Form **990**

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

OMB No. 1545-0047

SCANNEL

Department of the Treasury Internal Revenue Service For the 2016 calendar year, or tax year beginning 2016, and ending D Employer identification number C Name of organization Check if applicable West Community Economic Development Corporation Address change Doing business as 84-1135942 Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return (303) 936-4302 4200 Morrison Road 3 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 677,080 Amended return Denver CO 80219 H(a) Is this a group return for subordinates? F Name and address of principal officer Application pending H(b) Are all subordinates included?

If 'No,' attach a list (see instructions) CO 80219 Jose G Esparza 4200 Morrison Rd, Unit 5 Denver Tax-exempt status X 501(c)(3) 4947(a)(1) or 501(c) () (insert no) 527 Website: ► www.bucuwest.com H(c) Group exemption number X Corporation Form of organization Other > 1987 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities neighborhood revitalization, economic development. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b) . 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . 5 Total number of volunteers (estimate if necessary) 6 47 397017 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 9,571. **b** Net unrelated business taxable income from Form 990-T, line 34 . . 7b 8,586. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 235,055. 166,511. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 140,103. 375,158. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 166,511 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 132,940. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . 116,896 160,012. 16 a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 66,040 65,145. Total expenses Add lines 13-17 (must equal Part IX, column A) ine 25 358,097. 182,936. Revenue less expenses Subtract line 18 from line 12 -16,42517,061. **End of Year Beginning of Current Year** ğ Total assets (Part X, line 16) . . 17,291. 88,186. 21 Total liabilities (Part X, line 26) . . . 57,503. 3,669. Net assets or fund balances. Subtract line 21 from line 20 (1) 13,622 30,683 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. nature of offic Sign Here G Executive Director Print/Type-prepare PTIN Date Check Paid Richard 10/03/17 self-employed P00223653 Preparer HSJ & Associates, Use Only Firm's address 8435 W 80TH AVE Firm's EIN 84-1562947 ARVADA CO 80005 Phone no (303) 421-9379

No

Form 990 (2016)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/16/16

Form	mm 990 (2016) West Community Economic Development Corporat	ion	84-11359	42 Page 2
Par	art III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part II	1 <u></u>	<u></u>	<u></u>
1	Briefly describe the organization's mission			
	Small business support,			
	neighborhood revitalization, economic development	nt.		
2				ı 🗇
	Form 990 or 990-EZ?			Yes X No
•	If 'Yes,' describe these new services on Schedule O			۱. 🗆
3	and the second s	iducts, any program servic	æs?	Yes X No
4	If 'Yes,' describe these changes on Schedule O			
*	Describe the organization's program service accomplishments for each of its thre Section 501(c)(3) and 501(c)(4) organizations are required to report the amount and revenue, if any, for each program service reported	e largest program service of grants and allocations to	s, as measured by o others, the total e	expenses xpenses,
4 a	a (Code:) (Expenses \$157,609. including grants of	\$) (Revenue \$	130,532.)
	Small business support,			
	neighborhood revitalization, economic development	n <u>t.</u>		
				
4 b	b (Code) (Expenses \$ including grants of	\$) (Revenue \$)
		<i></i> _		
				
4 C	c (Code) (Expenses \$ including grants of	\$) (Revenue \$)
	~			
				
A -3	d Other program aggrees (Decembe in Robert 1970)			
	d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$	\	¢	1
	(Expenses \$ including grants of \$ e Total program service expenses ► 157,609.) (Revenue		
	- 10mm program service expenses - 15/, 609.			

