Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public

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

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

the state of	Internal Revenue Service		► Information about Form 990 and its instructions is at www.irs.gov/fo	nm990.			
<u>A</u>	For the	2016 cale	ndar year, or tax year beginning Jan 1, 2016, and ending	Dec 31	, 20 16		
В	Check if	applicable:	C Name of organization LA Community Development Cap. Fund	D Employer identification numb			
	Address		Doing business as		72-1336040		
$\bar{\sqcap}$	Name ct	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	ETO	elephone number		
		_		} - "	•		
ద	Initial ret		3313 Government Street City or town, state or province, country, and ZIP or foreign postal code		225-334-7490		
님		m/terminated					
님	Amende		Baton Rouge, LA 70806		ross receipts \$		
Ц	Applicati	ion pending	u u		stum for subordinates? 🔲 Yes 🗹 No		
					ndinates included? Li Yes Li No		
<u> </u>	Tax-exe	mpt status:	√ 501(c)(3)	If "No," a	ttach a list. (see instructions)		
J	Website	± ►		Group exer	mption number >		
K	Form of	organization:	✓ Corporation Trust Association Other ► 1. Year of formation:	1996 M	State of legal domicite: LA		
P	art I	Summ	arv				
	1		scribe the organization's mission or most significant activities: Econimuc Con	uncil Assi	stance		
93	· ·	Dividing ac	The state of the s				
5	l						
7.		Ob1.4b		- H 05	OV of the next country		
Activities & Governance	2		is box I if the organization discontinued its operations or disposed of mon	e uen 25'	3		
Ğ	3		of voting members of the governing body (Part VI, line 1a)	• •	3 4		
45	4		of independent voting members of the governing body (Part VI, line 1b)	[4 0		
€	5	Total nun	nber of individuals employed in calendar year 2016 (Part V, line 2a)		5 4		
¥	6	Total nun	nber of volunteers (estimate if necessary)	[6 3		
¥	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a 0		
	Ь	Net unrel	ated business taxable income from Form 990 1, June 34		7b 0		
		······································		Prior Year	Current Year		
_	8	Contribut	tions and grants (Part VIII, line III)	6'	53.16		
ğ	9		service revenue (Part VIII, line 29) NOV 2 0 2017	1490	····		
Revenue			nt income (Part VIII, column (A), fines 3, 4, and 7d)	14303			
9	10		· · · · · · · · · · · · · · · · · · ·		0 0		
	11		renue (Part VIII, column (A), lines 5, 6d, 8cr 9c, 10c, lalid 11e)		31.00 -7000		
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1398	18.47 131912.41		
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)		0 0		
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0		
9	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0 7626.01		
Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)		0 0		
9	Ь	Total fun	draising expenses (Part IX, column (D), line 25) ▶	, - · · à			
Щ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	125	12.00 85867.92		
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1159			
	19	-	less expenses. Subtract line 18 from line 12				
		- ACAGUME		ng of Current			
TO OF		T-4-1					
Net Assets (Fund Belenci	20		ets (Part X, line 16)	19004			
300	21		ilities (Part X, line 26)	5229			
			ts or fund balances. Subtract line 21 from line 20	13775	54.11 1522747.41		
P	art II	Signat	ture Block				
Ųr	der pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and statements, a	and to the b	est of my knowledge and belief, it is		
Dru	e, comec	t, and compl	ete. Declaration of preparer (other than officer) is based on all information of which preparer has an	y knowledge	<u> </u>		
		(3	must sul	11/1	5/2017		
Sig	jin (1	Sign	ature of office	Date			
He	-	F	RNest Johnson				
	_	Tyrns	e or print name and title				
			pe preparer's name Preparer's signature Date		PTIN		
Pa					theck if if effective the interest in the control of the control o		
Pr	epare		LL				
	e Onl		ame >	Firm's E	IN ▶		
		Firm's a	ddress ▶	Phone n			
Ma	y the IF	RS discus	s this return with the preparer shown above? (see instructions)		🔲 Yes 🗌 No		

For Paperwork Reduction Act Notice, see the separate instructions.

