)

DATE THE REBATE COMPUTATION WAS PERFORMED: 02/28/2015

(A) ISSUER NAME: CITY OF LAKE CRYSTAL, MN
DATE THE REBATE COMPUTATION WAS PERFORMED: 07/31/2015

(A) ISSUER NAME: CITY OF MOORHEAD, MN
DATE THE REBATE COMPUTATION WAS PERFORMED: 08/31/2017

(A) ISSUER NAME: MOORHEAD ECONOMIC DEVELOPMENT AUTHORITY, MN
DATE THE REBATE COMPUTATION WAS PERFORMED: 08/31/2017

(A) ISSUER NAME: LAKE COUNTY HOUSING AND REDEVELOPMENT AUTHORITY, MN
DATE THE REBATE COMPUTATION WAS PERFORMED: 08/31/2017

(A) ISSUER NAME: TOWN OF RICE LAKE, MN
DATE THE REBATE COMPUTATION WAS PERFORMED: 08/31/2017

Supplemental Information to Form 990 or 990-EZ

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

ECUMEN

Employer identification number

91-1982139

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DURING MAY 2017, THE UNRELATED PARTNER IN NBSH LIMITED PARTNERSHIP D/B/A UPTOWN MAPLE COMMONS ASSIGNED IS 99.99% OWNERSHIP INTEREST TO NORTH BRANCH AFFORDABLE HOUSING, INC. AND THE PARTNERSHIP DISSOLVED. WITH THIS CHANGE IN OWNERSHIP, NORTH BRANCH AFFORDABLE HOUSING, INC. IS NOW REPORTED AS A DISREGARDED ENTITY OF ECUMEN AND ALL OPERATIONS ARE INCLUDED IN ECUMEN'S FORM 990.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ECUMEN SOLD A SKILLED NURSING HOME AND MARKET RATE HOUSING PROJECT IN ALEXANDRIA, MINNESOTA AND A SKILLED NURSING HOME AND MARKET RATE HOUSING PROJECT LOCATED IN CHISAGO CITY, MINNESOTA IN DECEMBER 2017.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE INCLUDES THE CHAIR, THE PRESIDENT, THE VICE CHAIR(S), THE TREASURER AND THE SECRETARY. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THE ORGANIZATION IN THE INTERVAL BETWEEN BOARD MEETINGS, AND THE EXECUTIVE COMMITTEE IS AT ALL TIMES SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD. THE EXECUTIVE COMMITTEE HAS SUCH OTHER DUTIES AS MAY BE PRESCRIBED BY THE BOARD FROM TIME TO TIME.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS OF THE CORPORATION CONSIST OF THOSE INDIVIDUALS WHO ARE CONCURRENTLY MEMBERS OF THE MEMBERS ASSEMBLY, AN ELECTORAL BODY THAT IS ELECTED, DIRECTLY AND INDIRECTLY, BY THE SIX MINNESOTA SYNODS OF THE

Name of the organization

ECUMEN

Employer identification number

91-1982139

EVANGELICAL LUTHERAN CHURCH IN AMERICA.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE CORPORATION ELECT ALL TRUSTEES AFTER CONSIDERATION OF A SLATE OF NOMINEES APPROVED BY THE NOMINATING COMMITTEE. THE NOMINATING COMMITTEE CONSISTS OF FIVE MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING ACTIONS OF THE BOARD OF TRUSTEES REQUIRE APPROVAL FROM THE MEMBERS:

1. AMENDMENTS TO THE ARTICLES OF INCORPORATION
2. AMENDMENTS TO THE BYLAWS
3. APPOINTMENT OF INDIVIDUALS TO THE BOARD OF TRUSTEES

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS REVIEWED BY THE CFO, THEN PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL, THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ECUMEN'S CONFLICT OF INTEREST POLICY APPLIES TO ALL TRUSTEES, OFFICERS, MANAGERS AND EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF ECUMEN, INCLUDING THOSE WHO MAKE PURCHASING DECISIONS OR WHO HAVE PROPRIETARY INFORMATION CONCERNING ECUMEN. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO APPLICABLE PARTIES ANNUALLY AND A SIGNED CONFLICT OF INTEREST DISCLOSURE STATEMENT IS OBTAINED. THE POLICY STATES THAT IT IS THE RESPONSIBILITY OF THE APPLICABLE PARTY TO DISCLOSE A POTENTIALLY CONFLICTING TRANSACTION BEFORE IT IS CONSUMMATED AND TO CONTINUE TO SCRUTINIZE THEIR TRANSACTIONS

