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Form	9,90

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

2012

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	or the	2012 calend	lar year, or tax year begir	nning	, 2012, and en	ding		, 20			
В	Check if a	applicable	□□	Employer identification no							
	Address	change	Doing Business As				9	5-4206960			
	lame ch	ange	Number and street (or P O bo	ox if mail is not delivered to street address)		Room/suite	E	Telephone number			
	nitial retu	ım	P O BOX 7391								
	reminate	ed		850,814							
	Amended	i return	Los Angeles, C	A 90007			G	Gross receipts \$			
	Application	on pending	F Name and address of prince	pal officer							
		oup return	Yes 🗓 No								
<u> </u>	ax-exen	iates inclu	uded? Yes No								
J 1	Vebsite	▶ N/A				H(c) Group exe	ich a list mption nu	(see instructions) imber			
K F	orm of o	organization X	Corporation Trust Ass	ociation Other	L Year of formation 1	987 M State	of legal d	Iomicile CA			
Pa	rt I	Summar	у								
<u></u>	1	Bnefly descr	be the organization's miss	ion or most significant activities:	NARD ECONOMIC DE	VELOPMENT	CORPC	RATION (WEDC)			
•		WAS INCO	RPORATED ON NOVE	MBER 12 1987 PURSUANT T	THE GENERAL NO	NPROFIT CO	RPORA	TION LAW OF			
Activities & Governance		THE STAT	ES OF CALIFORNIA.	WEDC WAS CREATED TO	ACHIEVE THE FOLI	OWING					
Ë		TO IDENT	IFY ECONOMIC DEVE	LOPMENT OPPORTUNITIES							
Š.	2	Check this b	ox 🕨 🗌 if the organization	discontinued its operations or dispo	sed of more than 25% of	fits net assets.					
Ö	3	Number of v	oting members of the gove	rning body (Part VI, line 1a)			3	7			
Š	4	Number of in	ndependent voting member	s of the governing body (Part VI, line	1b)		4	7			
Ě	5	Total numbe	r of individuals employed ir	n calendar year 2012 (Part V, line 2a)		5	0			
Ę	6	Total numbe	r of volunteers (estimate if	necessary)			6				
•	7a	Total unrelat	ed business revenue from	Part VIII, column (C), line 12			7a	0			
<u></u> j	Ь	Net unrelate	d business taxable income	from Form 990-T, line 34	<u> </u>	<u> </u>	7b	0			
						Prior Year		Current Year			
	8	Contributions	,000	20,524							
Revenue	9	Program ser	ogram service revenue (Part VIII, line 2g)								
· Ā	10	Investment ii	ncome (Part VIII, column (/	A), tines 3, 4, and 7d)				0			
8	11	Other revenu	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)				830,290			
	12	Total revenu	e - add lines 8 through 11	(must equal Part VIII, column (A), line	e 12)	647	,985	850,814			
	13	Grants and s	sımılar amounts paid (Part I	IX, column (A), lines 1-3)				0			
	14	Benefits paid	to or for members (Part I)	(, column (A), tine 4)				0			
s,	15	Salaries, oth	er compensation, employe		0						
Expenses			fundraising fees (Part IX,					0			
ē	b		sing expenses (Part IX) co		0	,.,.,.					
ũ	17	Other expen	ses (Part IX, colum ht(A) , li	nes[jfa-lid; 1ff-24e]		808	,043	831,408			
	18						,043	831,408			
	19	Revenue les	s expenses. Subtract line	Tarrom tipe 12		(160	,058)	19,406			
8 6				0095	E	Beginning of Current		End of Year			
Blan	20	Total assets	(Part X, line 16)			8,764	,460	8,667,572			
Fund Blances Net Assets or	21		es (Part X, line 26)			5,498		5,381,936			
-			r fund balances. Subtract	line 21 from line 20	<u> </u>	3,266	<u>,230</u>	3,285,636			
	rt II		ire Block								
				m, including accompanying schedules and stat cer) is based on all information of which prepar		nowledge and belief,	it is				
_=	_	1.	··		Desc	7	Т				
Sig	n	I B	UELYN DUPONT - WALK re of officer	CER	TANK TON		Date				
_).						Edeal			
Her	е		UELYN DUPONT-WALK	CER, PRESIDENT			<u>'</u>	0000			
		17	print name and title		Date		, , , ,				
D-:		1	eparer's name	Prestares s signature	2/1	Check X					
Pai			Abandy CPA	70009	07-26-2013	self-employ	30	P00497659			
	pare			Abandy CPA \	\bigcup	Firm's EIN		·			
USE	Onl	y Firm's addres	•	lshire Bl		Phone no		2 0024			
N40	the ID	S discuss #5!-		eles CA 90010			13-38	3-8824 Yes X No			
			on Act Notice, see the se	nown above? (see instructions)			<u></u>	Yes X No			

SEP 0 4 2013.