	יו טבן טכ	7			Page 2
Part	Ш	Statement of Program Service			
1	Drive	Check if Schedule O contains a	response or note to any line in this Part II	<u>H</u>	<u> </u>
•		ly describe the organization's missi omic Council Assistance	ion:		
	ECUI	onisc Council Assistance			
					
2	Did 1	he organization undertake any sig	rificant program services during the year w	hich were not listed on the	·
	prior	Form 990 or 990-EZ?			☐ Yes ☑ No
		s," describe these new services or			
3			g, or make significant changes in how		
					☐Yes ☑No
_		s," describe these changes on Sci			
4	Desc	ribe the organization's program se	ervice accomplishments for each of its three	e largest program services,	as measured by
			(4) organizations are required to report the for each program service reported.	amount of grants and alloc	ations to others,
	шю	otal expenses, and revenue, il any,	ior each program service reported.		
40	(Cod	e:) (Expenses \$	including aroute of C	\/D====== \$	
	(CCC	c) (Lxperses #	including grants of \$	(Heveriue 5)

					····
4b	(Cod	e:) (Expenses \$	including grants of \$) (Revenue \$)

4c	(Cod	e:) (Expenses \$	including grants of \$) (Revenue \$)
		~~~~~~			
					<del></del>
		***************************************			
			***************************************	***************************************	
				******************************	
			***************************************		****
				***************************************	
4d	Othe	program services (Describe in Sch	nedule O.)		
		nses \$ including g	•	)	
4e	Total	program service expenses ▶	· · · · · · · · · · · · · · · · · · ·		

Form **990** (2016)

Part	V Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		;	. X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		-	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		1
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	18		,
		1.5	سييا	

Part	Checklist of Required Schedules (continued)			
,			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization propert many than \$5,000 of greate as other positions at the organization or attach as other positions are attached.	20b		✓_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		<u> </u>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	l		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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			
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
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):	- n =		و است.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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	28c		<b>/</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>/</b> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<b>-</b>
٠.	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	7
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			<u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del>                                     </del>
<b>~</b> •	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37	L	✓_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		<b>✓</b>
		Forr	ո 990	(2016)

Form **990** (2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			,
Λ-	reportable gaming (gambling) winnings to prize winners?	1c		✓_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Ì
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	- L		7
Þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		<b>  *</b>
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		7
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		7
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<del></del>		<b>                                     </b>
, c	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/
b	If "Yes," enter the name of the foreign country: ▶	1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			<b>!</b>
	(FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).	i		ľ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		»	
	and services provided to the payor?	7a		1
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
đ	If "Yes," indicate the number of Forms 8282 filed during the year		' '	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?	-		-
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		41
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		-	-
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1 :		[ '
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		,
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			Ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	-		<b>!</b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Vee " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schedule ()	14h	ī	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u>· ·</u>		<u>. ப</u>
Seco	on 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.			
2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		-
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?	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L.,	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode./ Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	1
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	
14 15	Did the organization have a written document retention and destruction policy?	14	1	<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a		1
þ	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	with a taxable entity during the year?	16a		1
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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: <b>►</b>	

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Form 990 (2016)

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

ection 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 no	r any relate	a org:	anız			ompe	IIS	neo any currer	n omcer, director	, or trustee.