Name of the organization

ECUMEN

Employer identification number

91-1982139

AND DISCLOSE POTENTIAL CONFLICTS IMMEDIATELY. THE SIGNED CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE MONITORED BY AN H.R. GENERALIST IN THE HOME OFFICE AND BY THE VICE PRESIDENT OF HUMAN RESOURCES. THE VICE PRESIDENT OF HUMAN RESOURCES NOTIFIES THE CEO FOR DISCLOSURES INVOLVING EMPLOYEES, UNLESS THE EMPLOYEE IS THE CEO IN WHICH CASE THE BOARD CHAIR IS NOTIFIED. THE BOARD CHAIR NOTIFIES THE BOARD OR THE APPLICABLE COMMITTEE OF THE BOARD. DISCLOSURES INVOLVING TRUSTEES ARE MADE TO THE BOARD CHAIR, UNLESS THE BOARD CHAIR HAS A CONFLICT IN WHICH CASE THE VICE-CHAIR IS NOTIFIED. CONTROLS ARE PUT INTO PLACE TO MINIMIZE THE RISK OF A CONFLICT. THE CONTROLS ARE SPECIFIC TO THE POTENTIAL AREA OF CONFLICT. FOR INSTANCE, IF AN EMPLOYEE PROVIDES DAILY WORK DIRECTION TO A FAMILY MEMBER, ALL SALARY-RELATED DECISIONS FOR THAT FAMILY MEMBER WOULD BE ASSIGNED TO ANOTHER (NON-RELATED) PERSON. DURING BOARD DISCUSSIONS, THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL FOR THE CONFLICTING TRANSACTION. OTHER SPECIFIC RESTRICTIONS MAY BE IMPOSED, DEPENDING ON THE CONFLICT. A COMPETITIVE BID OR COMPARABLE VALUATION MUST EXIST. THE BOARD, OR DULY CONSTITUTED COMMITTEE, HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

AN INDEPENDENT OUTSIDE CONSULTANT IS USED TO MAKE RECOMMENDATIONS FOR THE COMPENSATION OF THE PRESIDENT/CEO AND VICE PRESIDENTS. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CEO. THE PRESIDENT/CEO CAN APPROVE THE COMPENSATION FOR THE OTHER EXECUTIVE POSITIONS, BUT REVIEWS HER RECOMMENDATIONS WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO IMPLEMENTATION.

A COMPLETE REVIEW OF THE VICE PRESIDENTS WAS COMPLETED IN 2017. THE

Name of the organization

ECUMEN

Employer identification number

91-1982139

PRESIDENT/CEO REVIEW IS COMPLETED ANNUALLY AND WAS LAST COMPLETED IN 2017.

FORM 990, PART VI, SECTION C, LINE 19:

ECUMEN'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PERMANENTLY RESTRICTED ACTIVITY	273,960.
PATHSTONE NET INCOME	-45,607.
ROUNDING	2.
NET ASSET TRANSFER	-586,141.
NORTH BRANCH SENIOR HOUSING PARTNERSHIP CONVERSION	75,110.
TOTAL TO FORM 990, PART XI, LINE 9	-282,676.