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	_5_		х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	À		
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		Х
•	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	11 c	х	
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		_X_
(Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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		Х
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		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х

Form 990 (2016) West Community Economic Development Corporation Part IV Checklist of Required Schedules (continued)

				No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		<u>X</u>
b	If Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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		х
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		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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).			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	\Box	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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	х	

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
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a	4	30 25 mg		3/4
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c		<u> 11 </u>
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	X	1
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		* 1	2	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	1	3 a	X	. Sagger
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No'</i> to line 3b, provide an explanation in Schedule O		3 b	X	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	₩ 4	Х
b If Yes,' enter the name of the foreign country.				(j. 1
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1	3.4.1		X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		$\frac{\lambda}{X}$
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	• •	5 c		
6 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?		6 a	Х	
b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b	Х	
7 Organizations that may receive deductible contributions under section 170(c).				¥ .
•				1
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7 a	andredlane W	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file				
Form 8282?		7 c	2 30	X
d If Yes,' indicate the number of Forms 8282 filed during the year		. بالأسالة	7-7	ر بادر
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	• •	7 f		_^
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		Ĺ <u>.</u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		.نىگن	LLI	77.
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.		~~~		1.1
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	!	9 b		<u> </u>
10 Section 501(c)(7) organizations. Enter		(3)	nji	()
a Initiation fees and capital contributions included on Part VIII, line 12		A		. (4)
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1	
11 Section 501(c)(12) organizations. Enter			Ng.	
a Gross income from members or shareholders		**		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	• •	12 a		L
b If Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13 a	<u> </u>	<u> </u>
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 the organization is licensed to issue qualified health plans	_			
c Enter the amount of reserves on hand				
14a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14 b		

Pa	rt VI : Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.		d for	•
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year			
	b Enter the number of voting members included in line 1a, above, who are independent	2	Ň	X
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7	a 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?	7 a		x
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	À		
	a The governing body?	8 a	X	├
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	├
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		_X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 ь		<u></u>
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		<u> </u>	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
`	Schedule O how this was done	12c]
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			12.11
	a The organization's CEO, Executive Director, or top management official	15 a		X
l	b Other officers or key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	1 7 %	:A,	
16:	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
ı	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		ļ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Colorado			- - -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply	availal	ole	
19	Own website	le to		
	the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Jose E Esparza 4200 Morrison Rd, Unit3 Denver CO 80219(3	03)	936-	4302
	<u> </u>			

Form 990 (2016) West Community Economic Development Corporation	84-1135942	Page 7
Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Contractors	ompensated Employe	ees, and
Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	<u> </u>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate	d Employees	
1a Complete this table for all persons required to be listed Report compensation for the calendar year ending worganization's tax year	vith or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), reg compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid	ardless of amount of	
• List all of the organization's current key employees, if any See instructions for definition of 'key employee	э'	
• List the organization's five current highest compensated employees (other than an officer, director, truste who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$10 organization and any related organizations		
• List all of the organization's former officers, key employees, and highest compensated employees who re of reportable compensation from the organization and any related organizations	ceived more than \$100,000	
• List all of the organization's former directors or trustees that received, in the capacity as a former direct organization, more than \$10,000 of reportable compensation from the organization and any related organization		
List persons in the following order individual trustees or directors; institutional trustees; officers; key employees employees; and former such persons	; highest compensated	

