	om 990-T	Ex	empt Organization B	ușin	ess Incon	ne Tax	x Return	L	OMB No 1545-0687
Fo L	orm 330-1	For calendar vea	(and proxy tax u ir 2016 or other tax year beginning				,		2016
		1	on about Form 990-T and its in				v irs gov/form99)t.	
Depart Interna	ment of the Treasury al Revenue Service		enter SSN numbers on this form as it				-	10	pen to Public Inspection for 01(c)(3) Organizations Only
A	Check box if address change		NEWSED COMMUNITY DE		nanged and see inst		C	l (Em	oloyer identification number ployees' trust, see uctions)
	xempt under sectio	n Print or	901 W 10TH AVENUE	. 4 1. 11(THENT CON	., IN	· .	7.	1-2275534
ŕ	³ 501(c)(3) 3408(e) □2206	1 -	DENVER, CO 80204					F Unr	elated business activity
-	408(e) 2200 408A 5300		·					_ cod	les (See instructions)
C 80	529(a)		(Consideration of the control of the					53	31310
er	11, 792, 923	0.05	exemption number (See instruct k organization type		corporation	5010	(c) trust 4	01(a) tr	ust Other trust
H C	Describe the organizeroperty Man	zation's primar	y unrelated business activity						
			oration a subsidiary in an affilia	ted gro	oup or a parent	-subsidia	ary controlled gro	up?	Yes X No
			fying number of the parent cor	poratio	n 🕨				
	he books are in care	1111	ORGANIZATION				elephone number		
Par			Business Income	,	(A) Incon	ne	(B) Expense	s	(C) Net
	Gross receipts or		- Palanaa N					İ	
-	Less returns and allow		c Balance►	1 c					
	Cost of goods sold Gross profit. Subti			3					
	Gross pront. Subti Capital gain net ir			4a					
	Net gain (loss) (Form 4	•	•	4a					
	: Capital loss deduc		, ,	4c					
	•	n partnerships	and S corporations	5			 .		
6	Rent income (Sch			6	·· · · · · ·				
7	Unrelated debt-fin	•	(Schedule E)	7					
8			om controlled organizations (Schedule F)	8			-		
9	· · ·		, (9), or (17) organization (Schedule G)	9					
10	Exploited exempt			10					
11	Advertising incom	e (Schedule J)	11					
12	Other income (Se	e instructions,	attach schedule)						
			See Statement 1	12	34	,710.			34,710.
_13	Total. Combine lin		12	13	34	,710.		0.	34,710.
Par	t II Deductio	ns Not Tak	en Elsewhere (See instru	iction	s for limitation	ons on	deductions.)	(Exce	pt for
	contributi	ons, deduc	tions must be directly cor ors, and trustees (Schedule)	necte	ed with the L	unrelate	ed business in		.)
14	Compensation of	officers, direct	ors, and trustees (Schedule K)	N	TOOK			14	10 600
			135	-	<u> </u>	- t		15	12,690.
16	Repairs and main	tenance	ر الخا بر الخا	07 A	7.	_1		16 17	0.010
17	Bad debts	abadula)	<u> </u>	as A	S NON S	ર્સ		18	_9,018.
18 19	Interest (attach so Taxes and license	•	(°)		8	3		19	1 120
20			structions for limitation rules)	ME	עבט	1		20	1,129.
21	Depreciation (atta				12	4 1			
22			<i>)</i> chedule A and elsewhere on re	turn		2a		22b	
23	Depletion	J.G00 011 Q	J Julia / I and oldomiolo off fo		L=	I		23	
24	Contributions to d	leferred compe	ensation plans					24	
25	Employee benefit	•	,					25	
26	Excess exempt ex		edule I)					26	
27	Excess readership	•	•			_		27	
28	Other deductions	(attach sched	ule)			See	Statement 2	28	3,172.
29	Total deductions.		•					29	26,009.
30			ome before net operating loss of		on Subtract lin	ne 29 fro	m line 13 ement 3	30	8,701.
31			mited to the amount on line 30					31	8,701.
32 33			ome before specific deduction.			iine 30	•	32	0.
33 34	•		1,000, but see line 33 instruction ubtract line 33 from line 32. If line 33 is			the emails	er of zero or line 32	34	0.
			Notice, see instructions.	greater		0205L 09/		1 ~~	Form 990-T (2016)
	eperment				_ _ .				
								(2)	736
								-	
									·

