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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

Open to Public Inspections

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

В			ir year, or tax year beginning , 2010, and end	iiig		1
	Check if appli	cable	Name of organization Women's Economic Self-Sufficiency Te	am, Corp	D Employer Identif	fication Number
	Address	change	Doing Business As		85-03678	309
	Name ch	ange	Number and street (or P O box if mail is not delivered to street addr)	n/suite	E Telephone numb	per
	Initial ret	turn 6	09 BROADWAY NE		(505) 24	46-6900
	Terminat	ted	City, town or country State ZIP code +	- 4		
	Amended	d return A	LBUQUERQUE NM 87102)	G Gross receipts	\$2,615,519.
	Applicati	on pending	F Name and address of principal officer		a group return for affil	
	_	II.	gnes Noonan 609 Broadway NE Albuquerque NM 87102		affiliates included?	Yes N
ī	Tax-exemp		√ 501(c)(3) 501(c) () √ (insert no.) 4947(a)(1) or 527] If 'No,'	attach a list (see inst	tructions)
J	Website		.WESST.ORG	H(c) Groun	exemption number	
ĸ	Form of org		Corporation Trust Association Other ► L Year of Form			egal domicile NM
F	Part I S				1, 5,000	95.00
Ľ			e the organization's mission or most significant activities MISSION	:		
	Tar: C		en's Economic Self-Sufficiency Team) is a statewide		ıc developme	ent organizatio
Ş	com		growing New Mexico's economy by cultivating entrepreneu			
Ę	L low		omen and minorities to help them achieve financial self-suffi			
ş	2 Chec	ck this box				
a,	3 Num		ng members of the governing body (Part VI, line 1a)		3	1
8	9 4 Num		pendent voting members of the governing body (Part VI, line 1b)		4	1
3	5 Tota		f individuals employed in calendar year 2010 (Part V, line 2a)		5	
Ţ	0		f volunteers (estimate if necessary)		6	5
	74 1014		business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34		7a 7b	0
_	D Net	unrelated b	usiness taxable income from Point 990-1, line 34			O
	8 Cont	tributions a	nd grants (Part VIII, line 1h)		Prior Year 2,514,461.	2,317,842
<u> </u>	9 Prod		e revenue (Part VIII, line 2g)	<u> </u>	227,486.	297,469
Revenue	10 Inve		ome (Part VIII, column (A), lines 3, 4, and 7d)		227,400.	237,403
á	11 Othe		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	31.	208
_			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	2,741,978.	2,615,519
RE	(/ / / / /		nilar amounts paid (Part IX, column (A), lines 1-3)		157,986.	226,190
<u> </u>	14 Ben	etits place k	o or for members (Part IX, column (A), line 4)		, , , , , , , ,	
			compensation, employee benefits (Part IX, column (A), lines 5-10)	-	1,219,160.	1,429,553
JU			ndraising fees (Part IX, column (A), line 11e)		,===,===	27 - 27 7 3 3 3
		ession ein u	udraisud iees (Fari IX. Column IA) inte (Te)			
30				3.33		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
5	b Tota	l fundralsir	g expenses (Part IX, column (D), line 25) ► 183, 300			i Aligh fi
5	b Tota	L fundralsir	g expenses (Part IX, column (D), line 25) ►		901,848.	913,858
5	b Tota	fundralsir expenses al expenses	g expenses (Part IX, column (D), line 25) \(\) 183,300 (Part IX, column (A), lines 11a-11d, 11f-24f) Add lines 13-17 (must equal Part IX, column (A), line 25)		901,848.	2,569,601
<u>)G</u>	b Tota the Tota 18 Tota 19 Reve	fundralsir expenses al expenses	g expenses (Part IX, column (D), line 25) ►	2	901,848. 2,278,994. 462,984.	2,569,601 45,918
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<u>)G</u>	b Tota 17 Opthe 18 Tota 19 Reve	fundralsin expenses enue less e	g expenses (Part IX, column (D), line 25) (Part IX, column (A), lines 11a-11d, 11f-24f) Add lines 13-17 (must equal Part IX, column (A), line 25) expenses Subtract line 18 from line 12 Part X, line 16)	Beginnii	901,848. 2,278,994. 462,984. ng of Current Year 9,588,217.	2,569,601 45,918 End of Year 10,566,793
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Form	990 (2010) Women's Economic Self-Sufficiency Team, Corp	85-03	6780	19	_ 1	Page 2
Par	tilli Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					
1	Briefly describe the organization's mission					
	MISSION: WESST (Women's Economic Self-Sufficiency Team) is a state	ewide				
	economic development organization committed to growing New Mexico's		y by	cul	tıva	ting
	See Form 990, Page 2, Part III, Line 1 (continued)		<i>-</i>			
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
	Form 990 or 990-EZ?	•	П	Yes	X	No
	If 'Yes,' describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sen	rices?	П	Yes	X	No
	If 'Yes,' describe these changes on Schedule O		_		_	
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expens	ses Se	ection	501(c)(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	l allocation	ns to o	thers,	the to	tal
	expenses, and revenue, if any, for each program service reported					
	(0.1		_			
4 a		evenue		22	20,3	75.)
	WESST facilitates the start-up and growth of small businesses thr					
	New Mexico. WESST's key services, offered at six regional offices					
	microenterprise, small business and financial literacy training,			<u>assi</u>	<u>.sta</u> :	nce,
	business incubation and access to capital through its revolving 1					
	The WESST Enterprise Center, a LEED-Certified Small Business Incu					
	opened in January 2009. Through the benefits of a comprehensive b					
	assistance program and guidance from advisors and mentors, member	s can				
	accelerate the growth of their companies.					_
				-		
4 b	(Code) (Expenses \$ 941,118. including grants of \$ 226,189.) (F	levenue	\$	7	77,09	94.)
	Financial Assistance: In 2010, WESST extended 48 loans totaling					
	\$737,231 through its Microloan Revolving Loan Fund. In addition,					
	statewide staff work with start-up and existing business owners t	.0				
	help them access capital through other sources.					
		-				
4.	: (Code) (Expenses \$ including grants of \$) (F	Pevenue	\$			
	/(====================================	CVCIIGC	۲ <u></u>			—′
	Other pregram convers. (December in Cabadula O.)					
40	d Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
46	e Total program service expenses ► 2,188,645.					