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

				(C)						
(A) Name and Title	(B) Average hours per	than					1	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Jose Esparza Executive Director	40.00			х				75,215.	0.	0.
(2) Marco Martinez President	1.00			х				0.	0.	0.
(3) Hiram Licea Vice President	1.00			х				0.	0.	0.
(4) Santiago Jaramillo Secretary	1.00			х				0.	0.	0.
_(5)_Norma_Ragland Treasurer	1.00			Х				0.	0.	0.
(6) Tom Fazio Director	1.00	х						0.	0.	0.
(7) <u>Terri Taylor</u> Director	1.00	х						0.	0.	0.
(8) Brice Hancock Director	1.00	Х						0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Comparison Com	rar	t VII Section A. Officers, Directors, Ti	rustees	Kev	Em	nic	ve	es :	and	Highest Com	nensated Er	nplovees (continued)
Continue Continue	L	(A)	Average hours per	(B) verage (do not			(C) Position of check more than one inless person is both an			(D) Reportable compensation from	(E)	(F) Estimated amount of other
(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1 band 1c). 7 5, 215. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization spreater than \$150,000 of if Yes, complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000 of if Yes, complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person 5 Independent Contractors			(list any hours for related organiza - tions below dotted	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	from the organization and related
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total.	(15)		 									1
(18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, 'complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed to the organization? If Yes, 'complete Schedule J for such person 5 Section B. Independent Contractors	(16)		 									
[29] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [28] [29] [29] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [20] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [27] [28] [28] [29] [29] [29] [20] [20] [20] [20] [21] [22] [23] [24] [25] [25] [26] [27] [27] [28] [28] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	(17)						 					
(20) (21) (22) (23) (24) (25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 7 5, 215. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	(18)		 	 			 					
(21) (22) (23) (24) (25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 7 5, 215 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, 'complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, 'complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, 'complete Schedule J for such person Section B. Independent Contractors	(19)		 	-								
(22) (23) (24) (25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 7 5, 215. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization F 3 Did the organization Iist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors	(20)			 								
(23) (24) (25) 1 b Sub-total. 75, 215. 0. c Total from continuation sheets to Part VII, Section A. d Total (add lines 1b and 1c) 75, 215. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes,' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person Section B. Independent Contractors	(21)			-								
(24) 1 b Sub-total. 75, 215. 0. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 75, 215. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual for services rendered to the organization? If Yes, complete Schedule J for such person Section B. Independent Contractors	(22)			-			!					
1 b Sub-total	(23)											
1 b Sub-total	(24)				-		-					
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	(25)											
d Total (add lines 1b and 1c)			tion A	· · ·	• •	• •	• •	· ·	►	75,215.		0. 0.
from the organization ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	d	Total (add lines 1b and 1c)	<u></u>		• •				<u> </u>			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual		,	ed to those	listed	abo	ove)	who	rece	ived	d more than \$100,0	000 of reportable	compensation
the organization and related organizations greater than \$150,000? If Yes,' complete Schedule J for such individual	3	Did the organization list any former officer, directs on line 1a? If 'Yes,' complete Schedule J for such	or, or truste individual	e, key	em	ploy	ee,	or hig	hes	at compensated en	nployee	3 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person		the organization and related organizations greater	than \$150	,000?	If 'Y	'es, '	and com	other plete	Sc	mpensation from hedule J for 		4 X
		for services rendered to the organization? If 'Yes,										
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	1	Complete this table for your five highest compens	ated indepe	enden	t cor	ntrac	ctors	that	rece	eived more than \$	100,000 of	v vear
(A) (B) (C)		(A)		, uie	vale	- Udl	yea	ai enc	Jing	(B)	1	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

0111 000 (2010)	west	Community	Economic	Development	Corpor
Part VIII State	mont c	A Dovonus			

		Check if Schedule O contains a response or note to any lin	ne in this Part VIII .			
3	<u> </u>	* `	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	21100111	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d	,			
tributions, (Other Simil		e Government grants (contributions) 1e 234,600. f All other contributions, gifts, grants, and similar amounts not included above . 1f g Noncash contributions included in lines 1a-1f \$		A TRACE OF THE PROPERTY OF THE		
Con		h Total. Add lines 1a-1f	235,055.			
<u> </u>		Business Code	233,033.			
Program Service Revenue	2	2 a b c				
Š		<u></u>	<u> </u>			
grar	-	f All other program service revenue				
P. S.		g Total. Add lines 2a-2f			\$ 1807 Y.Z.Z.Z.	* *.: * ***
	3					
	4	in the second first of tax-exempt bond proceeds				
	5					
	١,	(i) Real (ii) Personal				
	"	6 a Gross rents 403,753 38,272 b Less rental expenses 273,221 28,701				
		201/01:				
		c Rental income or (loss)	140 102	120 520		
	ľ	a Gross amount from sales of (i) Securities (ii) Other	140,103.	130,532.	9,571.	0.
		assets other than inventory b Less cost or other basis				
		and sales expenses				
		c Gain or (loss)				
	•	d Net gain or (loss)				
Other Revenue	8	a Gross income from fundraising events (not including. \$ 455. of contributions reported on line 1c)				
Ē		See Part IV, line 18 a	* * * * *		,	
the		b Less direct expenses b	The state of the s	4 4 4		
0		c Net income or (loss) from fundraising events				
		a Gross income from gaming activities See Part IV, line 19				
		c Net income or (loss) from gaming activities				
		a Gross sales of inventory, less returns and allowances				
		b Less cost of goods sold b				
		c Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11:	a				
		b				
		d All other revenue		- 		
		d All other revenue				·
		Total revenue. See instructions	275 150	120 500	255	
			375 , 158.	130,532.	9,571.	0.