Form	1990 (2012) WARD ECONOMIC DEVELOPMENT CORP	95-4206960	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u> 🔲</u>
1	Briefly describe the organization's mission:		
	WARD ECONOMIC DEVELOPMENT CORPORATION (WEDC) WAS INCORPORATED ON NOVEMBER 12	1987 PURSUAN	T TO
	THE GENERAL NONPROFIT CORPORATION LAW OF THE STATES OF CALIFORNIA. WEDC WAS	CREATED TO	
	ACHIEVE THE FOLLOWING		
	TO IDENTIFY ECONOMIC DEVELOPMENT OPPORTUNITIES		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes 🕱	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		
	services?	🗌 Yes 🕱	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported.	•	
	(Code.) (Expenses \$ 831,408 including grants of \$) (Revenue	\$)
	PROVIDE 91 UNITS LOW INCOME HOUSING ACQUIRED REAL PROPERTIES FOR DEVELOPMENT		^ .B
	HOUSING FOR THE ELDERLY AND LOW INCOME PERSONS PROVIDE HOUSING FOR LOW INCOME		
	SCATTERED SITES		
	DCRITTALD DITTO		
		-	
			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
40	(Code) (Expenses # including grants of #) (Neverses	*	 ′
			
4-	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
4c	(Code) (Expenses \$) (Nevenue	<u> </u>	— ′
		· · ·· · · · · · · · · · · · · · · · ·	
		<u> </u>	
			
4d	Other program services. (Describe in Schedule O.)	,	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 831,408		

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Х 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Х 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if X 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Х to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 19 Х Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 22 Х on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Х Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 38 19? Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance No Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 b Did the organization comply with backup withholding rules for reportable payments to vendors and 1c 2a 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial Х 4a 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 Financial Accounts. 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Х organization solicit any contributions that were not tax deductible as chantable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х 7c d 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring Х organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. X 9a Х Did the organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: а Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 7 If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х any other officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? **b** Other officers or key employees of the organization 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 Х with a taxable entity during the year? b If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website ☑ Upon request ☐ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization. ► MAURINE ANDERSON (213)745-5075 P O BOX 7391 Los Angeles, CA 90007

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WARD ECONOMIC DEVELOPMENT CORP

95-4206960

Page 7

Form 990 (2012)

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) (A) (B) (C) (D) (E) Reportable Estimated Name and Title Average Position Reportable compensation compensation from amount of hours per (do not check more than one related other veek (list any from box, unless person is both an hours for the organizations compensation related organization (W-2/1099-MISC) from the officer and a director/trustee) (W-2/1099-MISC) organization organizations Нсе and related below dotted H c e m g m p l e n y e t a e t . 0 t e y line) organizations e fi p - o l e t d e o u r a o I r (1) AMY RICHARDSON 2.00 Х 0 0 0 DIRECTOR (2) BOB RUSS Х 0 0 0 2.00 DIRECTOR (3) JACQUELYN DUPONT WALKER 4.00 X n 0 O PRESIDENT (4) LILIAN MOBLEY Х 0 O 2.00 0 VICE CHAIRMAN (5) ROBERT CAPBELL Х 0 0 O CHAIRMAN 2.00 (6) ROLAND WILEY Х O 0 2.00 0 TREASURER (7) SUSAN GREENBERG Х 0 DIRECTOR 2.00 0 O (8) (9) (10)(11)(12)(13)(14)