					<b>G)</b>				Ì	
(A)	(B)	(do a	~+		ation mon	e than o	was.	(ED)	(E)	<b>(F)</b>
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per	office				or/inust			compensation from	
	week (fist any hours for	요호	5	Q	Ž	SI	77	from the	related organizations	other compensation
	related	물물	<b> </b>	Officer	Key amployee	ᇙ	Former	organization	(W-2/1099-MISC)	from the
	organizations	ăË	] है	] 🤻	Į₹	ye st	3	(W-2/1099-MISC)		organization
	below dotted	7 =	重	]	Š	] §		1		and related organizations
	line)	Individual trustee or director	Institutional trustee	ł	\$	9	l	1		Organizations
	]	•	8			Highest compensated employee		j		
	<del> </del>		├	-	$\vdash$		-			
(1) Ernest Johnson	25									
President	<u> </u>	L		✓			L.	0	0	
(2) Arthur Thomas	1	1			1	1	1			
Director		1	L	_	<u> </u>		L.	0	0	
(3) Ernest Miles	1 1	[	1	1	1	[ ]		[		
Director	<u> </u>	1	1_		<u> </u>		<u> </u>		0	
(4) Gloria London	4	]								
Secretary	ļ	1	<u> </u>	L	<u> </u>		_	0	0	
(5) Taylor Johnson	1	l	l	ł	-				•	
Director	<u> </u>	Ľ <u>✓</u>		_	<u> </u>	<u> </u>	<u> </u>	0	0	
(6)	<b>.</b>		1		l				1	
	ļ	L	<u> </u>	ļ	_		<u> </u>	ļ		<u></u>
<u></u>	<b>-</b>	]		1	ļ		1		1	
	ļ	<u> </u>	<u> </u>	<u> </u>	↓_		<u> </u>		<b> </b>	<u> </u>
(8)		1			ĺ	'	ĺ	Į	Ĭ	
	<u> </u>	<u> </u>	_	_	<u> </u>		<u> </u>			
(9)		1			Ì					
	<u> </u>	L	_	_	_		L_		<b></b>	
(10)		ł		1	ŀ		l	ļ		
			L	_	<u> </u>		L_	ļ		
(11)		1								
	<u> </u>	<u> </u>	L		<u> </u>					
(12)	ļ	1					ļ		J	ł
			<u> </u>				L_			
(13)	<u> </u>				1		Ì			
			上	<u></u>	L			<u> </u>	<u> </u>	
(14)		]						_		
	1	)	1	1	1	1	1	1	}	1

•	(A) Name and title	(B) Average Indurs per week (list any	officer and a di			ition more rson frect	ion nore than one son is both an ector/trustee		(D) Reportable compensation from	(E) Fleportable compensation from related		(F) Estimated n amount of other compensation		ŧ
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	organizatio (W-2/1099-A		fro orga and	ensati in the nizatio relate nizatio	on d
(15)								-						
(16)												<del>-, , -, -</del> -		
(17)				-								<del></del>		
(18)														
(19)											$\neg \uparrow$	<del></del>		
(20)														
(21)														
(22)						_								
(23)								<u> </u>			$\neg \dagger$	·		
(24)						_		-			_			
(25)	***************************************							$\vdash$						
1b c	Sub-total	-		<u>.</u> -	<u>.</u>			<b>▶</b>						
<u>d</u> 2	Total (add lines 1b and 1c)				list	ed	above	<u>→</u>	ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:	ficer, direc						emp	oloyee, or high	est compe	ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of regreater th	portal an \$1	ble ( 150,	000	nper 1? <i>I</i> t	nsatio f <i>"Ye</i>	s, *	complete Sch					
5	individual	r accrue co	ompe	nsat	tion	froi	m any	un un	related organiz			5		1
Section	on B. Independent Contractors			-						<u></u>			<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.													tax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compen		
2	Total number of independent contractor	rs (includir			ot I	imit	ed to	) th	ose listed ab	ove) who				<del></del>

Form **990** (2016)

Part	VIII	Statement of Reve			ga a	D - 13000		_
		Check if Schedule C	contains a res	ponse or note t	o any line in this (A) Total revenue	Part VIII  (B)  Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts, Grants Amounts	1a b c	Federated campaigns Membership dues . Fundraising events .	1b					
돌	d	Related organizations Government grants (con All other contributions, g	tributions) 1e				·	
Contributions, and Other Sim	9	and similar amounts not inc Moncash contributions inclu	luded above 1f led in lines 1a-1f: \$					'
	h	Total. Add lines 1a-1	<u> </u>	Business Code	0			
Program Service Revenue	2a b							
406	С							
Sen	d							
E	e							
go	f	All other program ser					L	<u> </u>
٩	g	Total. Add lines 2a-2			138912.41			
	3	Investment income and other similar amo Income from investmen	ounts)	•				
	5	D 100						
	6a	Gross rents	(i) Real	(ii) Personal		W. J.		uh a
	ь	Less: rental expenses	9800	<del> </del>		i estacame	ju te la marajana	
	c	Rental income or (loss)	-7000		1		·	
	d	Net rental income or			-7000			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	C A C 11' - "	de la dignifica de la lacia e la propieta de la dignise la lacia de la dignise la lacia		the party of the party of
	b	Less: cost or other basis and sales expenses .						