SCHEDULE R (Form 990)
 Department of the Treasury Internal Revenue Service
Related Organizations and Unrelated Partnerships
 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
ECUMEN
 Employer identification number
91-1982139

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CDL HOMES, LLC - 20-1440841 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	29,223,069.	55,162,215.	ECUMEN
LAKEVIEW COMMONS SENIOR LIVING, LLC - 20-4437549, 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	5,053,405.	12,027,112.	ECUMEN
OWATONNA SENIOR LIVING, LLC - 20-4076550 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	2,154,610.	6,163,366.	ECUMEN
EVERCARE SENIOR LIVING, LLC - 20-2864571 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	12,934,398.	24,435,103.	ECUMEN

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BETHEL MANOR, INC. - 41-1773022 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X
BETHEL MANOR II, INC. - 41-1347125 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X
NEW RICHMOND SENIOR HOUSING, INC. - 41-1974837, 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X
AUGUSTANA LUTHERAN HOMES, INC. - 41-0734237 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2017

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
THE PINES OF HUTCHINSON, LLC - 20-3063914 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	1,752,721.	5,165,273.	ECUMEN
THE MEADOWS OF WORTHINGTON, LLC - 45-2429128 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	4,814,187.	13,849,624.	ECUMEN
NORTH BRANCH SENIOR LIVING, LLC - 20-3113972 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	11,156,221.	15,407,279.	ECUMEN
ECUMEN SUNRISE, LLC - 27-4017524 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	4,914,000.	5,569,678.	ECUMEN
REGENT AT MAPLEWOOD, LLC - 26-2374599 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	6,850,833.	23,703,970.	ECUMEN
REGENT AT APPLE VALLEY, LLC - 26-2374517 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	6,766,086.	21,271,879.	ECUMEN
CREST AT LAKESHORE, LLC - 27-4202514 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	3,192,915.	14,854,432.	ECUMEN
ECUMEN MILL CITY QUARTER, LLC - 47-2577550 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	1,792,482.	39,575,337.	ECUMEN
ABITAN MILL CITY RESTAURANT, LLC - 82-1059128, 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	RESTAURANT	MINNESOTA	0.	0.	ECUMEN
NORTH BRANCH AFFORDABLE HOUSING, DBA UPTOWN MAPLE COMMONS - 41-1864198, 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	SENIOR HOUSING	MINNESOTA	0.	0.	ECUMEN

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LAMPLIGHTER MANOR, INC. - 41-1772945 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X
ROBBINSDALE SENIOR HOUSING, INC. - 41-1667830, 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X
HUBBARD COUNTY SENIOR HOUSING, INC. - 41-1932209, 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X
WHITE BEAR LAKE SENIOR HOUSING, INC. - 41-182477, 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X
ALEXANDRIA SENIOR HOUSING, INC. - 31-1749430 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X
PARMLY LAKEVIEW, INC - 26-3789732 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	LOW-INCOME HOUSING	MINNESOTA	501(C)(3)	LINE 10	ECUMEN		X

732222
04-01-17
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NORTH BRANCH AFFORD, HSG. DBA: UPTOWN MAPLE COMMONS - 41-1864198 3530 LEXINGTON AVE N, SHOREVIEW, MN 55126	SENIOR HOUSING	MN	N/A	RELATED	-1,377.	514,250.		X	N/A		X	0.1%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ECUMEN SERVICES, INC. - 41-1768508 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	MANAGEMENT SERVICES	MN	ECUMEN	C CORP	6,083,139.	9,967,710.	100.00%		X
BRIDGE REHABILITATION SERVICES, INC. - 41-1893649 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	INACTIVE	MN	ECUMEN	C CORP	0.	0.	100.00%		X
DIVERSIFIED BUSINESS INSURANCE - 41-1843778 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	INSURANCE	MN	ECUMEN	C CORP	0.	0.	100.00%		X
ONETWOONE DEVELOPMENT LLC - 47-3992783 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	DEVELOPMENT	MN	ECUMEN	C CORP	0.	0.	100.00%		X
ZVAGO COOPERATIVE AT GLEN LAKE - 47-3511657 3530 LEXINGTON AVENUE NORTH SHOREVIEW, MN 55126	DEVELOPMENT	MN	ECUMEN	C CORP	0.	0.	100.00%		X

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ZVAGO COOPERATIVE AT CENTRAL VILLAGE - 81-2899630, 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	DEVELOPMENT	MN	ECUMEN	C CORP	0	0	100.00%		X
ZVAGO COOPERATIVE AT ST. ANTHONY PARK - 81-2653378, 3530 LEXINGTON AVENUE NORTH, SHOREVIEW, MN 55126	DEVELOPMENT	MN	ECUMEN	C CORP	0	0	100.00%		X