	,		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		_X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, 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			
а	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	X	
b	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	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	
c	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		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		Х
	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
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	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
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
ŀ	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

			T	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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) and 501(c)(4) 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
t	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Χ	
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		Х
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 7701-3 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	İ	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
ā	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 Yes X No			
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 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
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	n 990 (2010) Women's Economic Self-Sufficiency Team, Corp	85-0367809	i	P	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 14			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors	and reportable gaming			
	(gambling) winnings to prize winners?	, , , , , , , ,	1 c	Χ	
2 <i>a</i>	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	2a			
Ŀ	o If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	tructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	· [3a		Х
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a ancial account)?	4a		Х
t	o If 'Yes,' enter the name of the foreign country				
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fire				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		X
C	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
6 a	a Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible?	d did the organization	6a		Х
t	b If 'Yes,' did the organization include with every solicitation an express statement that such cor not tax deductible?	ntributions or gifts were	6b		
7	Organizations that may receive deductible contributions under section 170(c).			# "	. 4
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	rtly for goods and		£	
	services provided to the payor?	l market and	7a		Х
t	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for whi Form 8282?	ch it was required to file			,,
	ı	ادح	7c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	<u>**</u>	<u> </u>	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	<u> </u>	7f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization as required?		7 g		
r	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the of Form 1098-C?	organization file a	7h		
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, ha	g organizations. Did the ve excess business			
۵	holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	}	_8_		
					l
	a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?	}	9a 9b		
	Section 501(c)(7) organizations. Enter		90		
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter	וטטן			
	a Gross income from members or shareholders	11a			
	b Gross income from other sources (Do not net amounts due or paid to other sources	110			
١	against amounts due or received from them)	116			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			1
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>	
á	a is the organization licensed to issue qualified health plans in more than one state?	ļ	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule	0			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
	c Enter the amount of reserves on hand	13c			ļ
148	a Did the organization receive any payments for indoor tanning services during the tax year?		14a	L	Х

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Form 990 (2010) Women's Economic Self-Sufficiency Team, Corp 85-0367809 Part VI Governance. Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI \mathbf{x} Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Χ 4 Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 6 Х 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8Ь Χ Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O q Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts' 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c Х 13 Does the organization have a written whistleblower policy? 13 Х 14 Does 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers of key employees of the organization 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **b** If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed • New Mexico 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial

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statements available to the public

► Debble Baca 609 Broadway NE Albuquerque NM 87102 (505) 246-6931

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

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rorm 990 (2010)	women s	-Economic	Self-Surr	iciency Team.	Carp

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

Check if Schedule O contains a response to any question in this Part VII

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

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

List persons in the following order. Individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	n nor any	related	d or	ganı	zatı	on cor	npei	nsated any current off	icer, director, or truste	
(A)	(B)	(B) (C) Average Position (check all that apply)						(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	Do adividial traces	nestutional trustee	Off	a key amployee	ap High est compensated employee	y)	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Marjorie Rogers Chair	2.00	Х		х				0.	0.	0.
(2) Beverly Reece Bendicksen Vice Chair	2.00	X		Х				0.	0.	0.
(3) Mary L. Escobar Secretary	2.00	_X		Х				0.	0.	0.
(4) Angela Anderson Treasurer	2.00	Х		х				0.	0.	0.
(5) Sally Adams Member	1.00	Х						0.	0.	0.
(6) Jackie Baca Member	1.00	Х						0.	0.	0.
(7) Dave Baland Member	1.00	Х						0.	0.	0.
(8) Mıchael Bıckel Member	1.00	Х			_			0.	0.	0.
(9) Julienne V. Brown Member	1.00	Х						0.	0.	0.
(10) David P. Buchholtz Member	1.00	х						0.	0.	0.
(11) Don Chalmers Member	1.00	Х					_	0.	0.	0.
(12) Sul Kassıcieh Member	1.00	Х			_		 	0.	0.	0.
(13) Deborah Peacock Member	1.00	х					ļ	0.	0.	0.
(14) Ab Potter Member	1.00	х			_			0.	0.	0.
(15) Carol Radosevich Member	1.00	Х					_	0.	0.	0.
(16) Sharen Ramırez Member	1.00	х_					_	0.	0.	0.
(17) David Vedera Member BAA	1.00					/21/10		0.	0.	0. Form 990 (2010)