	d	Gain or (loss) Net gain or (loss) .	<u> </u>	▶			4	
evenue	8a	Gross income from fi events (not including \$					4 14 14 14 14 14 14 14 14 14 14 14 14 14	
Other Reven		of contributions report.  See Part IV, line 18 .	a					
ō	b C	Less: direct expense: Net income or (loss) t		·	<u> </u>			
		Gross income from gase Part IV, line 19						
,	ь	Less: direct expense	s <b>b</b>	,				
	C	Net income or (loss) t		ivities 🕨				
		Gross sales of in returns and allowance	es a	1	5'			
	ь	Less: cost of goods s				<u> </u>		
	C	Net income or (loss)		<del></del>	<del> </del>	<b></b>		
	-	Miscellaneous F	tevenue	Business Code	<u> </u>			
	11a			<b></b>	<b>_</b>	<del> </del>	<b></b>	
	b			<b> </b>	<del> </del>	<b> </b>	<b> </b>	
	6	All other revenue .			<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>
	d	Total. Add lines 11a-	 41d		<del> </del>			<del> </del>
	е	TULLER AUU III IES 118-	'HU		<b></b>	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>

Part IX Statement of Functional Expenses

Seçtio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	alumn (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , 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	0	0		<u></u>
2	Grants and other assistance to domestic			,	'
	individuals. See Part IV, line 22		0		
3	Grants and other assistance to foreign	1			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		0		, *
4	Benefits paid to or for members	0	0		, , , , , , , , , , , , , , , , , , , ,
5	Compensation of current officers, directors,				
_	trustees, and key employees	0	0		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	_			
_	•	0	0		
7	Other salaries and wages	7626.01	7626.01		
8	section 401(k) and 403(b) employer contributions)	_[			
0	Other employee benefits	0	<u>0</u>	. <u></u> .	· · · · · · · · · · · · · · · · · · ·
9	Payroll taxes	٥	0		
10 11	Fees for services (non-employees):				
	Management	7294	7294		
a b	Legal	7797	7797		***************************************
c	Accounting	1131	7737		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, & line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	328.48	328.48		
14	Information technology	9299.14	9299.14		
15	Royalties				
16	Occupancy	39419.65	39419.65		
17	Travel	500	500		
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest		<del> </del>		
21	Payments to affiliates				<b></b>
22	Depreciation, depletion, and amortization .				
23	Insurance	21141.10	21141.10		
24	Other expenses, Itemize expenses not covered		$\epsilon$ , $\epsilon$ , $\epsilon$		
	above (List miscellaneous expenses in line 24e. If fine 24e amount exceeds 10% of line 25, column		, , , , , , , , , , , , , , , , , , , ,		
	(A) amount, list line 24e expenses on Schedule O.)		mit n		் E″்கு கிழை சிரச
_	by minding not into 240 deposition on consistence of				
a					
ь					<u> </u>
c d					
a e	All other expenses misc.	88.55	88.55		
е 25	Total functional expenses. Add lines 1 through 24e	93493.93	93493.93		
<u> 25</u>	Joint costs. Complete this line only if the	33933.33	33733.33		
20	organization reported in column (B) joint costs			1	1
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				1

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . **(B)** Beginning of year End of year 1 72322.78 77189.51 2 Savings and temporary cash investments . . . ol 2 0 3 3 Pledges and grants receivable, net . . . 0 0 4 Accounts receivable, net . . . 0 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. ol 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . 6 0 7 Notes and loans receivable, net . . . . 1503813.86 1504613.86 8 Inventories for sale or use . . . . 8 0 0 9 Prepaid expenses and deferred charges 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation . . . . 324320.00 10c 324320.00 324320.00 11 Investments—publicly traded securities 11 o 0 12 Investments—other securities. See Part IV, line 11 12 0 0 13 Investments-program-related. See Part IV, line 11. 13 0 0 14 Intangible assets . . . . . . . . . . . . . o 14 0 15 Other assets. See Part IV, line 11 . . . . . . . . oi 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1900456.64 16 1906123.37 17 Accounts payable and accrued expenses . . . 17 16574.86 10657.36 18 n 18 0 19 Deferred revenue . . 19 o 0 0 20 20 0 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. O Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . . 0 22 0 Secured mortgages and notes payable to unrelated third parties 23 23 506327.67 372718.60 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 0 26 Total fiabilities. Add lines 17 through 25 26 522902.53 383375.96 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 0 28 Temporarily restricted net assets . . . 0 28 0 Permanently restricted net assets . . . . . 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 Ð Retained earnings, endowment, accumulated income, or other funds . 32 32 0 0 33 1377554.11 33 1522747.41 Total liabilities and net assets/fund balances . 1900456.64 34 1906123.37 Form **990** (2016)

omn 99	n (2019)			Pa	ge IZ
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			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	В			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-		
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. 🔲</u>
		• •		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			1.1	. !