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Part	VII Section A. Officers, Directors, Trustees,	Key Employ	yees, a	and	High	nest	Comp	ens	ated Employees	(continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Аvегаде	(4	_,		sition			Reportable Reportable		Estimated		
		hours per week (list any	,				han one s both an	ı	compensation from	compensation from related	a	mount of other	f
		hours for	4		-		ustee)		the organizations		cor	npensati	ion
		related	I t d	l t	0	к	Нсе	F	organization	(W-2/1099-MISC)		from the	
		organizations	dur			e y	gmp	ľ	(W-2/1099-MISC)			ganızatıc nd relate	
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(25)				İ							1		
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1b	Sub-total		• • •	• •	• •	• •		>					
С	Total from continuation sheets to Part VII, Secti	on A .	• • •	• •	• •	• •	• • •	>	ļ <u>.</u>				
d	Total (add lines 1b and 1c)			_			_		0	0			0
2	Total number of individuals (including but not limited	to those list	ed abo	ve)	who	rec	eived r	nore	than \$100,000 of	_			
	reportable compensation from the organization									. 0		г	Г
											F	Yes	No
3	Did the organization list any former officer, director											Ŧ	1,,
	employee on line 1a? If "Yes," complete Schedule .										3	 	X
4	For any individual listed on line 1a, is the sum of rep											1	
	organization and related organizations greater than	\$150,000? I	f "Yes,	" COI	mple	ete S	chedu	le J	for such			1	1
	individual										4	<u> </u>	X
5	Did any person listed on line 1a receive or accrue of								tion or individual		_	ŧ	
	for services rendered to the organization? If "Yes,"	complete Sc	hedule	J fo	rsu	ch p	erson				5	Ь_	<u> </u>
<u>Secti</u>	on B. Independent Contractors												
1	Complete this table for your five highest compensation												
	compensation from the organization. Report compe	ensation for the	ne cale	nda	r yea	ar er	nding w	/ith c	or within the organi	zation's tax			
	year.						_						
	(A)								(8)			(C)	
	Name and business address								Description of	services	Com	pensatro	n
						_							
				<u></u>									
2	Total number of independent contractors (including	but not limite	ed to th	ose	liste	ed al	oove) v	vho		ļ'''		••	
	received more than \$100,000 of compensation from	n the organiz	ation	•									

Form 99			LOPMENT CORP			95-42069	60 Page 9
Part'	VIII }	Statement of Revenue Check if Schedule O contains a response to	any avoction in this I	Port VIII			Г
	·····	Check if Schedule O contains a response to	any queston in tills r	(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 b c d e f g h	Membership dues 1 Fundraising events 1 Related organizations 1	\$ Business Code	20,524			
Program Se		All other program service revenue					
	4 5 6a b	Investment income (including dividends, interest and other similar amounts)	0ceeds	828,993	828,993		
0	7a b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(II) Other				
Other Revenue	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	ь				
	b	See Part IV, line 19	b ▶				
	C	returns and allowances	b ▶ Business Code	1 205	1 00		
	b	All other revenue		1,297	1,297		
	e	Total. Add lines 11a-11d		1,297			
	12	Total revenue. See instructions		850,814	830,290	0	C

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response to any quest	ion in this Part IX .		<u></u>	🛚
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		-		
	organizations in the United States. See Part IV, line 21 .				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				**************************************
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	<u> </u>			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	890	890		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	·		<u></u>	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	 			
20	Interest	208,853	208,853		
21	Payments to affiliates				· · · -
22	Depreciation, depletion, and amortization	104,737	104,737		-
23	Insurance	32,829	32,829		***************************************
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	50.054	50 254		
a	UTILITIES	72,354	72,354		
b	REPAIRS AND MAINTENANCE	148,101	148,101 30,000		
C	MANAGEMENT FEES	30,000	 		
d	OUTSIDE AND PROFESSIONAL	184,516 49,128	184,516 49,128	-	
е 25	All other expenses	831,408	831,408	0	0
25 26	Joint costs. Complete this line only if the	031,400	031,400		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
				·	

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 125,296 154,414 1 130,070 2 108,795 2 3 3 2,591 4 2,591 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 1,183,000 7 Notes and loans receivable, net 7 1,183,000 8 9 Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D | 10a 5,816,348 4,565,381 10c 4,460,650 b 1,355,698 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 14 14 15 2,758,122 2,758,122 15 16 16 8,764,460 8,667,572 118,487 17 103,154 17 18 18 19 19 Deferred revenue 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 -iabilities trustees, key employees, highest compensated employees, and 22 23 4,438,104 23 Secured mortgages and notes payable to unrelated third parties 4,588,019 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 791,724 25 840,678 26 26 5,498,230 5,381,936 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

and complete lines 27 through 29, and lines 33 and 34. Net Assets of Fund Balances 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🗓 and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 3,266,230 32 3,285,636 32 3,266,230 33 33 3,285,636 34 8,764,460 8,667,572

Form	990 (2012) WARD ECONOMIC DEVELOPMENT CORP 9:	<u>5-4206</u> 96	0	Pa	age 12
Pal	rt'XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI	· · · · · ·	<u> </u>	<u> </u>	<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		350,8	814
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	331,4	408
3	Revenue less expenses. Subtract line 2 from line 1	3		19,4	106
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,2	266,2	230
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,2	285,6	636
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		ľ		
	reviewed on separate basis, consolidated basis, or both:				
	∑ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				,,
	separate basis, consolidated basis, or both:				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, 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.				
3a	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	L	L
EEA			Form	990 (2012)

EEA

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.