Part VII Section A. Officers, Directors, Trus	tees, K	(ey	Em	ıplo	ye	es,	an	d Highest Con	npensated Em	ployees (cont)
(A)	(B)	_		(6	-			(D)	(E)	(F)
Name and title	Average hours per week			_				Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation
	hours for related	ıvıdua dırecto	ututio	Officer	/ emp	hest o	mer	(W-2/1099 MISC)	(W-2/1099 MISC)	from the organization and related
	per week (describe hours for related organi zations in Sch O)	i trust	Institutional trustee		employee	Highest compensated employee				organizations
	Sch O)	e	stee			nsate				
						a.			<u>.</u>	
	40.00	x		Х				97,878.	0	15,425.
(19)										
(20)										
_(21)										
_(22)										
(24)				-						
(25)									_	
(26)									_	
(27)										
_(28)										
(29)									· 455 7/	
1 b Sub-total					<u> </u>	·'	>	97,878.	0	. 15,425.
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	1 to thos	م اید	tod	aho	vo)	who	roc	97,878.	0	
from the organization	10 1103	oc iis	oleu	abo	v c)	WIIO	166	erved more than s	,100,000 iii 1epoid	able compensation
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ir	or truste Idividuai	ee, k /	еу е	emp	loye	e, o	r hıç	ghest compensate	d employee	3 X
4 For any individual listed on line 1a, is the sum of re	portable	con	nper	nsati	on a	and	othe	er compensation f	rom	4.
the organization and related organizations greater the such individual	nan \$150	0,00	07 /	t 'Ye	es' c	omp	olete	Schedule J for		4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or	ompens	ation	1 fro	m a	ny ι	ınrel	lated	d organization or i	ndıvıdual	5 X
Section B. Independent Contractors										1 3 X
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent	con	ract	tors	that	received more th	an \$100,000 of	
(A) Name and business addres	s				,			(B Description) of services	(C) Compensation
2 Total number of independent contractors (including	hut not	lumit	od +	0 +h	050	licto	-d ~1	hovo) who rece	d mara than	
\$100,000 in compensation from the organization			eu l	o ur	use	пэте	u di	bove) who receive	и тоге глап	

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns1ab Membership dues1b				
MO.	c Fundraising events 1 c				
R A	d Related organizations 1 d	1			
S, G MIL	e Government grants (contributions) 1e 1,973,875.	1	}		
ION IS		1.			
뙲	f All other contributions, gifts, grants, and similar amounts not included above 1f 343, 967.				
NT O	g Noncash contributions included in lns 1a-1f: \$ 71,409.				
5.€	h Total. Add lines 1a-1f	2,317,842.			
UE	Business Code				
VEN	2a Consulting & Training 541610	39,181.	39,181.	0.	0.
Æ	b Loan interest/fees 525990	77,094.	77,094.	0.	0.
PROGRAM SERVICE REVENUE	c Incubator membership 532000	181,194.	181,194.	0.	0.
SER	d				
AM:	e				
GR,	f All other program service revenue				
PRC	g Total. Add lines 2a-2f	297,469.	· &	*	»
	3 Investment income (including dividends, interest and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds			<u> </u>	
	5 Royalties				
	(i) Real (ii) Personal			÷	1
	6a Gross Rents	1		,	
	b Less rental expenses	* *	* ,	% '	
	c Rental income or (loss)	· .	.	# i	s.
	d Net rental income or (loss)	•			
	(v) Coourstage (v) Other	-> -	 	- ,-	
	7a Gross amount from sales of assets other than inventory	* *		*	·- \$ 5
	b Less cost or other basis and sales expenses	, ·		· •	
ļ	c Gain or (loss)		<u> </u>		
,	d Net gain or (loss)	-			
EVENUE	8a Gross income from fundraising events (not including \$,	,	,	, , , , , , , , , , , , , , , , , , ,
Ş	of contributions reported on line 1c)				
æ	See Part IV, line 18			€	
OTHER RI	b Less direct expenses b		,		
0	c Net income or (loss) from fundraising events	·			
	9a Gross income from gaming activities. See Part IV, line 19		,		
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	•			
	10a 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				
	11a Miscellaneous 541900	208.	208.	0.	0.
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	2,615,519.	297,677.	L 0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	226,190.	226,190.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	_			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	113,303.	70,761.	29,769.	12,773.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,107,354.	930,177.	66,442.	110,735.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,425.	12,649.	1,234.	1,542.
9	Other employee benefits	89,925.	73,739.	7,194.	8,992.
	Payroll taxes	103,546.	82,837.	7,248.	13,461.
	Fees for services (non-employees)		02,037.	1,230.	
	Management				
	Legal				
	Accounting	18,978.	9,489.	9,489.	0.
	Lobbying L	10,5:01	3,7103.	3,103.	<u></u>
	Professional fundraising services See Part IV, line 17		4		-
	Investment management fees				
	g Other				