	If the organization changed its method of accounting from a prior year or checked "Other," expla	in in		1	
	Schedule O.		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or	1		·
	reviewed on a separate basis, consolidated basis, or both:		1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>/</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a	Ì	<b>'</b> .	1
	separate basis, consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ain in			
	Schedule O.				ارشنا
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>	1
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audi	its.	3b	<u> </u>	
			Fon	n <b>99</b> 0	(2016)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section SO1(c)(3) organization or a section 4947(c)(1) non-simpt charitable trust.

Nattach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2016

Open to Public Inspection

Name	of the organization					Employer identification	number					
	omenumity Development Chaitel Fun						23040					
Par							ns.					
	organization is not a private found				-	<del>-</del>						
1	A church, convention of church	-										
2 3	A school described in section		•									
4												
_	hospital's name, city, and state:											
5	section 170(b)(1)(A)(iv). (Complete Part II.)											
	A federal, state, or local gover											
7	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	in <b>section 170(b</b>	)(1)(A)(vi). (Complete	Part II.)								
9												
	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu it income and un after June 30, 19	nctions—subject to c related business taxa 75. See <b>section 509(</b> a	ertain exc ble incon a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more that ection 511 tax) from art III.)	n 331/3% of its					
	An organization organized and	•	-	-		• • • •						
12	An organization organized and	-	-	-								
	of one or more publicly support Check the box in lines 12a thro											
а	☐ Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	jority of 1							
b	Type IL A supporting orga control or management of	the supporting of	organization vested in	the same		• • •						
	organization(s). You must	=	-			<del> </del>	-11					
C	Type III functionally integ its supported organization						any integrated with,					
					-							
d	Type III non-functionally that is not functionally inte requirement (see instructional transfer in the requirement of the requi	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an						
е	Check this box if the organ functionally integrated, or						∍ll, Type III					
f	Enter the number of supported	organizations .										
g	Provide the following information	n about the supp	ported organization(s)									
	Name of supported organization	(A) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	nganization is governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				Yes	No							
/A)												
(A)				Ĺ			0					
(B)							0					
(C)							0					
(D)												
(E)					<u>                                     </u>		0					
Total	<del></del>		<del> </del>	<del> </del>	<b></b>		0					

Part							-
•	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	quality unde	THE LESIS IIS	ited below, pi	ease comple	te raitii.j	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	(4) 2.012	(2) 2010		(4) 2010	(9/2515	
	membership fees received. (Do not						
	include any "unusual grants.")	£	5530	4057	653.16	0	
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf		į				
3	The value of services or facilities				-		
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	Ũ	5530	4057	653.16	a	
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly	ĺ					
	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						
	on B. Total Support	L					
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	8	5530	4150	651.161	2	
8	Gross income from interest, dividends,						<del></del>
	payments received on securities loans,						
	rents, royalties and income from similar				1	1	
	sources		0	B	9	0	t
9	Net income from unrelated business	į					
	activities, whether or not the business						
	is regularly carried on	1941304	1515332_E5	212973-23	139165.37	739912,41	
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 instruction	ns)			12	
13	First five years. If the Form 990 is for the	-					n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentage	9				
14	Public support percentage for 2016 (line 6	î, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2015 Sch					15	%
16a	331/s% support test—2016. If the organi					31/3% or more,	
_	box and stop here. The organization qual	-		-			- ▶ □
Ь	331/x3% support test—2015. If the organization this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts-	and-circumsta imstances" te	ances" test, ch	eck this box a	und stop here.	Explain in
b	10%-facts-and-circumstances test-20	015. If the oras	mization did n	ot check a bo	x on line 13. 1	6a, 16b. or 17	a, and line
~	15 is 10% or more, and if the organization in Part VI how the organization in	ution meets the	e "facts-and-o	circumstances"	'test, check '	this box and s	a publicly
	supported organization						▶ 🛮
18	Private foundation. If the organization di	d not check a l	oox on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see ▶ □