Part IX | Statement of Functional Expenses

	not.include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	132,940.	132,940.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members				
6	trustees, and key employees	75,284.	0.	75,284.	0.
7	Other salaries and wages	73,248.	0.	73,248.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,480.	0.	11,480.	
11	Fees for services (non-employees)				
	Management	3,466.	3,466.	0.	0.
	Legal	17,719.	0.	17,719.	0.
_	Accounting	1,996.	0.	1,996.	0.
	Lobbying				
	Professional fundraising services See Part IV, line 17				
-	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion	14,022.		1,247.	0.
13	Office expenses	1,763.	0.	1,763.	0.
14	Information technology	5,399.	0.	5,399.	0.
15	Royalties			<u> </u>	
16 17	Occupancy			 	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	593.	593.	0.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,055.	0.	1,055.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	License & Fees	130.	0.	130.	0.
t	Parking	10.	0.	10.	0.
C	Dues and Memberships	235.		235.	0.
O	Rent	6,580.	0.	6,580.	0.
	All other expenses	12,177.	8,935.	3,242.	Ī
25	Total functional expenses. Add lines 1 through 24e	358,097.	158,709.	199,388.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	17,291.	1	54,892.
	2	Savings and temporary cash investments		2	
Ì	3	Pledges and grants receivable, net		3	
ĺ	4	Accounts receivable, net		4	400.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	3,423.
Assets	8	Inventories for sale or use		8	
8	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
Į	b	Less accumulated depreciation 10b 3,529.		10 c	3,471.
- [11	Investments – publicly traded secunties		11	
	12	Investments – other securities See Part IV, line 11		12	
1	13	Investments – program-related See Part IV, line 11		13	26,000.
1	14	Intangible assets		14	
- 1	15	Other assets See Part IV, line 11		15	
}	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,291.	16	88,186.
	17	Accounts payable and accrued expenses		17	
ļ	18	Grants payable		18	
Į	19	Deferred revenue		19	
- 1	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	50,000.
- {	24	Unsecured notes and loans payable to unrelated third parties		24	30,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,669.	25	7,503.
	26	Total liabilities. Add lines 17 through 25	3,669.	26	57,503.
ces	_	Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.		n . . ?	
밀	27	Unrestricted net assets	<u> </u>	27	
Ba	28	Temporanly restricted net assets		28	
핗	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	0.
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	13,622.	32	30,683.
<u>इ</u>	33	Total net assets or fund balances	13,622.	33	30,683.
	34	Total liabilities and net assets/fund balances	17,291.	34	88,186.
==			·		

FOIII	1990 (2016) West Community Economic Development Corporation 84-	1135942	<u> </u>	rag	e iz
Pa	rt:XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>	П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	75,15	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	58,09	97.
3	Revenue less expenses Subtract line 2 from line 1	3		17,06	<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,62	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
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,	100		20 6	
D.	t XII Financial Statements and Reporting	10		30 <u>,68</u>	<u> 33.</u>
T a					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · · ·	• • • •	
			1 20 9	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?	<i>.</i>	2 a	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		. 18		W1
	separate basis, consolidated basis, or both.				.]]
	X Separate basis Consolidated basis Both consolidated and separate basis		X	80 mm - 11565 mm	mandada wi
ì	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				1
	basis, consolidated basis, or both		6 3		
	Separate basis Both consolidated and separate basis			اللث	A.E
(lf 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	ıt, 	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. <u></u> .	3 b		
BAA			Form	990 (2	016)