	Advertising and promotion	24,241.	19,393.	2,424.	2,424.
13	, , , , , , , , , , , , , , , , , , ,	109,763.	87,811.	10,976.	10,976.
14	Information technology		3.7,0221	20/2/04	20,3701
15	Royalties		•		
16	Occupancy	87,550.	69,164.	18,386.	0.
17	Travel	37,030.	34,068.	0.	2,962.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	24,604.	24,604.	0.	0.
	Payments to affiliates				
	Depreciation, depletion, and amortization	123,936.	92,952.	15,492.	15,492 <u>.</u>
	Insurance	29,856.	23,885.	5,971.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	·\$	* *		4
á	Consultants	274,861.	261,118.	13,743.	0.
ı	Training	19,856.	19,856.	0.	_ 0.
•	Dues & Fees	25,038.	25,038.	0.	0.
	Subrecipients of federal grants	9,862.	9,862.	0.	0.
•	Equipment maintenance & lease	37,326.	33,593.	3,733.	0.
1	All other expenses	90,957.	81,459.	5,555.	3,943.
_25	Total functional expenses. Add lines 1 through 24f	2,569,601.	2,188,645.	197,656.	183,300.
26	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
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3	Cash — non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, director and highest compensated employees. Complete Part Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and control sponsoring organizations of section 501(c)(9) volunta	II of S	tees, key employees,	(A) Beginning of year 773,920. 1,868,051. 408,720. 13,278.	1 2 3 4	(B) End of year 350,064. 2,381,076. 380,305.
3	 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, director and highest compensated employees Complete Part Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and continued 	II of S	tees, key employees,	1,868,051. 408,720.	3	2,381,076. 380,305.
3	Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, director and highest compensated employees. Complete Part Receivables from other disqualified persons (as defining persons described in section 4958(c)(3)(B), and continued in the contin	II of S	tees, key employees,	408,720.	3	380,305.
	Accounts receivable, net Receivables from current and former officers, director and highest compensated employees. Complete Part Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and cont	II of S	tees, key employees,			
	Receivables from current and former officers, director and highest compensated employees. Complete Part Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and cont	II of S	tees, key employees,	13,278.	4	
	and highest compensated employees Complete Part Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and cont	II of S	tees, key employees,	4 /		30,514.
•	persons described in section 4958(c)(3)(B), and cont	مط سمط	chedule L	0.	5	0.
	organizations (see instructions)	0.	6	0.		
A S	7 Notes and loans receivable, net			0.	7	0.
S E S	3 Inventories for sale or use			0.	8	0.
T S	Prepaid expenses and deferred charges			34,252.	9	3,701.
	, ,			3., 232. ३.,		3,7,01.
''	Da Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,621,984.	· , . °		•
	b Less accumulated depreciation	10b		5,550,051.	10c	6,380,807.
1.	•			0.	11	0.
12	2 Investments – other securities See Part IV, line 11			0.	12	0.
1:	Investments - program-related See Part IV, line 11			939,428.	13	1,039,294.
14	Intangible assets			0.	14	0.
1!	Other assets See Part IV, line 11			517.	15	1,032.
10	Total assets Add lines 1 through 15 (must equal line	34)		9,588,217.	16	10,566,793.
13	Accounts payable and accrued expenses			98,865.	17	90,280.
18	Grants payable		18	,		
19	Deferred revenue				19	
¦ 20	Tax-exempt bond liabilities				20	
A 2	Escrow or custodial account liability Complete Part	IV of S	chedule D	8,092.	21	10,242.
L 2	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe of Schedule L	stees, rsons	key employees, Complete Part II		22	Malija i sa ista danan
E 2	3 Secured mortgages and notes payable to unrelated ti	nird pai	rties	1,406,445.	23	1,438,213.
24				5,278,988.	24	1,075,590.
25		•		60,549.	25	52,073.
20	Total liabilities. Add lines 17 through 25			6,852,939.	26	2,666,398.
И	Organizations that follow SFAS 117, check here	X a	nd complete lines			** *
P E	27 through 29 and lines 33 and 34.	_	•		3.2	
A 2	7 Unrestricted net assets			876,998.	27	6,260,168.
Ş 2	3 Temporarily restricted net assets			1,381,935.	28	1,638,882.
Š 2				476,345.	29	1,345.
R	Organizations that do not follow SFAS 117, check h	ere 🟲	and complete		1	* E:
Ę	lines 30 through 34.		_			
F UN D 30	Capital stock or trust principal, or current funds				30	
	Paid-in or capital surplus, or land, building, or equipr	nent fu	nd		31	
ĝ 3:	Retained earnings, endowment, accumulated income	, or oth	ner funds		32	
BALANCES 3	3 Total net assets or fund balances			2,735,278.	33	7,900,395.
Š 3.	Total liabilities and net assets/fund balances			9,588,217.	34	10,566,793.