Form	1 990-T	(2016) NEWSED COMMUNITY DEVELOPMENT CORP, INC.	74-	-22 75534	Page 2
Par	{ 	Tax Computation			
35		nizations Taxable as Corporations. See instructions for tax computation	1	12000 [4]	
		rolled group members (sections 1561 and 1563) check here See instructions and.	ŀ	0, 5°	
a		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	1		
	(1) \$			<u>.</u>	
t		r organization's share of: (1) Additional 5% tax (not more than \$11,750) . \$	- 1		
		dditional 3% tax (not more than \$100,000)		. '	
,		ne tax on the amount on line 34	▶	35 c	0.
		ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	}	7.	
-		ne 34 from. Tax rate schedule or Schedule D (Form 1041)	▶	36	
27		y tax. See instructions	▶	37	
	•	native minimum tax	}	38	
			•	39	
		on Non-Compliant Facility Income. See instructions	}		
		Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
		Tax and Payments			
4 1 a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116). 41 a		3/4	
		r credits (see instructions) 41 b		-18 G	
C	: Genei	eral business credit. Attach Form 3800 (see instructions)		323	
C	l Credit	it for prior year minimum tax (attach Form 8801 or 8827) 41 d			
e	Total	credits. Add lines 41a through 41d.		41 e	0.
42	Subtra	ract line 41e from line 40	. 1	42	0.
43	Other	r taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866			
		Other (attach schedule)		43	
44		tax. Add lines 42 and 43	ì	44	0.
45 a		nents A 2015 overpayment credited to 2016		. 2 %	<u></u>
	•	estimated tax payments 45b		E (1)	
		deposited with Form 8868 45c		1450	
		gn organizations: Tax paid or withheld at source (see instructions) . 45 d		1, 54	
		up withholding (see instructions) 45e		4.4	
		t for small employer health insurance premiums (Attach Form 8941) 45f	· · · · · · · · · · · · · · · · · · ·		
		r credits and payments Form 2439		(3.5 <u>)</u>	
ų,	_			الم المراجعة	
**		orm 4136 Other Total ► 45 g		\$15 m	
46		payments. Add lines 45a through 45g		46	<u> </u>
47		nated tax penalty (see instructions). Check if Form 2220 is attached	- □	47	
48	Tax d	tue. If line 46 is less than the total of lines 44 and 47, enter amount owed	. 🏲	48	
49	Overp	payment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49	
50	Enter	the amount of line 49 you want. Credited to 2017 estimated tax.	funded 🏲	50	
Par	₹-V	Statements Regarding Certain Activities and Other Information (see instruct	ions)		
51	At an	by time during the 2016 calendar year, did the organization have an interest in or a signature or		ority over a	Yes No
•	-	cial account (bank, securities, or other) in a foreign country? If YES, the organization may have to fil		-	1 7 30 12
		rt of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here			
					 -X
52		g the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	teror to, a	toreign trust?	X
		S, see instructions for other forms the organization may have to file			
_53	Enter	the amount of tax-exempt interest received or accrued during the tax year > \$	0.		12 30 36 30
٥.		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an belief, if is true, correct, and complete) Declaration of preparer (other than taxpayer) is based on all information of which pre	d to the best o parer has any	ot my knowledge a Knowledge	nd
Sigi	n	Marian Garl 11.13-17 Executive Di	rector	May the IRS disci	iss this return with
Her	e	Syntature of officer Date Title	CCCCI	instructions)?	uss this return with vn below (see
				<u> </u>	X Yes No
Paid	١	Print/Type preparer's name Reparer's signature Date	heck if	РПИ	
Pre		James H. Feldhake, CPA James H. Feldhake, CPA (1)	elf-employed	P012882	83
pare			irm's EIN	87-0325228	
Use		Firm's address 1785 West 2300 South			
Only			Phone no	901-072-	1900
BAA		Jant Lake City, UI 04113-2005	NOTICE III	801-972-	000 T (0016)

Schedule A — Cost of Goo	ds Sold. En	ter method of inve	ntory valuation 🟲 👚						
1 Inventory at beginning of ye	ar	1	6 Inv	ento	ry at e	end of year	6		
2 Purchases.		2	7 Co	st of	good	ls sold. Subtract	44		
3 Cost of labor	3				ne 5 Enter here	ration.			
4 a Additional section 263A costs (attac	ch schedule)	<u> </u>	and	a in F	art i,	line 2	7	1	
		4 a						Yes No	
b Other costs (attach sch)		4b				of section 263A (wi luced or acquired f			
5 Total. Add lines 1 through 4	ь	5				zation?	or resale, apply	X	
Schedule C - Rent Income	From Rea	al Property and	Personal Prope	erty	Leas	sed With Real P	'roperty) (see	instructions)	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent receiv	ved or accrued				2/-> D			
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	r personal	(if the perce	eal and personal pro entage of rent for per ceeds 50% or if the i on profit or income)	ns directly conne in columns 2(a) tach schedule)					
(1)									
(2)									
(3)						<u> </u>			
(4)									
Total		Total				 			
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		d 2(b) Enter				(b) Total deductions here and on page 1, Particle 1, line 6, column (B)	Enter art		
Schedule E - Unrelated De	ebt-Finance	ed Income (see	instructions)						
			2 Gross income from		3 De	eductions directly c debt-fina	onnected with or anced property	allocable to	
1 Description of debt-financed property			or allocable to debt- financed property depr			(a) Straight line reciation (attach sc		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)					 		 		
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	adjusted basis of to debt-financed attach schedule)	6 Column 4 divided by column 5		rep	7 Gross income ortable (column 2 column 6)	(column 6	deductions x total of a) and 3(b))	
(1)				8					
(2)				ક					
(3)	Ţ			ક					
(4)				왕					
					Ente Part	r here and on page 1, line 7, column (e 1, Enter here a A) Part I, line 7	nd on page 1, , column (B)	
Totals				>					
Total dividends-received deducti	ione included	ın column 9		-			>		
BAA	ons included		TA00001 000000				1	n 990-T (2016)	
שאמ		16	EA0203L 09/19/16				1 0111	. 230-1 (2010)	

74-2275534

Page 3

Form 990-T (2016) NEWSED COMMUNITY DEVELOPMENT CORP, INC.