# 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.)

Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 20	16	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")				j		•	
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the			i			ĺ	
	organization's tax-exempt purpose						1	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513	,	,		l		1	
4	Tax revenues levied for the							······
•	organization's benefit and either paid			ı	l		1	
	to or expended on its behalf	ĺ	ĺ				1	
5	The value of services or facilities							
_	furnished by a governmental unit to the		i				ļ	
	organization without charge						ļ	
6	Total. Add lines 1 through 5	e e	0	D	Q		0	· · ·
7a	Amounts included on lines 1, 2, and 3						<del>`</del>	
	received from disqualified persons .	ļ					1	
b	Amounts included on lines 2 and 3			<del>                                     </del>	<del></del>			
Ð	received from other than disqualified							
	persons that exceed the greater of \$5,000	,					l	
	or 1% of the amount on line 13 for the year						- }	
_	Add lines 7a and 7b	0			0	<del></del>	o o	
8	Public support. (Subtract line 7c from		0	0	<u>u</u>		4	
u	line 6.)	į					1	
Socti	on B. Total Support		<u> </u>	<u> </u>				
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 20	16	(f) Total
9	Amounts from line 6	(B) 2012 @	(b) 20,0	C C	(c) 2010 @	(0) 20		th rotal
10a	Gross income from interest, dividends,			<u>_</u>				
100	payments received on securities loans, rents,						Ī	
	royalties and income from similar sources .						- 1	
b	Unrelated business taxable income (less							
D	section 511 taxes) from businesses	,					- 1	
	acquired after June 30, 1975						- 1	
_								
	Add lines 10a and 10b	D	<u> </u>	0	0		- 0	
11	Net income from unrelated business						- 1	
	activities not included in line 10b, whether						- 1	
4-	or not the business is regularly carried on	·		<b></b>			<del>}</del>	·
12	Other income. Do not include gain or						1	
	loss from the sale of capital assets	i			1		1	
40	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)	j						
	and 12.)	0	0		8		<u>  0</u>	C01(-\40)
14	First five years. If the Form 990 is for the							
04	organization, check this box and stop he			<del></del>	<del></del>	<del></del> -	<del></del>	•
	on C. Computation of Public Suppor			0	<del></del>	45		9
15	Public support percentage for 2016 (line 8	• • • • • • • • • • • • • • • • • • • •	•			15		
16 Sooti	Public support percentage from 2015 School D. Computation of Investment Inc.			<del></del>	<del></del>	1 10		
	<del></del>			ulino 12 colur	na (6)	17		9
17	Investment income percentage for 2016 (			-		18		9
18	Investment income percentage from 2015 331/2% support tests—2016. If the organi						321-0	
19a	17 is not more than 331/3%, check this box							
b	331/3% support tests-2015. If the organiz	auon oio noi C	inecex sa doox day	w#: 14 OT WIE !	BALAIKI WHE IC		படிப்பட்	2 /370. WILL
	line 19 in not man than 221-04 short thin t							
20	line 18 is not more than 331/3%, check this I	oox and stop h	ere. The organi	ization qualifies	as a publicty s	upported	organi	zation 🕨

## 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.)

secu	on 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		res	NO
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status	1		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	1	70 mgs
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

• . .

Part	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		
h	A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations	<u> </u>		
			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.			
Conti		2	L	<u> </u>
Secu	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			-
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1		L
Section	on D. All Type III Supporting Organizations		V	N.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ—	Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ł
	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		<del> </del>
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		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		ļ
	supported organizations played in this regard.	3		1
Secti	on 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	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struci	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,		İ	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
L	•	2a	<u> </u>	<del> </del>
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			l
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			•
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	ļ
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 <b>Part VI</b> the role played by the organization in this regard.	3b		[

Schedule A (F	arm 990 ar	990-EZ	2016
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Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations							
.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)						
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	ta								
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		<u> </u>						
7 Check here if the current year is the organization's first as a non-functional instructions?	y ini	tegrated Type III supporting	g organization (see						

Schedu	le A (Form 990 or 990-EZ) 2016			Page 7				
Part		3) Supporting Organi	izations (continued)					
Şect	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish							
2	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 purp	oses of supported orga	nizations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive					
	(provide details in Part VI). See instructions.							