2012

OMB No 1545-0047

2012

Open to Public Inspection

Employer Identification number

WAR	DE	CONOMIC DEVELO	PMENT CORP		_				95-4	206960	_		
Pa	rt I	Reason for P	ublic Charity	Status (All organiz	zations m	ust com	plete this	s part.) S	See instr	uctions.			
The	orgar	nization is not a private	e foundation becau	se it is: (For lines 1 thro	ugh 11, che	ck only on	e box.)						
1		A church, convention	of churches, or as	ssociation of churches d	escribed in	section 17	70(b)(1)(A)	(i).					
2		A school described in	n section 170(b)(1)(A)(ii). (Attach Schedul	le E.)								
3		A hospital or a coope	rative hospital sen	vice organization descrit	oed in secti	on 170(b)((1)(A)(iii).						
4		A medical research of	organization operat	ed in conjunction with a	hospital de	scribed in s	section 17	0(b)(1)(A)	(iii). Enter	the			
		hospital's name, city,	and state.										
5	П	An organization oper	ated for the benefit	of a college or universit	ly owned or	operated t	y a goven	nmental ur	it describe	ed in			
	_	section 170(b)(1)(A)			-		-						
6	П	A federal, state, or lo	cal government or	governmental unit descr	ribed in sec	tion 170(b)(1)(A)(v).						
7	П			a substantial part of its s				or from the	e general p	oublic			
	_	described in section				_							
8	П			170(b)(1)(A)(vi). (Com	plete Part II	.)							
9	$\overline{\mathbb{X}}$			(1) more than 33 1/3% (tributions,	membersh	ıp fees, an	d gross			
	_			empt functions - subject									
		•		and unrelated business									
				30, 1975 See section !									
10				d exclusively to test for p				(4).					
11	$\overline{\Box}$			d exclusively for the ben					ry out the				
				rted organizations desc						ection			
				the type of supporting									
		a Type I	b 🗌 Тур	ell c 🗌 Type	III-Function	nally integra	ated	d [Type III-	Non-funtio	onally into	egrated	
е		By checking this box	, I certify that the o	rganization is not contro	lled directly	or indirect	dy by one o	or more dis	qualified p	ersons			
		other than foundation	managers and ott	ner than one or more pul	blicly suppo	rted organ	ızations de	scribed in	section 50	9(a)(1)			
		or section 509(a)(2).											
f		If the organization re-	ceived a written de	termination from the IRS	S that it is a	Type I, Ty	pe II, or Ty	pe III supp	orting				
		organization, check t	his box										🗌
g		Since August 17, 200	06, has the organiz	ation accepted any gift of	or contributi	on from an	y of the						
		following persons?											
		(i) A person who d	irectly or indirectly	controls, either alone or	together w	ith persons	described	I in (ii) and				Yes	No
		, ,		he supported organization							11g(i)	<u> </u>	
		(ii) A family member	er of a person desc	cribed in (ı) above?							11g(ii)		
		(iii) A 35% controlle	ed entity of a person	n described in (ı) or (ıı) a	ibove? .						11g(iii)		
h		Provide the following	information about	the supported organizat	ion(s).								
	(i) Na	ame of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1-9	(Iv) is the or	-	(v) Did yo the organi	-	(vi) is organizati		(vii) Amou		netary
		Organization		above or IRC section	governing	-	col (i) c		(i) organiz		'	support	
				(see instructions))			sup	port?		S?	4		
_					Yes	No	Yes	No	Yes	No	1		
(A)													
						ļ					ļ		
(B)													
											ļ		
(C)											1		
					 						 		
(D)							1						
										 	-		
(E)										1			
	-		<u> </u>	<u> </u>			<u> </u>	 	<u> </u>		-		
			1	1	1		I		İ				