Schedule F - Interest, A	nnuitie	es, Royaltio	es, ar	nd Re	nts Fro	m	Controlled C	rga	nizations (see ins	tructions)	
					trolled Or								
1 Name of controlled 2 E organization iden		2 Employer identification number		3 Net unrelated income (loss) (see instructions)			4 Total of specified payments made				n co	6 Deductions directly connected with income in column 5	
(1)													
(2)													
(3)						L		_					
(4)						<u> </u>							
Nonexempt Controlled Organiz	ations												
7 Taxable Income	ınc	et unrelated ome (loss) instructions)			f specified its made	ן נ	10 Part of our included in organization	the o	controlling		connected	tions directly I with income Iumn 10	
(1)													
(2)													
(3)													
(4)		<u> </u>											
							Add columns here and on p 8, col	age 1	, Part I, line		and on p	6 and 11 Enter age 1, Part I, line umn (B).	
Totals						ل				<u> </u>			
Schedule G - Investmen	it Inco	me of a Se	ction	501(nizat					
1 Description of income		2 Amount of Income		ome	directly		ductions connected schedule)	4 Set-asides (attach schedul		ile) set-asides		I deductions and sides (column 3 us column 4)	
(1)													
(2)					<u> </u>								
(3)					ļ								
(4)		Entor horo or		000 1	ļ						Enter ha	ro and an page 1	
Totals	•	Enter here ar Part 1, line 9	, colum	nn (A)							Part I, II	re and on page 1, ne 9, column (B)	
Schedule I - Exploited E	xemp	t Activity II	ncom	e. Otl	ner Tha	n /	Advertisina l	nco	ne (see inst	ruction	s)		
1 Description of exploited a		2 Gross unrelate busines income fr trade o busines	s ed ss om or	3 Expension connection of u	ises directly ected with duction nrelated ess income	fro or 2 r	Net income (loss) om unrelated trade business (column minus column 3) f a gain, compute lumns 5 through 7	5 Gros	is income from hity that is not ated business income	6 Exp	penses stable to simn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)		 		_								 	
(2)													
(3)		7							" "				
(4)													
Totals	-	Enter here on page Part I, lin- column	≥ 1, e 10,	on p Part I	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 26.	
Schedule J – Advertisin	alnes	mo /Sa:	<u> </u>			Ц.					·····		
	<u> </u>					4.5	d Basis			_			
Part I Income From Pe	riodica	2 Gros			nsolida Direct				\	60.		75,,,,,,	
1 Name of periodical		advertisi	ing	adve	ertising osts	4	Advertising gain or loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7		Circulation income		adership osts	7 Excess readership costs (col 6 minus col 5, but not more than col. 4)	
(1)						Γ		<u> </u>				1	
(2)		 				-		<u> </u>				4	
(3)		 				1		<u> </u>				-	
(4)		 				+						 	
Totals (carry to Part II, line (5)) '	•	l						1				
BAA			'	TF	EA0204 L	09/1	19/16	·				orm 990-T (2016)	

1 Name

2 Title

3 Percent of time devoted to unrelated business

8

8

8

7 Total. Enter here and on page 1, Part II, line 14

TEEA0204 L 09/19/16

Form 990-T (2016)

BAA

Statement 1 Form 990-T, Part I, Line 12 Other Income Program Service Revenue Statement 2 Form 990-T, Part II, Line 28 Other Deductions	otal <u>\$</u>	74-2275534 34,710.
Form 990-T, Part I, Line 12 Other Income Program Service Revenue T Statement 2	otal <u>\$</u>	
Statement 2	otal <u>\$</u>	
Statement 2 Form 990-T, Part II, Line 28 Other Deductions		34,710.
Employee benefits Miscellaneous Office supplies Postage Rent	\$	2,531. -334. 620. 149. 7.
Travel	otal \$	199. 3,172.
Statement 3 Form 990-T, Part II, Line 31 Net Operating Loss Deduction		
Loss Loss Year Original Previously Ending Loss Used	Los _ Avail	s able
12/31/14 \$ 8,335.\$ 0.\$ 12/31/15 4,083. 0. Net Operating Loss Available Taxable Income Net Operating Loss Deduction (Limited to Taxable Income)	\$ \$ \$ \$	8,335. 4,083. 12,418. 8,701. 8,701.

1

- -