BAA

Form	1990 (2010) Women's Economic Self-Sufficiency Team, Corp 85-036	7809	F	age 12	
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	2	,615,	<u>519.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	,569,	601.	
3	Revenue less expenses. Subtract line 2 from line 1		45,	918.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	,735,	278.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	,119,	199.	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	7	,900,	395.	
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			Yes	No	
1	Accounting method used to prepare the Form 990	[1 %		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?	Li	2a	Х	
ŀ	b Were the organization's financial statements audited by an independent accountant?		2b X		
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the autreview, or compilation of its financial statements and selection of an independent accountant?		2c X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
(d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on separate basis, consolidated basis, or both	а			
	Separate basis X Consolidated basis Both consolidated and separate basis				
3 8	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?		3a X		
l	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b X		
BAA		F	orm 990	(2010)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

OMB No 1545 0047

2010

Open to Public Inspection Employer identification number

Nom	en '	s Economic Se	lf-Sufficiency	y Team, Corp					85-03	67809)		
Part	1	Reason for Publi	c Charity Status	(All organizations	must c	omple	te this	part.)	See ır	nstruct	ions.		
he o	rgar	nization is not a privat	e foundation because	it is (For lines 1 throu	gh 11, c	heck on	ly one b	ox)					
1		A church, convention	of churches or associ	ation of churches descri	ribed in	section	170(b)(1	I)(A)(i).					
2		A school described in	section 170(b)(1)(A)	ii). (Attach Schedule E	()								
3		A hospital or a cooper	rative hospital service	organization described	d in sect	ion 170	(b)(1)(A)	(iii).					
4	П	A medical research or	rganization operated	in conjunction with a ho	spital de	escribed	ın sect	ion 170	(b)(1)(A)	(iii) Ent	er the hosp	otal's	
		name, city, and state											
5		An organization opera 170(b)(1)(A)(iv). (Con	ated for the benefit of nplete Part II)	a college or university	owned o	or opera	ted by a	govern	mental ι	unit desc	cribed in se	ction	
6 7	X	An organization that r	normally receives a si	vernmental unit describ ubstantial part of its suj					or from	the gene	eral public (describ	oed
_	\exists	in section 170(b)(1)(A		•		_							
8	님	•		0(b)(1)(A)(vi). (Complete		•							
9	⊔ _	from activities related	to its exempt function and unrelated business	more than 33-1/3% of ns — subject to certain taxable income (less s nplete Part III)	exception	ons, and	l (2) no	more th	an 33-1/	/3% of it	s support f	rom gr	OSS
10		An organization organ	nized and operated ex	clusively to test for put	olic safe	y See	section	509(a)(4	l).				
11		more publicly support	ed organizations des	cclusively for the benefi cribed in section 509(a) on and complete lines	(1) or se	ection 50	09(a)(2)	tions of See s e	or carn ection 50	y out the 09(a)(3).	e purposes Check the	of one box t	or hat
		a Type I	b Type II	c Type III	- Fund	tionally	integrat	ed		d \square	Type III -	- Other	r
е		By checking this box, other than foundation section 509(a)(2)	I certify that the orga managers and other	nization is not controlle than one or more publi	ed direct cly supp	ly or ind orted or	lirectly b ganizati	y one o ons des	r more o cribed ii	disqualif n section	ied persons n 509(a)(1)	or	
f			ceived a written deter	mination from the IRS t	that is a	Туре I,	Type II	or Type	III supp	orting oi	ganızatıon,		
g		Since August 17, 200	6, has the organization	on accepted any gift or	contribu	ition fro	m any o	f the fol	lowing p	ersons?)		
_		•	_									Yes	No
			irectly or indirectly co	ntrols, either alone or t ported organization?	ogether	with per	sons de	scribed	ın (ıı) aı	nd (III)	11 g (i)		
		(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person of	lescribed in (i) or (ii) at	oove?						11 g (iii)		
h		Provide the following	information about the	supported organization	n(s)								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your qo	s the ation in) listed in iverning ment?	the organ	ou notify lization in n (f) of upport?	(vi) Is organiz colun organize U S	ation in nn (1)	(vii) Amoui	nt of sup	port
					Yes	No	Yes	No	Yes	No			
(A)_										!			
(B)													
(C)													
(D)													
(E)													
Total													

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

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

Section A. Public Support										
begiı	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')	1,544,096.	2,411,416.	2,499,082.	2,514,461.	2,317,842.	11,286,897.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	18,000.	18,000.	18,000.	0.	0.	54,000.			
4	Total. Add lines 1 through 3	1,562,096.	2,429,416.	2,517,082.	2,514,461.	2,317,842.	11,340,897.			
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)	Service State of the Control of the	Trans Of St.							
6	Public support. Subtract line 5 from line 4		*	·		\$ * ·	11,340,897.			
Sec	Section B. Total Support									
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
7	Amounts from line 4	1,562,096.	2,429,416.	2,517,082.	2,514,461.	2,317,842.	11,340,897.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,764.	17,445.	18,805.	6,286.	1,394.	48,694.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	99,770.	174,772.	140,477.	221,231.	296,284.	932,534.			
11	Total support. Add lines 7 through 10	,			\$- *		12,322,125.			
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	931,227.			
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as	a section 501(c)(3) ▶ □			
	tion C. Computation of Pu	·								
	Public support percentage for 20 Public support percentage from 3	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		14	92.04 % 92.52 %			
16 a	33-1/3% support test — 2010. If and stop here. The organization	the organization d qualifies as a put	lid not check the to	oox on line 13, and ganization	d the line 14 is 33	1-1/3% or more, ch	neck this box			
t	33-1/3% support test — 2009. If and stop here. The organization	the organization d qualifies as a pub	lid not check a bo blicly supported or	x on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more,	check this box			
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	' test, check this l	box and stop here	e. Explain in Part	IV how			
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and Private foundation of the organization organizat	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	s' test, check this lation qualifies as	box and stop her e a publicly support	e. Explain in Part ed organization	IV how the ▶			
BAA	Private foundation. If the organi	ZAUDII UIU NOT CHE	eck a box on line	13, 16a, 160, 1/a,			90 or 990-EZ) 2010			

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants ')					(0)/2010	(7,100)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	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	:					
	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						_
С	Add lines 7a and 7b			· · · · ·			
	Public support (Subtract line 7c from line 6)	₩.	*		*	8 → ∰	
<u>Sec</u>	tion B. Total Support						
Calend	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable 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 carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3))
Sec	tion C. Computation of Pul		ercentage				
	Public support percentage for 20			= 13, column (f))		15	96
	Public support percentage from 2	•	``			16	
	tion D. Computation of Inv					<u> </u>	<u> </u>
17	Investment income percentage for	or 2010 (line 10c,	column (f) divided	by line 13, colui	mn (f))	17	g
18	Investment income percentage fr	om 2009 Schedul	e A, Part III, line	17	.,,	18	96
	33-1/3% support tests - 2010. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly supp	e than 33-1/3%, an orted organization	d line 17 ►
b	33-1/3% support tests - 2009. If line 18 is not more than 33-1/3%	the organization	did not check a bo	x on line 14 or li	ne 19a and line	16 is more than 33	-1/3%, and Ization
20	Private foundation. If the organiz						▶Ħ