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>		_
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				1		
	shown on line 11, column (f)		-		ļ		
6	Public support. Subtract line 5 from line 4		<u>t</u>	1	<u>t</u>	<u> </u>	1
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	(4) 2000	(6) 2000	(0) 20 10	(4) 2011	(0, 20.12	(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>		<u>.I.</u>		
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here						▶□
	tion C. Computation of Public St			<u> </u>			
14	Public support percentage for 2012 (line 6,						<u>%</u> %
15	Public support percentage from 2011 Scheo 33 1/3% support test - 2012. If the organization				1/39/ or more, cho		70
16a	box and stop here. The organization qualific						▶ □
b	33 1/3% support test - 2011. If the organization						
O	check this box and stop here. The organiza					,	▶ □
17a	10%-facts-and-circumstances test - 2012			•			
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac						
	organization						▶ □
b	10%-facts-and-circumstances test - 2011						_
_	15 is 10% or more, and if the organization in						
	Explain in Part IV how the organization mee					licly	
	supported organization						▶ □
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b,	17a, or 17b, check	k this box and see		
	instructions	<u> </u>	<u></u>	<u> </u>		<u></u>	▶ 📋

95-4206960

WARD ECONOMIC DEVELOPMENT CORP

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 t	failed to qualify under Part II.
If the organizatio	n fails to qualify ur	der the tests listed below, please complete	Part II.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	32,125				20,524	52,649
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise	34,145	-			20,323	32,043
-	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	675,329	722,528	742,036	646,985	830,290	3,617,168
3	Gross receipts from activities that are not an	2.2,223					
3	unrelated trade or bus under sec 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	•					
	·						
5	The value of services or facilities furnished by a governmental unit to the						
6	organization without charge	707,454	722,528	742,036	646,985	850,814	3,669,817
	Ţ	707,252	,22,320	712,030	010,000		0,000,000
ra	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3	j					
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			-			
8	Public support (Subtract line 7c from						•
	line 6)						3,669,817
_	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			·		
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	707,454	722,528	742,036	646,985	850,814	3,669,817
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents, royalties and income from similar sources						
	(Contracting the state of the s						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975				. <u></u>		
С	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included in line 10b, whether	1					
	or not the business is regularly carned on						···
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)						
40	` ' '			<u> </u>			
13	Total support. (Add lines 9, 10c, 11, and 12.)	707,454	722,528	742,036	646,985	850,814	3,669,817
14	First five years. If the Form 990 is for the org						
	organization, check this box and stop here	<u> </u>				,	▶ 🗌
Se	ction C. Computation of Public Su					T	
15	Public support percentage for 2012 (line 8, co					 	100.00 %
16	Public support percentage from 2011 Schedu				· · · <u>· · · · · · · · · · · · · · · · </u>	16	%
	ction D. Computation of Investme					17	0.00 %
17 40	Investment income percentage for 2012 (line Investment income percentage from 2011 Sc			umn (t))		18	<u> </u>
18		•					
	33 1/3% support tests - 2012. If the organization of the support tests - 2012. If the organization is not more than 33 1/3%, check this box at	and stop here . The	organization quali	fies as a publicly su	upported organizat	ion	▶ 🏻
b	33 1/3% support tests - 2011. If the organization 18 is not more than 33 1/3%, check this t	ation did not check box and stop here.	a box on line 14 or The organization o	line 19a, and line 1 qualifies as a public	16 is more than 33 By supported orgai	1/3%, and nization	▶ 🛚
20							▶ 🗍

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer Identification number

Name of the organization 95-4206960 WARD ECONOMIC DEVELOPMENT CORP Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c C d Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 (i) and section 170(h)(4)(B)(ii)? 🗌 Yes 🗌 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

						-		_
Sched	ule D (Form 990) 2012 WARD ECONOMIC	DEVELOPMENT CO	ORP			95-42069	60	Page 2
Pa	t III Organizations Maintaining (Collections of A	rt, Historical T	reasures, or	Othe	r Similar Ass	ets (contir	nued)
3	Using the organization's acquisition, accession,							
	collection items (check all that apply).							
а	Public exhibition	d 🗌 Loa	n or exchange progra	ams				
b	☐ Scholarly research	e 🗌 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explain ho	w they further the org	ganization's exem	pt purp	ose in Part		
	XIII.							
5	During the year, did the organization solicit or re	eceive donations of ai	rt, historical treasures	s, or other similar				
	assets to be sold to raise funds rather than to be	e maintained as part	of the organization's	collection?	<u> </u>		. 🗌 Yes	☐ No
Pa	TIV Escrow and Custodial Arrar	ngements. Com	plete if the orga	nization answ	ered	"Yes" to Form	990, Part	IV,
	line 9, or reported an amount	on Form 990, Pa	art X, line 21.					
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions or o	other assets not				
	included on Form 990, Part X?						. 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follow	ing table:	_				
						Amo	unt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance			[1f			
2a	Did the organization include an amount on Form						. 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII Cl							. 🗆
Pa	TV Endowment Funds. Complete	e if the organizat	ion answered "Y	es" to Form 9	90, P	art IV, line 10		
		(a) Current year	(b) Pnor year	(c) Two years back	((d) Three years back	(e) Four year	s back
1a	Beginning of year balance							
b	Contributions	·						
С	Net investment earnings, gains, and				ŀ			
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance			1				

