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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

2011

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization: ECONOMIC DEVELOPMENT CORPORATION OF SOUTHWEST CALIFORNIA  
 Number and street (or P O box, if mail is not delivered to street address): 27711 DIAZ ROAD  
 Room/suite:  
 City or town, state or country, and ZIP + 4: TEMECULA, CA 92590

D Employer identification number: 33-0428745

E Telephone number: 951-461-8300

F Group Exemption Number:

G Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.EDCSOUTHWESTCALIFORNIA.COM

J Tax-exempt status (check only one)  501(c)(3)  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527

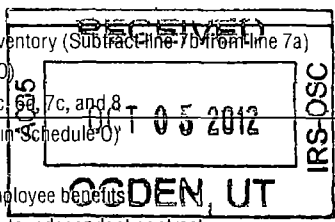
K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 135,509.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	19,060.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	86,900.
4	Investment income	54.
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	29,495.
6c	Less: direct expenses from gaming and fundraising events	20,730.
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	8,765.
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	114,779.
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	39,799.
13	Professional fees and other payments to independent contractors	51,166.
14	Occupancy, rent, utilities, and maintenance	3,604.
15	Printing, publications, postage, and shipping	1,534.
16	Other expenses (describe in Schedule O)	18,396.
17	Total expenses. Add lines 10 through 16	114,499.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	280.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	29,472.
20	Other changes in net assets or fund balances (explain in Schedule O)	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	29,752.



SCANNED OCT 24 2012

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

Form 990-EZ (2011)

Handwritten signature or mark.

ECONOMIC DEVELOPMENT CORPORATION OF  
SOUTHWEST CALIFORNIA

Form 990-EZ (2011)

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**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	28,472.	22	28,752.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,000.	24	1,000.
25 Total assets	29,472.	25	29,752.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,472.	27	29,752.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 PROVIDE A CLEAR AND UNITED VOICE OF THE EDC'S ECONOMIC DEVELOPMENT EFFORTS. BE THE "ONE VOICE" ADVOCATE OF THE PUBLIC/PRIVATE SECTOR IN PURSUIT OF ECONOMIC GROWTH. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 SEE SCHEDULE O (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 SEE SCHEDULE O (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) SEE SCHEDULE O (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KEN CARLISLE PO BOX 9018, TEMECULA, CA 92589	EXEC COMMITTEE DESIGNEE	0.	0.	0.
KIM JOSEPH COUSINS, 132 WEST GRAHAM AVENUE, LAKE ELSINORE, CA 92530	DIRECTOR	0.25	0.	0.
NEAL CRAPO, 5901 PRIESTLY DR STE 306, CARLSBAD, CA 92008	EXEC COMMITTEE DESIGNEE	0.25	0.	0.
STAN HARTER, 41955 FOURTH ST., STE 210, TEMECULA, CA 92593	PRESIDENT	1.00	0.	0.
KEITH JOHNSON, 41530 ENTERPRISE CR SO., #100, TEMECULA, CA 92590	DIRECTOR	0.25	0.	0.
DAVID PHARES, 43620 RIDGE PARK DR #320, TEMECULA, CA 92590	DIRECTOR	0.25	0.	0.
GREG PRUDHOMME, 43460 RIDGE PARK DR. STE 220, TEMECULA, CA 92590	PAST PRESIDENT	0.25	0.	0.
MIKE TYLMAN, 40810 COUNTY CENTER RD STE 100, TEMECULA, CA 92591	SECRETARY	1.00	0.	0.
VIET TRAN, 24487 PRIELIPP DR., WILDOMAR, CA 92595	DIRECTOR	0.25	0.	0.
ROXANNE ROUNTREE, 2270 TRUMBLE ROAD, PO BOX 8300, PERRIS, CA 92572	DIRECTOR	0.25	0.	0.
ANN BURGNER, 28183 PORTSMOUTH DRIVE, SUN CITY, CA 92586	TREASURER	1.00	0.	0.
GARY JOHNSON, 38740 SKY CANYON DR STE C, MURRIETA, CA 92563	EXEC COMMITTEE DESIGNEE	0.25	0.	0.