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ECUMEN SERVICES, INC.	A	26,290.	ACTUAL COST
(2) LAMPLIGHTER MANOR, INC.	Q	216,787.	ACTUAL COST
(3) BETHEL MANOR, INC.	Q	187,650.	ACTUAL COST
(4) BETHEL MANOR II, INC.	Q	207,475.	ACTUAL COST
(5) AUGUSTANA LUTHERAN HOMES, INC.	Q	460,002.	ACTUAL COST
(6) PARMLY LAKEVIEW, INC.	Q	234,344.	ACTUAL COST
80			

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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(7) NORTH BRANCH AFFORDABLE HOUSING, DBA UPTOWN MAPLE COMMONS	Q	124,649.	ACTUAL COST
(8) ALEXANDRIA SENIOR HOUSING, INC. NORTH BRANCH AFFORDABLE HOUSING, DBA	Q	78,335.	ACTUAL COST
(9) UPTOWN MAPLE COMMONS	S	116,060.	TAX BASIS
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
				Yes	No			Yes	No		Yes	No		

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for supplemental information.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only.

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section
 501(c)(3) 408(e) 220(e)
 408A 530(a)
 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions.)

ECUMEN

Number, street, and room or suite no. If a P.O. box, see instructions.

3530 LEXINGTON AVENUE NORTH

City or town, state or province, country, and ZIP or foreign postal code

SHOREVIEW, MN 55126

D Employer identification number (Employees' trust, see instructions.)

91-1982139

E Unrelated business activity codes (See instructions.)

531120

C Book value of all assets at end of year
314,535,199.

F Group exemption number (See Instructions.) ▶ **9386**

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 2**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
if "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **SCOTT MCGUIRE** Telephone number ▶ **(651)766-4300**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8	26,290.	26,290.
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	26,290.	26,290.

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)	21	22a	22b
14	Compensation of officers, directors, and trustees (Schedule K)			14
15	Salaries and wages			15
16	Repairs and maintenance			16
17	Bad debts			17
18	Interest (attach schedule)			18
19	Taxes and licenses			19
20	Charitable contributions (See instructions for limitation rules)			20
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b
23	Depletion			23
24	Contributions to deferred compensation plans			24
25	Employee benefit programs			25
26	Excess exempt expenses (Schedule I)			26
27	Excess readership costs (Schedule J)			27
28	Other deductions (attach schedule)			28
29	Total deductions. Add lines 14 through 28			29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30
31	Net operating loss deduction (limited to the amount on line 30)			31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			32
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			33
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/>		
c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	0.
45 a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="text"/> Total	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="text"/> Refunded <input type="text"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ <input type="text"/>		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

INSPECTION COPY

Signature of officer: **CHRISTOPHER STEINHOFF** Date: **11/01/18**

CFO & SENIOR VICE
PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: **CHRISTOPHER STEINHOFF** Preparer's signature: **CHRISTOPHER STEINHOFF** Date: **11/01/18** Check if self-employed PTIN: **P01587351**

Firm's name: **CLIFTONLARSONALLEN LLP** Firm's EIN: **41-0746749**

Firm's address: **220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402** Phone no. **612-376-4500**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					
				8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions.

Enter here and on page 1, Part I, line 8, column (B) ... ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			►	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) ECUMEN SERVICES	41-1768508				
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1) -688,974.	-688,974.	26,290.	26,290.	26,290.
(2)				
(3)				
(4)				
Totals			26,290.	26,290.

STATEMENT 3

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 5 minus column 6, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

RM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 2
BUSINESS ACTIVITY

ENTAL INCOME FROM CONTROLLED FOR-PROFIT SUBSIDIARY

FORM 990-T, PAGE 1

RM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 3
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ILITIES		10,660.	
OPRTY TAXES		8,610.	
RE SYSTEM		1,000.	
LEPHONE/CABLE/INTERNET		20.	
T SCHEDULE SYSTEM		600.	
INTENANCE		1,200.	
RBAGE		3,000.	
NERAL AND ADMINISTRATIVE		1,200.	
- SUBTOTAL -	1		26,290.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			26,290.