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 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach 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	Name of the organization Employer identification number							
West Community Economic Development Corporation 84-1135942						2		
Par	1	Reason for Public Cha	rity Status (All or	ganizations must co	omplete	this p	art.) See instruction	s.
The c	rga	nization is not a private foundati	on because it is: (For li	ines 1 through 12, check	conly on	e box.)		
1	Г	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section	170(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	or 990-	EZ))		
3		A hospital or a cooperative hos	spital service organizati	ion described in section	170(b)(1)(A)(iii)		
4		A medical research organization	on operated in conjunct	tion with a hospital desc	nbed in s	ection	170(b)(1)(A)(iii) Enter th	ne hospital's
	_	name, city, and state						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6	Г	A federal, state, or local govern	nment or governmental	l unit described in sectio	on 170(b)(1)(A)(v	/).	
7	Х	An organization that normally r		part of its support from a	governm	nental ur	nit or from the general pu	ıblıc described
8	Г	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II.)				
9	〒	An agricultural research organi	, , , , , ,		perated i	n coniur	nction with a land-grant c	ollege
	_	or university or a non-land-grai			•	-	_	-
		university.	0	,				
10		An organization that normally r	2000W00 (1) mara than	23 1/3% of its support	 from cont		s membership fees and	
	_	from activities related to its exe investment income and unrelated June 30, 1975 See section 56	empt functions—subject ted business taxable in	t to certain exceptions, a come (less section 511	and (2) no	o more t	han 33-1/3% of its suppo	ort from gross
11		An organization organized and			See sect	ion 509	(a)(4).	
12		An organization organized and or more publicly supported org	operated exclusively f	for the benefit of, to perfe	orm the f	unctions	s of, or to carry out the pu	
	_	lines 12a through 12d that des	cribes the type of supp	orting organization and	complete	lines 1	2e, 12f, and 12g	
а	L	Type I. A supporting organizat organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	ed, or controlled by its si t a majority of the directo	upported ors or tru	organiz stees of	ation(s), typically by giving the supporting organization.	ng the supported tion You must
b		Type II. A supporting organiza management of the supporting	organization vested in	trolled in connection with the same persons that	ts supp control o	orted or or manag	ganızation(s), by havıng je the supported organiz	control or ation(s). You
С		must complete Part IV, Secti Type III functionally integrate organization(s) (see instruction	ed. A supporting organ	nization operated in conr	nection w	ith, and	functionally integrated w	ith, its supported
d		Type III non-functionally inte	grated. A supporting o	organization operated in	connecti	on with i	its supported organizatio	n(s) that is not ment (see
e	Г	functionally integrated. The organistructions) You must comp Check this box if the organizat	on received a written o	determination from the If				
_		integrated, or Type III non-fund						
f		iter the number of supported org	=				· · · · · · · · · · · · · · · · · · ·	
9		ovide the following information a ame of supported organization			τ		(3.)	(ut) A
	(I) Na	ame or supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	_				Yes	No		
/A\			į				ļ	
(A)					 	 -		
(B)				<u></u>				
(C))							
(D)				 				
(E)								

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	109,191.	160,976.	176,524.	166,511.	234,600.	847,802.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	200, 2020	190,3:00	2.0,02.1			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	109,191.	160,976.	176,524.	166,511.	_234,600.	847,802.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		Activities of the second secon				
6	Public support. Subtract line 5 from line 4						847,802.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	109,191.	160,976.	176,524.	166,511.	234,600.	847,802.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					130,532.	130,532.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-	9,571.	9,571.
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						987,905.
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, t	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 201						85.82 %
15	Public support percentage from 20	015 Schedule A, Pa	art II, line 14			<u>1</u> 5	%
16a	33-1/3% support test—2016. If the and stop here. The organization of	ne organization did qualifies as a public	not check the box cly supported orga	on line 13, and lin	e 14 is 33-1/3% or	more, check this b	ox ► X
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did qualifies as a publi	not check a box or cly supported orga	n line 13 or 16a, ar Inization	nd line 15 is 33-1/3	% or more, check t	his box
17a	10%-facts-and-circumstances to or more, and if the organization method organization meets the facts-a	eets the 'facts-and	-circumstances' te:	st, check this box a	and stop here. Ex	olain in Part VI how	▶ 🗍
	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t The organization	st, check this box a n qualifies as a put	and stop here. Exp plicly supported org	plaın in Part VI how ganızatıon	the ▶ [
18	Private foundation. If the organiz	ation did not checl	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instructio	ns ▶ ∐