9								
10	Line 8 amount divided by Line 9 amount							
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
_1_	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2016:							
а								
ь								
C	From 2013							
đ	From 2014							
е	From 2015							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
_ <u>h</u>	Applied to 2016 distributable amount							
<u> </u>	Carryover from 2011 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from Section D, line 7: \$							
a	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2017. Add lines 3j and 4c.							
8	Breakdown of line 7:							
a								
b	Excess from 2013							
	Excess from 2014		***					
	Excess from 2015							
е	Excess from 2016							

	Form 990 or 990-EZ) 2016 Paid the supplied to								
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.)								
	***************************************								
70,20 0.0025tm									
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	***************************************								
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization				Employ	rer ider	ntification number
LA Co	mmuni	ty Development Capital Fund, Inc.				72-1336040
		Organizations Maintaining Donor Adv	ised Funds or Other Similar Fur	ds or	Acco	ounts.
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.			
			(a) Donor advised funds	1	(b) Fi	unds and other accounts
1	Total	number at end of year				
2	Aggn	egate value of contributions to (during year)				
3	Aggn	egate value of grants from (during year) .				
4		egate value at end of year				
5		he organization inform all donors and donor s are the organization's property, subject to the				
6	only	he organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit?				be used
Par	t (I	Conservation Easements.				
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	_		
1	Pum	ose(s) of conservation easements held by the		···-		
•	-	reservation of land for public use (e.g., recrea	-	f a hist	oricall	ly important land area
		rotection of natural habitat	· · · · · · · · · · · · · · · · · · ·			nistoric structure
		reservation of open space				
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th	e form	n of a conservation
		ment on the last day of the tax year.	• • •			Held at the End of the Tax Year
a	Total	number of conservation easements		_	2a	
b		acreage restricted by conservation easement	s		2b	
c		ber of conservation easements on a certified I			2c	
ď		ber of conservation easements included in				
		ric structure listed in the National Register			2d	
3		ber of conservation easements modified, transear ▶	sferred, released, extinguished, or ten	minated	d by ti	he organization during the
4	-	ber of states where property subject to conse	rvation essement is located >			
5.		the organization have a written policy re		enection	n hau	ndling of
U .	violat	tions, and enforcement of the conservation ea	sements it holds?			· · · 🗌 Yes 🗌 No
6	Staff	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserv	ration (easements during the year
7.	Amou	unt of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conser	vation	easements during the year
	▶\$					
8		each conservation easement reported on line	2(d) above satisfy the requirements of	f sectio	n 170	(h)(4)(B)(i)
						· · · 🔲 Yes 🗌 No
9		rt XIII, describe how the organization reports				
		nce sheet, and include, if applicable, the text of		nancial	state	ments that describes the
		nization's accounting for conservation easem		- 011		
Part		Organizations Maintaining Collection Complete if the organization answered	-		r Sım	mar Assets.
1a	If the	organization elected, as permitted under SF			ue sta	atement and balance sheet
	work	s of art, historical treasures, or other similar c service, provide, in Part XIII, the text of the f	assets held for public exhibition, e	ducatio	n, or	research in furtherance of
b	If the	e organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relat	FAS 116 (ASC 958), to report in its assets held for public exhibition, e	reveni	je sta	tement and balance sheet
	_	evenue included on Form 990, Part VIII, line 1			1	▶ \$
		ssets included in Form 990, Part X				
2		organization received or held works of art				
_		ving amounts required to be reported under S	•			-
а		nue included on Form 990, Part VIII, line 1			. 1	\$
		ts included in Form 990, Part X			i	\$

. ،								
Schedu	le D (Form 990) 2016						Pa	age 2
Pari	III Organizations Maintaining	Collections of	Art, Historical	Treasures, or O	ther Similar Ass	ets (co	ntinu	ed)
3	Using the organization's acquisition, collection items (check all that apply):		ther records, che	ck any of the follo	wing that are a sig	gnificant	use o	of its
a	☐ Public exhibition		d 🗌 Loar	n or exchange prog	grams			
b	Scholarly research		e 🗌 Othe	¥				_
_	Preservation for future generations					_	_	
4	Provide a description of the organization of t	tion's collections a	and explain how	they further the or	ganization's exem	pt purpo	se in	Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta				☐ Ye	s 🔲	No
Part	Complete if the organization 990, Part X, line 21.	_	" on Form 990,	Part IV, line 9, or	reported an ame	ount on	Forn	1
1a	Is the organization an agent, trustee				r other assets not	ì		
_						☐ Ye	s 🗌	No
D	If "Yes," explain the arrangement in P	art XIII and compl	ete the following	table:	Δm	nount		
С	Beginning balance			10		NGIII.		