Schedule A (Form 990 or 990-EZ) 2010 Women's Economic Self-Sufficiency Team, Corp 85-0367809 Page 4 Partive Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Other Income Part II, Line 10
Description: Consulting & Training Fees
2006: 44944.
2007: 113757.
2008: 66473.
2009: 68529.
2010: 39181.
Description: Loan Interest
2006: 38469.
2007: 45165.
2008: 63982.
2009: 69750.
2010: 75700.
Description: Miscellaneous
2006: 0.
2007: 0.
2008: 1067.
2009: 31.
2010: 209.
Description: PNM Recognition Event
2006: 16357.
2007: 15850.
2008: 8955.
2009: 0.
Description: WEC membership
2009: 82921.
2010: 181194.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

Employer identification number

Wor	men's Economic Self-Sufficienc	y Team, Corp	85-0367809
Pa	Organizations Maintaining Dono the organization answered 'Yes' to	r Advised Funds or Other Similar Fu to Form 990, Part IV, line 6.	nds or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject		onor advised Yes No
6	purpose conferring impermissible private bene	the benefit of the donor or donor advisor, or fo efit?	r any other Yes No
Pa	rt II Conservation Easements. Comp	lete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)	
	Preservation of land for public use (e.g., i	ecreation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizations to day of the tax year	on held a qualified conservation contribution in	
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
1	b Total acreage restricted by conservation ease	ments	2b
(c Number of conservation easements on a certi	fied historic structure included in (a)	2c
•	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	oric 2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or termina	ated by the organization during the
4	Number of states where property subject to co	onservation easement is located >	<u></u>
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, inspection, hants it holds?	andling of violations, Yes No
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enforcing conservation eas	ements during the year
7	Amount of expenses incurred in monitoring, if ► \$	nspecting, and enforcing conservation easeme	nts during the year
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote conservation easements	ports conservation easements in its revenue are to the organization's financial statements that	nd expense statement, and balance sheet, and describes the organization's accounting for
Ŗã	Complete if the organization ans	ections of Art, Historical Treasures, c swered 'Yes' to Form 990, Part IV, line	or Other Similar Assets. e 8.
1	If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its final	s held for public exhibition, education, or resea	enue statement and balance sheet works of arch in furtherance of public service, provide,
	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue ld for public exhibition, education, or research	e statement and balance sheet works of art, in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1	> \$
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of a amounts required to be reported under SFAS		for financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line	e 1	► \$
	b Assets included in Form 990, Part X		▶ \$

•										
Schedule D (Form 990) 2010 Women	's Econor	nic Se	lf-Suffic:	ency	y Team, Corp		85-036			Page 2
Part III Organizations Maintai	ning Colle	ctions	of Art, Histo	orica	Treasures, o	r Othe	r Similar As	sets (c	ontınu	ed)
3 Using the organization's acquisition items (check all that apply):	on, accession	n, and ot	her records, ch	eck an	y of the following	that are	e a significant u	ise of its	collecti	on
a Public exhibition			d Loan	or exc	hange programs					
b Scholarly research			e Other							
c Preservation for future genera	ations		_							
4 Provide a description of the organ Part XIV	iization's coll	ections a	and explain hov	v they	further the organ	ızatıon's	exempt purpos	se in		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or	receive	donations of art	t, histo	orical treasures, o	r other s	sımılar	☐ Yes	Г	□No
Part IV Escrow and Custodial	Arrangen	nents.	Complete if	orgar	uzation answe	ered 'Y	es' to Form		art IV	
9, or reported an amou	unt on For	m 990,	Part X, line	21.	iization answe	orca i	CS to Form	330, 1 6	ait i v ,	11110
1 a la the ergonization on agent trust	an austadia									_
1 a Is the organization an agent, trust included on Form 990, Part X?	ee, custodia	n, or otn	ier intermediary	tor co	ntributions or oth	er asset	s not	Yes	5	X No
b If 'Yes,' explain the arrangement	ın Part XIV a	nd comp	olete the followi	ng tab	le				ב	
		·		•				Amoun	t	
c Beginning balance						1	С			
d Additions during the year						1	d			
e Distributions during the year						1	е			
f Ending balance						1	f			
2a Did the organization include an ai	mount on For	m 990, I	Part X, line 21?	,				X Yes		No
b If 'Yes,' explain the arrangement									_	_
Part V Endowment Funds. Co	mplete if t	he orga	anization an	swere	ed 'Yes' to For	m 990	, Part IV, Iın	e 10.		
	(a) Current	year	(b) Prior yea	ar	(c) Two years bac	k (0	i) Three years back	(e)	Four year	s back
1 a Beginning of year balance	1	,345.	1,3	345.	1,34	5. 🌣		¥ 3 -		(Ma
b Contributions				0.		0.	· E	. *		
c Net investment earnings, gains, and losses				0.		0.			Ş.	*
d Grants or scholarships				0.		0	100 mg t		30%	V.
 Other expenditures for facilities and programs 				0.		0.			100	< * } <
f Administrative expenses				0.		0.		<u> </u>		*,
g End of year balance	1	,345.	1,3	345.	1,34	5.		<u>.</u>		
2 Provide the estimated percentage	-	end bala	nce held as							
a Board designated or quasi-endow	ment 🟲	C).00 %							
b Permanent endowment	<u>100.00</u> %									
c Term endowment ► 0	.00 %									
3a Are there endowment funds not in organization by	the possess	sion of th	ne organization	that a	re held and admir	nistered	for the	ſ	Yes	No
(i) unrelated organizations								3a(i)		Х
(ii) related organizations								3a(ii)		Х
b If 'Yes' to 3a(ıı), are the related o	-		•					3b		X
4 Describe in Part XIV the intended										
Part VI Land, Buildings, and E	Equipment	LSee F	Form 990, Pa	art X,	line 10.	γ				
Description of investment			t or other basis ivestment)		Cost or other pasis (other)		Accumulated epreciation	(d)	Book va	
1 a Land					225,712.				225	,712.
b Buildings		1		1				1		

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.									
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1 a Land		225,712.	,	225,712.					
b Buildings									
c Leasehold improvements		115,880.	10,132.	105,748.					
d Equipment		78,319.	5,877.	72,442.					
e Other		6,202,073.	225,168.	5,976,905.					
Total. Add lines 1a through 1e (Column (d) m	nust equal Form 990, Part X, co	olumn (B), line 10(c))	<u> </u>	6,380,807.					