b	Permanent endowment			
С	Temporarily restricted endowment %			
	The percentages in lines 2a, 2b, and 2c should equal 100%.			
3a	Are there endowment funds not in the possession of the organization that are held and administered for the			
	organization by		Yes	No
	(i) unrelated organizations	3a(i)		
	(ii) related organizations	3a(ii)		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

a Board designated or quasi-endowment ▶_

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

Part VI Land, Building	s, and Equipment	. See Form 990, P	art X, line 10.		
Description of proper	rty	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			2,936,100		2,936,100
b Buildings	[2,880,248	1,355,698	1,524,550
c Leasehold improvements .					<u>-</u>
d Equipment					
e Other	<u></u>				
Total. Add lines 1a through 1e. (Co	olumn (d) must equal Forr	m 990, Part X, column (B), line 10(c).)	▶	4,460,650

Schedule D (Form 990) 2012	WARD ECONOMIC I	DEVELOPMENT CORP	95-4206	960 Page 3
Part VII Investm	ents - Other Securities. Se	e Form 990, Part X, line 1	12.	
	of secunty or category name of secunty)	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
(2) Closely-held equity interes				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Column (b) must equal Form	990, Part X, col (B) line 12)			·
Part VIII Investm	ents - Program Related. Se	ee Form 990, Part X, line	13.	
	on of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market val	ue
- (4)			Cost of Old or year market var	
(1)				
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5)				-
(6)				
(7)			-	
(8)				
(9)				
(10)	990. Part X. col. (B) line 13)			······································
Total. (Column (b) must equal Form Part IX Other As	ssets. See Form 990, Part X	line 15		· · · · · · · · · · · · · · · · · · ·
Fait IX Other As				(b) Book value
(1) NOTES RECEIVAE		Description		2,758,122
	, LE			
(2)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)				
(6)			-	· · ·
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
(10)	ual Form 990, Part X, col. (B) line 15	`		2,758,122
	abilities. See Form 990, Par			
	enption of liability	(b) Book value		
(1) Federal income taxes	Inplication of hability	(b) Book Value	1	
(2) NOTES PAYABLE	· · · · · · · · · · · · · · · · · · ·	840,678	1	
		320,0,0	-	
(3)			-	
(4)			-	
(5)				
(6)			-	
(7)				
(8)				
(9)			-	
(10)			4	
(11)		040 570	-	
Total (Column (b) must equal Form		840,678		:
			inancial statements that reports the organization	_
liability for uncertain tax pos	sitions under FIN 48 (ASC 740). Che	ck nere it the text of the foothote	nas been provided in Part XIII	<u> </u>

_	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	Page 4
1	Total revenue, gains, and other support per audited financial statements	1	850,814
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	1 1	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1 1	
е	Add lines 2a through 2d	2e]	
3	Subtract line 2e from line 1	3	850,814
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u>-</u>
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1 1	
c	Add lines 4a and 4b	1 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	850,814
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	831,408
2	Amounts included on line 1 but not on Form 990. Part IX, line 25:		
a	Donated services and use of facilities		
h	Prior year adjustments	1]	
c	Other losses	1 1	
d	Other (Describe in Part XIII.)	1 1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	831,408
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		001,100
-	Investment expenses not included on Form 990, Part VIII, line 7b		
a	Other (Describe in Part XIII.)	1 1	
b	Add lines 4a and 4b	4c	
С 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	831,408
	rt XIII Supplemental Information	1 - 1	032,100
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	2h:	
	V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additi		
	v, illie 4, Pattix, illie 2, Pattixi, illies 24 alta 45, alta 1 attixii, illies 24 alta 45. Also complete alts partito provide any additi mation	511d1	
ITHOI	TIQUOTI		
			,
			
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		· -	<u>.</u>
			-
EEA		Schedule	D (Form 990) 2012