d	Additions during the year			1				
e	Distributions during the year			1				
f	Ending balance			1	 			
2a	Did the organization include an amoun	nt on Form 990. P	art X. line 21. for		 	¹ ∏ Ye	sП	No
b		•	-					
Par	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 b	ack
1a	Beginning of year balance							
b	Contributions							
C	Net investment earnings, gains, and							
	losses				<u> </u>			
d	Grants or scholarships					<u> </u>		
е	Other expenditures for facilities and					•		
	programs			<u> </u>				
f	Administrative expenses			ļ				
g	End of year balance			<u> </u>	<u> </u>	<u> </u>		
2	Provide the estimated percentage of t			g, column (a)) held	as:			
a	Board designated or quasi-endowmen		_%					
b	Permanent endowment >	%						
C	Temporarily restricted endowment ►	<u></u> %	000/					
2-	The percentages on lines 2a, 2b, and			est arm bald and a	deniniatored for the	_		
3a	Are there endowment funds not in the organization by:	e possession of I	ie organization tr	ial are neto and ao		_	Yes	No
						3a(i)	. 63	140
	.,					3a(ii)		
b	If "Yes" on line 3a(ii), are the related o					3b	\dashv	
4	Describe in Part XIII the intended uses					_ 50]	1.	
	VI Land, Buildings, and Equip							
النكب	Complete if the organization		" on Form 000	Dart IV lina 11a	See Form 000 I	Dart V I	no 1	n

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	70445.00			70446.00
b	Buildings	623324.29		287484	335840.29
C	Leasehold improvements	48860.20		12215.25	36644.95
đ	Equipment				
0	Other				
otal.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part 2	K, column (B), line 10	Oc.)	442931.24

Part VII	Investments - Other Securities.				
•	Complete if the organization answ	vered "Yes" on Fo	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		nod of valuation: of-year market value
(1) Financial	derivatives				
	neld equity interests				
(3) Other					
(A)					······································
(B)		······································			
(C) (D)					
(E)					
(F)					
(G)					
(H)					
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related Complete if the organization answ		m 990 Part IV lin	a 11c See Form	990 Part Y line 13
	(a) Description of investment	reteu les Ullful	(b) Book value	(c) Met	hod of valuation: of-year market value
(4)					
<u>(1)</u> <u>(2)</u>		······································			
(3)			·		· · · · · · · · · · · · · · · · · · ·
(4)					
(5)		· <u> </u>		 	
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.) ▶		<u></u>	<u> </u>	
Part IX	Other Assets.				
	Complete if the organization answ		m 990, Part IV, lin	e 11d. See Form	
***	(4)	Description			(b) Book value
(1)					
(2)	· · · · · · · · · · · · · · · · · · ·				····
(4)			····		
(5)			· · · · · · · · · · · · · · · · · · ·		
(6)		· · · · · · · · · · · · · · · · · · ·			
(7)		······································			
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	L (B) line 15.)		>	
Part X	Other Liabilities. Complete if the organization answ line 25.	vered "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)		··· <u>··</u> ··			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.) ▶			1.6	-A- AlA
	uncertain tax positions. In Part XIII, provid				
organization:	s liability for uncertain tax positions under l	TIN 40 (MOU /4U). UNE	aak nere ii ine text of t	ine louthole has bee	n provided in Part XIII

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Schedu	de D _. (Form 990) 2016			Page 4
Par			Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_		
а	Net unrealized gains (losses) on investments	2a]	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
₫	Other (Describe in Part XIII.)	2d] [
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b	Other (Describe in Part XIII.)	4b	7	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	1 1	
b	Prior year adjustments	2b	1	
C	Other losses	2c	1	
d	Other (Describe in Part XIII.)	2d	7 I	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	,		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	

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.						
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**b** Other (Describe in Part XIII.) . . . . . . . . . . . . . . . . .

Part XIII Supplemental Information.

Schedule D (For	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE 0 (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
LA Community Development Capital Fund, Inc	72-1336040
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Schedute O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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