BAA

Schedule **D** (Form 990) 2010

^{2.} FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

	women's Economic Seli-Sulliciency leam, Corp	85-036	7809	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII,column (A), line 12)	<u> </u>		15,519.
2	Total expenses (Form 990, Part IX, column (A), line 25)	Ļ	2,5	69,601.
3	Excess or (deficit) for the year Subtract line 2 from line 1			45,918.
4	Net unrealized gains (losses) on investments	L		
5	Donated services and use of facilities	L		
6	Investment expenses	L		
7	Prior period adjustments			
8	Other (Describe in Part XIV)		5,0	99,350.
9	Total adjustments (net) Add lines 4 through 8	Ţ	5,0	99,350.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	Γ		45,268.
Pai	t XII. Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return		
1	Total revenue, gains, and other support per audited financial statements	1	8,1	06,921.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	a Net unrealized gains on investments			
Ł	Donated services and use of facilities 2b 392, 0	052.		
(Recoveries of prior year grants 2c	. , , ,		
	d Other (Describe in Part XIV) 2d 5,099,1	350		
	e Add lines 2a through 2d	2e	5 4	91 402
	Subtract line 2e from line 1	3		91,402.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3	2,0	15,519.
		[**		
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	c Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,6	15 , 519.
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>s per Retu</u> i		
	Total expenses and losses per audited financial statements	1 1	2,9	<u>61,653.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	¥.		
ā	a Donated services and use of facilities 2a 392,0	052.		
t	Prior year adjustments 2b			
(c Other losses 2c	3 - 1		
(d Other (Describe in Part XIV)	\$ · · · ·		
	e Add lines 2a through 2d	2e	3	92,052.
	Subtract line 2e from line 1	3		69,601.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	*	2,0	03,0011
	a Investments expenses not included on Form 990, Part VIII, line 7b	21		
	b Other (Describe in Part XIV)			
	c Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,5	69,601.
	rt XIV Supplemental Information		•	<u> </u>
Com Part any	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also con additional information	irt IV, lines 11 aplete this pa	b and 2b, art to provid	e
<u>Pt</u> .	IV Line 2b Deposits held for WEC membership			
<u>Pt</u> .	V Line 4 Funds are intended to provide a stable source of income for o	rganızatı	onal act	<u>vities.</u>
<u>Pt</u> .	X No interest or penalties were accrued as of Januar	y_1 _'		-
	2009, as a result of the adoption of ASC 740-10-25		-	-
	and for the year ended December 31, 2010, there w	ere	-	
	no interest or penalties recorded or included in i	<u>ts</u>		
	financial statements.			
Pt	XI Line 8 Unusual item - WEC equity contribution (see Schedu	le 0		

Schedule D (Form 990) 2010 Women's Economic Self-Sufficiency Team, Corp PartXIV Supplemental Information (continued)	85-0367809	Page 5
PartiXIV Supplemental Information (continued)		
for a detailed explanation	·	
Pt XII Line 2d See above explanation for Pt XI Line 8.		
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

OMB No 1545-0047 2010

≥ Employer identification number ⊠ Yes 85-0367809 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Women's Economic Self-Sufficiency Team, Corp **Partill** General Information on Grants and Assistance Name of the organization

Rants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered 'Yes' to

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	for any recipient f additional space	that received m	iore than \$5,000. C	heck this box if no	one recipient rec	eived more than 3	\$5,000.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
		•					
(2)							
(3)							
(4)							
(5)							
<u></u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	3) and government org	janizations				▲ '	

Schedule I (Form 990) 2010

TEEA3901 10/29/10

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

3 Enter total number of other organizations

Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated of additional space is needed. 85-0367809 Women's Economic Self-Sufficiency Team, (Form 990) 2010 Part

Page 2

(f) Description of non-cash assistance Parim Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. N/A how participants qualify for IDA grants, and how funds are to be distributed to grantees. WESST adheres to program guidelines and maintains documentation The IDA program has specific federal and/or state guidelines that determine. (e) Method of valuation (book, FMV, appraisal, other) N/A (d) Amount of non-cash assistance 226,190 (c) Amount of cash grant 101 to support disbursements. (b) Number of recipients Individual Development Account Program (a) Type of grant or assistance Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 <u>Pt_I_Line_2</u> ß 8 m 4 ဖ

BAA

Schedule I (Form 990) 2010

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

(b)

Number of

contributions or

(a)

Check If

applicable

OMB No 1545 0047

(d)