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number 95-4206960 WARD ECONOMIC DEVELOPMENT CORP 01. Form 990 governing body review (Part VI, line 11) THE NONPROFIT TAX 990 WAS REVIEWED WITH THE SECRETARY OF WEDC BEFORE FILING 02. Conflict of interest policy compliance (Part VI, line 12c) THE CONFLICT OF INTEREST POLICY IS PART OF THE BOARD POLICY. NOTED AS PART OF THE ORGANIZATION POLICY MANUAL FOR THE BOARD AND OFFICERS OF WEDC. 03. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENT AND NONPROFIT TAX AVAILABLE TO THE PUBLIC UPON REQUEST. 04. List of other expenses (Part IX, line 24e) \$28,697 OFFICE EXPENSE REAL ESTATE TAX 14,994 LICENSE AND PERMIT 6,343

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172 2012

Attachment

Department of the Treasury Sequence No. 179 ► See separate instructions. ▶ Attach to your tax return. Internal Revenue Service (99) Identifying number Business or activity to which this form relates Name(s) shown on return WARD ECONOMIC DEVELOPMENT CORP FORM 990 - 1 95-4206960 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing 6 (b) Cost (business use only) (c) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 15 15 16 104,737 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2012 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Depreciation deduction placed in (business/investment use (e) Convention (f) Method (a) Classification of property penod only-see instructions) service 19a 3-year property 5-year property b 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs g 25-year property MM S/L 27.5 yrs. h Residential rental 27.5 yrs. MM S/L property MM Nonresidential real 39 yrs. S/L MM property S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year MM S/L c 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 104,737 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 23 For assets shown above and placed in service during the current year, enter the

