## Part I  Summary

**1.** Briefly describe the organization’s mission or most significant activities: **SOUTHWEST ECONOMIC SOLUTIONS INC.**

**2.** Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

### Activities & Governance

**3.** Number of voting members of the governing body (Part VI, line 1a) **10**

**4.** Number of independent voting members of the governing body (Part VI, line 1b) **10**

**5.** Total number of individuals employed in calendar year 2016 (Part V, line 2a) **57**

**6.** Total number of volunteers (estimate if necessary) **13**

**7.** Total unrelated business revenue from Form 990-T, line 12 **0**

**8.** Contributions and grants (Part VIII, line 1h) Prior Year 3,993,206. Current Year 3,784,296.

**9.** Program service revenue (Part VIII, line 2g) **148,557.**

**10.** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **390.**

**11.** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **1,010.**

**12.** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **4,143,163.**

**13.** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **494,512.**

**14.** Benefits paid to or for members (Part IX, column (A), line 4) **0.**

**15.** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **2,042,569.**

**16a.** Professional fundraising fees (Part IX, column (A), line 11e) **0.**

**b.** Total fundraising expenses (Part IX, column (D), line 25) **0.**

**17.** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **1,887,039.**

**18.** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **4,424,120.**

**19.** Revenue less expenses. Subtract line 18 from line 12 **-280,957.**

### Expenses

**20.** Beginning of Current Year **1,160,369.**

**21.** End of Current Year **1,970,090.**

**22.** Beginning of Previous Year **1,109,078.**

**23.** End of Previous Year **1,609,958.**

**24.** Prior Year Net assets or fund balances. Subtract line 21 from line 20 **51,291.**

**25.** Beginning of Current Year **360,132.**

**26.** End of Current Year **360,132.**

### Net Assets or Fund Balances

**27.** Prior Year Net assets or fund balances. Subtract line 23 from line 22 **51,291.**

**28.** Beginning of Previous Year **360,132.**

**29.** End of Previous Year **360,132.**

**30.** Prior Year Net assets or fund balances. Subtract line 25 from line 24 **51,291.**

## Part II  Signature Block

**Sign Here**

**Signature of officer**

**Date**

**MICHELLE R. SHERMAN, CHIEF OPERATING OFFICER**

**Type or print name and title**

**Firm’s name**

**PLANTE & MORAN, PLLC**

**Firm’s address**

**27400 NORTHWESTERN HIGHWAY**

**SOUTHWESTFIELD, MI 48034**

**Firm’s EIN**

**38-1357951**

**Phone no.**

**(248) 352-2500**

May the IRS discuss this return with the preparer shown above? (see instructions) **X Yes No**

**Form 990 (2016)**

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

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**
1  Briefly describe the organization's mission:  
SOUTHWEST ECONOMIC SOLUTIONS MISSION IS TO PROVIDE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO ACHIEVE GREATER ECONOMIC SUCCESS.

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 others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $ 3,292,161. including grants of $ 234,255.) (Revenue $ 230,025.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>PROVIDE PRE AND POSTPURCHASE HOMEOWNERSHIP COUNSELING AND EDUCATION TO COMMUNITY RESIDENTS, 505/YEAR.</td>
</tr>
<tr>
<td></td>
<td>WORKFORCE DEVELOPMENT PROGRAMMING (INTEGRATED EDUCATION AND TRAINING) INCLUDING EARN AND LEARN (120/YEAR), PATH (130/YEAR) AND HOMELESS VETERANS' REINTEGRATION PROGRAM (110/YEAR).</td>
</tr>
<tr>
<td></td>
<td>PROSPERUS ENTREPRENEUR TRAINING PROGRAMS WHICH PROVIDE BUSINESS DEVELOPMENT TRAINING AND MICROLOANS FOR STARTUP BUSINESSES.</td>
</tr>
<tr>
<td></td>
<td>ADULT BASIC EDUCATION INCLUDING GED, ESL AND ABE TO 240/YEAR.</td>
</tr>
</tbody>
</table>

4b  (Expenses $ 3292,161. including grants of $ 234,255.) (Revenue $ 230,025.)

4c  (Expenses $ 3292,161. including grants of $ 234,255.) (Revenue $ 230,025.)