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I Types of Property

Women's Economic Self-Sufficiency Team, Corp

Employer identification number 85-0367809

Noncash contribution amounts reported on noncash contribution amounts

(c)

			items contributed	Form 990, Part VIII, line 1g				
1	Art-Works of art			, are viii, into 19			-	
	Art-Historical treasures							
	Art-Fractional interests							
	Books and publications	 						
	Clothing and household goods		*	-	··· - ·			
6	Cars and other vehicles	-						
_	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests							
	Securities-Miscellaneous							
	Qualified conservation contribution—			- "				
	Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens			_				
	Archeological artifacts			10.500				
	Other ► (Office supplies)	X	1	10,592.	t			
	Other ► (Office Equipment)	X	9	54,414.		retail		
	Other ► (Office Furniture)	X		6,403.	FMV-	<u>retail</u>	<u>- </u>	
	Other ► (•		
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during the Acknowle	ie tax year for contribution dgement	ons for which the	29			
			-			,,	Yes	No
30~	During the year, did the organization receive by or	ontribution :	any property reported in	Dart I lines 1 20 that it	must			
30a	During the year, did the organization receive by conhold for at least three years from the date of the in	nitial contrib	oution, and which is not	required to be used for	exempt]
	purposes for the entire holding period?					30 a		X
	If 'Yes,' describe the arrangement in Part II							
31	Does the organization have a gift acceptance poli-	cy that requ	ires the review of any no	on-standard contribution	15 ⁷	31	X	
32a	Does the organization hire or use third parties or noncash contributions?	related orga	inizations to solicit, proc	ess, or sell		32a		Х
b	If 'Yes,' describe in Part II							
33	If the organization did not report an amount in col	lumn (c) for	a type of property for w	hich column (a) is chec	ked,			
	describe in Part II							
BAA	For Paperwork Reduction Act Notice, see the Ins	structions f	or Form 990.		Sche	dule M (l	Form 99	0) 2010

Schedule M (Form 990) 2010 Wonen's Economic Self-Sufficiency Team, Corp 85–0367809 Page 2 [Patriculal Supplemental Information. Complete this part for only additional information.	Schedule	M (Form	990) 2010	Women's	Economic	Self-Suf	ficiency	Team,	Corp	85-0367809	Page 2
	Pärtillä	Supple and 33	<mark>emental I</mark> 3. Also co	nformation. mplete this	Complete part for an	this part to y additiona	provide the l information	ınforma า.	ation required	by Part I, lines 30b,	32b,
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2010

Ogento Gublic

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Women's Economic S	Self-Sufficiency Team, Corp	85-0367809
Pt_VI-B, Line_11a	The WESST Finance Committee reviews the first di	raft for
	accuracy, content and completeness. Finance Comp	mittee
	members address questions to internal staff and	or the
	CPA firm preparing the 990. A final copy of the	990_is
	distributed to all Board members prior to filing	g_with
	the IRS.	
Pt_VI-B,_Line_12c	WESST Directors, Officers and Key Employees must	t_complete
	a WESST Disclosure Questionnaire annually by Dec	cember 31st.
	WESST's Executive Committee is diligent in its i	reviem
	of the annual disclosure forms, consistently mon	nitoring
	and maintaining a list of potentially conflicted	d_entitles
	and individuals.	-
Pt_VI-B, Line_15	The executive director's compensation is determined	ned
	by the Executive Committee using comparability of	data
	and the data are documented.	
Pt_VI-B, Line_15	Compensation reviews for other WESST employees	are
	done by the Executive Director, using comparabil	lity_data,
	which are documented.	
Pt_VI-C, Line_19	Documents are available upon request.	
Pt_XI	The organization recorded a restatement of \$19,5	849_to
	account for a reduction in a note payable that	resulted
	from the lender billing the organization at an	incorrect
	interest_rate. In addition, \$5,099,350 was reco	orded
	<u>in the organization's statement of activities for</u>	or 2010
	as an unusual item - LEDA Agreement WEC Equity	Contribution.
	Per a November 2010 agreement with the City of	Albuquerque,

Schedule O (Form 990 or	990-EZ) 2010	Page 2
Name of the organization	Colf-Cuffi aronau Toom Com	Employer identification number 85-0367809
women a requonite	Self-Sufficiency Team, Corp	83-0367809
	the organization is able to acquire equity in th	e WESST
	Enterprise Center (WEC), which is a building own	ed by
	the City and occupied by WESST. The amount recor	ded in
	the statement of activities is a result of equit	y in the
	WEC earned by WESST from 2003 through 2010, and	certified
	by the City in June 2011.	
Pt_VI_A,_ Line_4	The organization's by-laws were amended in 2010.	<u>The</u>
	changes were to (1) ensure consistency between t	he actual
	operations of the organization with its bylaws;	(2) update
	the bylaws to accommodate enhancements permitted	_under_the
	New Mexico Not-for-Profit Corporation Act and te	chnology;
_	and (3) provide more quidance as a result of the	growth of
	operations of the organization. Significant chan	qes_include:
	(1) setting the number of Directors at 20, with	a minimum
	requirement of 10 and a maximum of 25; (2) chang	ing the
	title of the Executive Director to "President";	(3) _increasing
	the number of standing committees from 2 to 6; a	nd (4)
	giving the Chair of the Board the ability to app	oint_committee
	members.	
		
		

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

entrepreneurship. WESST programs primarily target low-income women and minorities to help them achieve financial self-sufficiency through sustained self-employment.

Form **8868**(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box |X|If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization Employer identification number Type or print Women's Economic Self-Sufficiency Team, Corp 85-0367809 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions 609 BROADWAY NE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions ALBUQUERQUE NM 87102 Enter the Return code for the return that this application is for (file a separate application for each return) 01 Application Is For Application Is For Return Return Code Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 02 08 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ● The books are in the care of ► <u>Debble Baca</u> Telephone No ► (505) 246-6931 FAX No ► (505) 243-3035 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until $\underline{\text{Aug } 15}$, 20 $\underline{11}$, to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 20 10 or tax year beginning _____, 20 ___, and ending _____, 20 ___

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

3 c.\$

Initial return

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Change in accounting period

2 If the tax year entered in line 1 is for less than 12 months, check reason

Final return