Form: **8868**

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Application Return Application Return	Internal Revenue S	Service						_
Electronic filling (e-file), You can electronically file Form 8868 Electronic filling (e-file), You can electronically file Form 8868 The companies of th	 If you are fi 	ling for an Automatic 3-Month Extension, com	plete only F	Part I and check this box				▶ X
Electronic filing (e-file). You can electronically file Form 8888 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 99-71), or an additional fold automatic 3-months extension of time. You can electronically file Form 8880 in request an extension of time to file (6 months for a corporation required to file Form 990-71), or an additional fold automatic 3-month extension of time. You can electronically file Form 8880 in request an extension of time to file form 10 months for a companie for 10 months for a companie form 10 months for a companie form 10 months for a companie form 10 months for a companie form 10 months form 10 months for a companie form 10 months form 10 months for a companie form 10 months for a companie form 10 months form 10 months form 10 months form 10 months form 10 months form 10 months form 10 months form 10 months form 10 months form 10 months form 10 months form 10 months form 10 months form 10 months for a companie form 10 months f	 If you are fi 	ling for an Additional (Not Automatic) 3-Montl	h Extension	, complete only Part II (on pa	age 2 of this form).			
a corporation required to file Form 990-T), or an additional (not automatics) 3-month extension of time. You can electronically file Form 88876 request are attension of time to file any of the forms listed in Part I or Part I 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. rsp.0v/filel and click on -effic for Chantes & Nonprofils. Part I	Do not compl	ete Part II unless you have already been grante	ed an automa	atic 3-month extension on a p	reviously filed Form	8868		
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only	a corporation r 8868 to reque: Return for Trai	equired to file Form 990-T), or an additional (not st an extension of time to file any of the forms lis insfers Associated With Certain Personal Benefit	automatic) (ited in Part I Contracts, v	3-month extension of time. Yo or Part II with the exception of which must be sent to the IRS	u can electronically f Form 8870, Inform in paper format (se	file F ation e	om	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only	Part I	Automatic 3-Month Extension of T	ime. Only	submit original (no cop	ies needed).			
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 Enter filer's identifying number, see instructions				···				
Section Sect	Part I only .							▶ 🗆
Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or 95-4206960 Number, street, and room or suite no. If a P.O. box, see instructions. Social secunty number (SSN) P O BOX 7391	All other corpo	rations (including 1120-C filers), partnerships, R	EMICs, and	trusts must use Form 7004 to	request an extensi	on of	tıme	
Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or 95 - 42069 60	to file income t	ax returns						
Print by the bus date for the return See and the street, and room or suite no. It a P.O. box, see instructions. Po BOX 7391				Ente	r filer's identifying	num	ber, see	instructions
Number, street, and room or suits no. If a P.O. box, see instructions. Number, street, and room or suits no. If a P.O. box, see instructions.	Type or	Name of exempt organization or other filer, se	e instruction	S.	Employer identific	ation	number ((EIN) or
Due date for Image your return see Coy Angeles, CA 90007 Enter the Return code for the return that this application is for (file a separate application for each return) Application	print	WARD ECONOMIC DEVELOPMENT COR	P.		95-4206	960		
Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Separate application for each return Description Separate application S	File by the	Number, street, and room or suite no. If a P.O	. box, see in	structions.	Social security nu	ımber	(SSN)	
Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 990-BL Form 990-BL Form 990-T (corporation) Form 990-T (corporation) Form 990-T (corporation) Form 990-T (20 (individual) Form 990-T (30 (individual) Form 990-T (40 (individual) Form 990-		P O BOX 7391						
Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ O1 Form 990-T (corporation) O7 Form 990-BL O2 Form 14720 O9 Form 990-PL O3 Form 990-T(corporation) O7 Form 990-PL O4 Form 5227 O1 Form 990-T (trust other than above) O6 Form 8870 O1 Form 990-T (trust other than above) O6 Form 8870 O1 Telephone No. ► 213-745-5075 FAX No. ► 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 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 13, to file the exempt organization return for the organization named above. The extension is for the that year a position of the corporation is for the organization's return for: 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 13, to file the exempt organization return for the organization named above. The extension is for the treat year a position of the composition is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. C Balance due. Subtract line 3b from line 3a. Include your payment this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.		City, town or post office, state, and ZIP code.	For a foreign	address, see instructions				
Return Section Return Section Return Section	instructions	Los Angeles, CA 90007						
Is For Code Is For Code Is For Code Is For Code Form 990-EZ 01 Form 990-T (corporation) 07	Enter the Retu	rn code for the return that this application is for (file a separa	te application for each return)		••		0 2
Form 990 or Form 990-EZ	Application		Return	Return Application				Return
Form 990-BL	Is For		Code	ode Is For				Code
Form 4720 (Individual) Form 990-PF O4 Form 5227 10 Form 990-PF O5 Form 6069 11 Form 990-T (trust other than above) O6 Form 8870 12 The books are in the care of MAURINE ANDERSON 1177 W ADAMS BLVD, CA 90007 Telephone No. > 213-745-5075 FAX No. > 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group check this box I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15 _20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year 20 12 or	Form 990 or	Form 990-EZ		Form 990-T (corporation)				07
Form 990-PF	Form 990-BI	<u> </u>					_	08
Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 11 The books are in the care of ► MAURINE ANDERSON 1177 ₩ ADAMS BLVD, CA 90007 Telephone No. ► 213-745-5075 FAX No. ► 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 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 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 this is for the group, check this box If this is for the group, check this box If this is for the group, check this box If this is for the group, check this box If this is for. If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:	Form 4720 (individual)	03	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				09
Form 990-T (trust other than above) O6 Form 8870 12 The books are in the care of ► MAURINE ANDERSON 1177 W ADAMS BLVD, CA 90007 Telephone No. ► 213-745-5075 FAX No. ► 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 If this is for part of the group, check this box If it request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for: □ Calendar year 20 12 or □ If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period 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. 3a \$ 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. 3b \$ 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. 3c \$								
Telephone No. ► 213-745-5075 FAX No. ► 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	Form 990-T	(sec 401(a) or 408(a) trust)						
Telephone No. ▶ 213-745-5075 FAX No. ▶ 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 this is for the whole group, check this box If this is for the names and EiNs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15 , 20 13 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:	Form 990-T	(trust other than above)	06	Form 8870				12
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 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. 3a \$ 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. 3b \$ 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. 3c \$	Telephone If the organ If this is for for the whole galist with the r I reques until for the o	No. ▶ 213-745-5075 Ization does not have an office or place of busin a Group Return, enter the organization's four digroup, check this box ▶ ☐ . If names and EINs of all members the extension is t an automatic 3-month (6 months for a corporat 08-15 , 20 13 , to file the exempt or rganization's return for:	E/ ess in the Ur git Group Ex- it is for part of for. ion required	AX No. Inted States, check this box emption Number (GEN) of the group, check this box to file Form 990-T) extension		s is ttach	is	▶□
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. b Salance 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. 3a \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	2 If the tax	year entered in line 1 is for less than 12 months age in accounting period	s, check reas	son: Initial return	Final return	20	<u>_</u> ·	
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. b 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. 3b \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		•	2U, UT 0U09, 1	enter the termative tax, less ar	עי	3-	e	^
estimated tax payments made. Include any prior year overpayment allowed as a credit. 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. 3b \$ \$ \$ \$ \$			69 enter an	v refundable credits and	_ 	Ja	•	0
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. 3c \$					1	3h	\$	0
EFTPS (Electronic Federal Tax Payment System) See instructions. 3c \$					na l		*	
		-				3с	\$ \$	0
				8453-EO and Form 8879-EO for paym	ent instructions	<u>-</u>		