Partill 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	e organization failed to qualit	v under Part II	If the organization
			,	
fails to qualify under the tests liste	d helow inlease complete Part	· II A		

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
<i>7</i> a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is organization, check this box and s	top here	<u></u>	third, fourth, or fifth	n tax year as a sect ·····	ion 501(c)(3)	▶ 🗍
	tion C. Computation of Pu			<u> </u>			
15	Public support percentage for 201	•	•	, ,,			
	<u></u>				<u></u>	16_	
	tion D. Computation of Inv						
17	Investment income percentage for	•		·	**		
18	Investment income percentage fro						용
	33-1/3% support tests—2016. If t is not more than 33-1/3%, check the	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	▶ ∐
	33-1/3% support tests—2015. If t line 18 is not more than 33-1/3%,	check this box and	stop here. The o	rganızation qualifie	es as a publicly sup	ported organizatior	ո ▶ [
20	Private foundation. If the organiz	ation did not check	a box on line 14,	19a, or 19b, checl	k this box and see i	nstructions	

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.)

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, 'answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If Yes,' describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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 - 	9с		
	10a	-	<u> </u>
	10b		

Pa	irt IV Supporting Organizations (continued)			
44			Yes	No
	gg			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
<u>Sec</u>	ction B. Type I Supporting Organizations			
4		<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	S Secretaria de la constancia de la cons	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		<u>[</u>
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
ec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test Complete line 2 below			
ı	b The organization is the parent of each of its supported organizations Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction).	ns).		
2	Activities Test. Answer (a) and (b) below.	ĺ	Yes	No
	Γ		163	110
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
i	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
í	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990 or 990-EZ) 2016 West Community Economic Development at V ₂ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			35942 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N instructions. All other Type III non-functionally integrated supporting organizations me	iov 20	0, 1970 (explain in Part Vi) See h E
Sec	tion A – Adjusted Net Income	 · ,	(A) Pnor 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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	2.		
	Average monthly value of securities	1a		
ì	Average monthly cash balances	1 b		
- (Fair market value of other non-exempt-use assets	1 c		
-	I Total (add lines 1a, 1b, and 1c)	1 d		
	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		Ţ
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		
Sec	tion 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		with the general section of the sect
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions)	d Typ	e III supporting organizati	on
BAA			Schedule A (Fo	orm 990 or 990-EZ) 2016

Sch	edule A (Form 990 or 990-EZ) 2016 West Community Economic	c Development Corp	oration 84-11:	35942 Page 7
	rt V ¹ Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	ction D — Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
.3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		
_4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ition is responsive (provide	e details	
_9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion 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	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	14431666	
	ENTALLY RESULTS CONTRACTOR OF THE SECTION OF THE SE			
b	A CONTRACTOR OF THE CONTRACTOR	XX 20 X 4 5 X 2 3	SARKER STATE	
	From 2013			
	From 2014	18 18 18 18 18 18 18 18 18 18 18 18 18 1		
е	From 2015			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			<u> </u>
h	Applied to 2016 distributable amount	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	1.2.3 2.3 2.4.6.2.2	
i	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3ı from 3f			
4	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years		* * * * * * * * * * * * * * * * * * *	
	Applied to 2016 distributable amount		N. N	
С	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 3 ₁ and 4c	1 × × × × × × × × · · · · · · · · · · ·		
8	Breakdown of line 7			
	TO THE P			
	Excess from 2013		* * * * * * * * * * * * * * * * * * * *	
	Excess from 2014	* ,		
	Excess from 2015			
	Excess from 2016			
	ENOUGH TOHE EVEN	I		