ECONOMIC DEVELOPMENT CORPORATION OF  
SOUTHWEST CALIFORNIA

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39a	Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on line 9	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911	40a	N/A
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	N/A
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40d	N/A
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed.	41	CA
42a	The organization's books are in care of	42a	ECONOMIC DEVELOPMENT CORP. Telephone no 951-694-9800 Located at 27711 DIAZ ROAD, TEMECULA, CA ZIP + 4 92590
42b	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)? If "Yes," enter the name of the foreign country	42b	X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  Yes  No  
 If "Yes," complete Schedule C, Part I 46

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48    
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a    
 b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No  
 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  Signature of officer Date 9/26/12  
**MORRIS MYERS, EXECUTIVE DIRECTOR**  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GREGORY J. PRUDHOMME</b> CPA	Preparer's signature <i>[Signature]</i>	Date <u>9/21/12</u>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00234525</b>
	Firm's name ▶ <b>PRUDHOMME ASSOCIATES CPAS, INC.</b>	Firm's EIN ▶ <b>27-2758510</b>			
	Firm's address ▶ <b>43460 RIDGE PARK DRIVE, SUITE 220 TEMECULA, CA 92590</b>	Phone no <b>(951) 676-3131</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

132174 02-06-12



ECONOMIC DEVELOPMENT CORPORATION OF

Schedule G (Form 990 or 990-EZ) 2011

SOUTHWEST CALIFORNIA

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 SPECIAL PROJECTS (event type)	(c) Other events  2 (total number)	(d) Total events (add col (a) through col (c))	
<b>Revenue</b>					
1	Gross receipts	18,125.	700.	10,670.	29,495.
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	18,125.	700.	10,670.	29,495.
<b>Direct Expenses</b>					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	8,146.	3,151.	9,433.	20,730.
10	Direct expense summary Add lines 4 through 9 in column (d)				( 20,730 )
11	Net income summary Combine line 3, column (d), and line 10				8,765.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
<b>Revenue</b>					
1	Gross revenue				
<b>Direct Expenses</b>					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization ECONOMIC DEVELOPMENT CORPORATION OF  
SOUTHWEST CALIFORNIA Employer-identification-number  
33-0428745

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	54.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
CAFETERIA PLAN	557.
ADVERTISING	62.
CONFERENCE, TRAINING, WORKSHOPS	729.
PAYROLL SERVICES	1,010.
DUES AND SUBSCRIPTIONS	708.
INSURANCE	1,871.
WORKERS COMP	375.
BANK FEES	158.
OFFICE SUPPLIES	680.
PAYROLL TAXES	3,423.
TAXES & LICENSE	30.
TELEPHONE	2,799.
TRAVEL	4,534.
WEBSITE	1,460.
TOTAL TO FORM 990-EZ, LINE 16	18,396.

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER NOTES AND LOANS RECEIVABLE	1,000.	1,000.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

ECONOMIC DEVELOPMENT CORPORATION OF  
SOUTHWEST CALIFORNIA

Employer identification number

33-0428745

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ACTIVELY PROMOTE  
ECONOMIC DEVELOPMENT IN SOUTHWEST RIVERSIDE COUNTY WHILE WORKING WITH  
VARIOUS CITIES, THE COUNTY OF RIVERSIDE AND THE LOCAL CHAMBERS OF  
COMMERCE.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:  
ESTABLISH, PROTECT, AND REFLECT HIGH STANDARDS OF QUALITY  
ECONOMIC DEVELOPMENT.

STIMULATE AND ASSIST BUSINESS GROWTH, EXPAND JOB OPPORTUNITIES AND  
ENHANCE THE COMPETITIVE POSITION OF SOUTHWEST CALIFORNIA.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:  
CREATE TASK FORCES NEEDED TO CARRY OUT ESSENTIAL ECONOMIC  
DEVELOPMENT ACTIVITIES. PROVIDE AND CULTIVATE THE  
LEADERSHIP NECESSARY TO SUSTAIN THE PUBLIC/PRIVATE  
PARTNERSHIP.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:  
PROVIDE AND CULTIVATE THE LEADERSHIP NECESSARY TO SUSTAIN THE  
PUBLIC/PRIVATE PARTNERSHIP.

ANNUAL GOLF TOURNAMENT FUNDRAISER TO HELP FINANCE THE ORGANIZATION'S  
PROMOTION OF LOCAL AREAS; QUARTERLY LUNCHEON MEETINGS ARE HELD TO  
INFORM INTERESTED MEMBERS OF THE ORGANIZATION AND THE GENERAL PUBLIC OF  
THE ORGANIZATION'S ACTIVITIES.