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Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)

SCHEDULE D (Form 990)

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 2016

rm990. Open to Public Inspection Complete Inspection Complete Inspection Insp

Department of the Treasury Internal Revenue Service Name of the organization

	Noat Community Francis Poss	Jammant Camanati				
Â×	West Community Economic Deve	<u> </u>			84-1135942	
Pai	Organizations Maintaining Donor Complete if the organization answer	red 'Yes' on Form 990, F	er Similar Fund Part IV, line 6.	S OF ACC	ounts.	
		(a) Donor advised f		(b) F	unds and other accoun	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	dvisors in writing that the assenies	ets held in donor advi	sed funds	· · · · · Yes	No
6	Did the organization inform all grantees, donors, ar for charitable purposes and not for the benefit of the impermissible private benefit?	e donor or donor advisor, or for	or any other purpose	conferring		No
Pai	t'll Conservation Easements.					. <u>i</u>
1	Complete if the organization answer Purpose(s) of conservation easements held by the					
•	Preservation of land for public use (e.g., recrea	•		historically	important land area	
	Protection of natural habitat	auon or education)	Preservation of a	-	•	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation co	ntribution in the form	of a conse	rvation easement on t	the
	last day of the tax year	•				
				1	leld at the End of the	Tax Year
	a Total number of conservation easements			2 a		
	Total acreage restricted by conservation easement			2 b		
	Number of conservation easements on a certified h	•	•	2 c		
•	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/17/06, and n	ot on a historic	2 d		
3	Number of conservation easements modified, trans			<u> </u>	tion during the	
	tax year ►	sicrica, reicasca, exanguisrio	a, or terminated by th	ic organiza	don during the	
4	Number of states where property subject to conser	vation easement is located >				
5	Does the organization have a written policy regardi	ing the periodic monitoring, in:	spection, handling of	violations,	r	~
	and enforcement of the conservation easements it					No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violation	s, and enforcing con	servation e	asements during the y	/ear
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, ar	nd enforcing conserva	ation easen	nents during the year	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements					
Par	Organizations Maintaining Collection Complete if the organization answer	tions of Art, Historical red 'Yes' on Form 990, F	Treasures, or Coart IV, line 8.	ther Sin	nilar Assets.	
1 a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial s	d for public exhibition, education	on, or research in fur			
t	 If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items. 	AS 116 (ASC 958), to report in public exhibition, education, e	its revenue stateme or research in further	nt and bala ance of put	nce sheet works of ar olic service, provide th	t, e
	(i) Revenue included on Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X				▶\$	
	If the organization received or held works of art, his amounts required to be reported under SFAS 116	(ASC 958) relating to these ite	ems.			
	Revenue included on Form 990, Part VIII, line 1 .					
b	Assets included in Form 990, Part X				▶\$	

Schedile D (Louin 220) 50 to Mest	Community Ecor	lowic neverob	ment Corporation	n 84-113	5942 Page 2
Partilla Organizations Mainta					ets (continued)
3 Using the organization's acquisition items (check all that apply)	n, accession, and ot	her records, check	any of the following tha	at are a significant use of its	s collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other			
c Preservation for future genera	tions				
4 Provide a description of the organi Part XIII	zation's collections a	and explain how the	ey further the organizati	ion's exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather that					Yes No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangements mount on Form	s. Complete if to 990, Part X, line	he organization an e 21.	swered 'Yes' on Form	990, Part IV,
1 a is the organization an agent, truste on Form 990, Part X?	e, custodian or othe	er intermediary for o	contributions or other as	ssets not included	
b If 'Yes,' explain the arrangement in					Yes No
					Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2 a Did the organization include an arr	ount on Form 990,	Part X, line 21, for a	escrow or custodial acc	ount liability?	Yes No
b If 'Yes,' explain the arrangement in	Part XIII. Check he	re if the explanation	n has been provided on	Part XIII	
Part V Endowment Funds. C	omplete if the o	rganization ans	wered 'Yes' on Fo	rm 990, Part IV, line 1	0.
	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					<u> </u>
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the current year e	nd balance (line 1	, column (a)) held as		
a Board designated or quasi-endowr	· · · · · · · · · · · · · · · · · · ·	ૄ			
b Permanent endowment ►	8				
c Temporarily restricted endowment	>	9			
The percentages on lines 2a, 2b, a	ind 2c should equal	100%			
3 a Are there endowment funds not in organization by	•		are held and administe	ered for the	Yes No
(i) unrelated organizations					. 3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the related					. 3b
	-	•			.[30]
4 Describe in Part XIII the intended to		tion's endowment t	unas		
Part VI Land, Buildings, and Complete if the organiz	• •	'Yes' on Form	990, Part IV, line 1	1a. See Form 990, Pa	art X, line 10.
Description of property	(a) Co	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				8 3 3 3 A	
b Buildings					
c Leasehold improvements		7,000.		3,529.	3,471.
d Equipment					
e Other					
Total. Add lines 1a through 1e (Column		n 990. Part X. colu	mn (B), line 10c)	·	3,471.
BAA	15/ 11/05/ 54001 / 0/1	200, 1 01(71, 00101	(2), 100.)		ule D (Form 990) 2016

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Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives	L		
(2) Closely-held equity interests			
(3) Other	<u> </u>		
(A)	ļ	 	
(B)		 	
(C)	· 	 	
(D)	· 	 	
(E)	· 	 	
(F) (G)	·	 	
(H)	 	 	
(I)		 	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) >	 	100 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part VIII Investments — Program Related.			<u> </u>
Complete if the organization answered	Yes' on Form 990,	Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	-of-year market value
(1) BuCu Bottling	26,000.	Cost	
(2)			
(3)			
(4)	<u> </u>		
(5)	<u> </u>		
(6)			
(7)	<u> </u>		
(8)	 		
(9)	<u> </u>		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) ▶	26,000.		<u> </u>
Partix Other Assets. Complete if the organization answered	Yes' on Form 990	Part IV line 11d See Form 990	Part X line 15
	escription	1 die 17, iii o 11 d. 000 1 0111 000,	(b) Book value
(1)			
(2)			
(3)			<u> </u>
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)	ine 15)		.
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on I	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		,% ,
(1) Federal income taxes		* * * *	**
(2) Payroll Liabilities	7,50	03.	
(3)			
(4) (5)			
(6)		—	
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	► 7,50	03.	
2. Liability for uncertain tax positions In Part XIII, provide the text of the foo			ability for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote			

Schedule D (Form 990) 2016 West Community Economic Development Corp	oration 8	4-1135942 Page 4		
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.				
Complete if the organization answered 'Yes' on Form 990, Part I				
1 Total revenue, gains, and other support per audited financial statements		. 1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a Net unrealized gains (losses) on investments	2 a			
b Donated services and use of facilities	2 b			
c Recoveries of prior year grants				
d Other (Describe in Part XIII)	2 d			
e Add lines 2a through 2d		. 2 e		
3 Subtract line 2e from line 1		. 3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		* * 3		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a			
b Other (Describe in Part XIII)	4 b			
c Add lines 4a and 4b		. 4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		. 5		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
Complete if the organization answered 'Yes' on Form 990, Part I	V, 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				
a Donated services and use of facilities	2 a			
b Prior year adjustments	2 b			
c Other losses	2 c			
d Other (Describe in Part XIII)	2 d			
e 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	1	₹		
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII)				
C Add lines 4a and 4b				
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u></u>	. 5		
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► 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. Department of the Treasury Internal Revenue Service

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

84-1135942

Pt VI, Line 11b Copy of Form 990 is available unpon request

West Community Economic Development Corporation