4d  Other program services (Describe in Schedule O.)

4e  Total program service expenses 3,292,161.
**Part IV Checklist of Required Schedules**

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<tr>
<th></th>
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</table>

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**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

---

**Did the organization obtain separate, independent audited financial statements for the tax year?** If "Yes," complete Schedule D, Parts XI and XII

---

**If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.**

---

**Schedule D, Parts I and II**

---

**If "Yes," complete Schedule D, Part IX

---

**If "Yes," complete Schedule D, Part I**

---

**If "Yes," complete Schedule D, Part II

---

**If "Yes," complete Schedule D, Part III**

---

**If "Yes," complete Schedule D, Part IV

---

**If "Yes," complete Schedule D, Part V

---

**If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X

---

**If "Yes," complete Schedule D, Parts XI and XII

---

**If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

---

**If "Yes," complete Schedule E

---

**If "Yes," complete Schedule F, Parts I and IV

---

**If "Yes," complete Schedule F, Parts II and IV

---

**If "Yes," complete Schedule F, Parts III and IV

---

**If "Yes," complete Schedule G, Part I

---

**If "Yes," complete Schedule G, Part II

---

**If "Yes," complete Schedule G, Part III

---

**Form 990 (2016) SOUTHWEST ECONOMIC SOLUTIONS INC. 46-2252476 Page 3**
20a Did the organization operate one or more hospital facilities?  If "Yes," complete Schedule H  
   b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  

21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1?  If "Yes," complete Schedule I, Parts I and II  

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?  If "Yes," complete Schedule I, Parts I and II  

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees?  If "Yes," complete Schedule J  

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 through 24d and complete Schedule K.  If "No", go to line 25a  
   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 to defease any tax-exempt bonds?  
   d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  If "Yes," complete Schedule L, Part I  
   b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I  

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II  

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?  If "Yes," complete Schedule L, Part III  

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  
   a A current or former officer, director, trustee, or key employee?  If "Yes," complete Schedule L, Part IV  
   b A family member of a current or former officer, director, trustee, or key employee?  If "Yes," complete Schedule L, Part IV  
   c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?  If "Yes," complete Schedule L, Part IV  

29 Did the organization receive more than $25,000 in non-cash contributions?  If "Yes," complete Schedule M  

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  If "Yes," complete Schedule M  

31 Did the organization liquidate, terminate, or dissolve and cease operations?  
   If "Yes," complete Schedule N, Part I  

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  If "Yes," complete Schedule R, Part I  

34 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
   b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  If "Yes," complete Schedule R, Part V, line 2  

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  
   If "Yes," complete Schedule R, Part V, line 2  

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?  If "Yes," complete Schedule R, Part VI  

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  

Note. All Form 990 filers are required to complete Schedule O.
### Part V: Statements Regarding Other IRS Filings and Tax Compliance

#### Check if Schedule O contains a response or note to any line in this Part V

**1a** Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable ............................... 1a 38

**b** Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable ................................. 1b 0

**c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .......................................................... 1c X

**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 ........................................... 2a 57

**b** 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).......................................................... 2b X

**3a** Did the organization have unrelated business gross income of $1,000 or more during the year? .............. 3a X

**b** If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  

**4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  .......................................................... 4a X

**b** If "Yes," enter the name of the foreign country: ▶


**5a** Did the organization issue a prohibited tax shelter transaction at any time during the tax year? ............... 5a X

**b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  

**c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T? ...................................................... 5b X

**6a** Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .................................................. 6a X

**b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .................................................................................. 6b

#### 7 Organizations that may receive deductible contributions under section 170(c).

**a** Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  

**b** If "Yes," did the organization notify the donor of the value of the goods or services provided?  

**c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..................................................................................................... 7d

**d** If "Yes," indicate the number of Forms 8282 filed during the year ........................................................................................................................... 7d

**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?  

**g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  

**h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ......................................................................................................................... 7h

#### 8 Sponsoring organizations maintaining donor advised funds.

**a** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .................................................................................................................. 8

#### 9 Sponsoring organizations maintaining donor advised funds.

**a** Did the sponsoring organization make any taxable distributions under section 4966?  

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  

#### 10 Section 501(c)(7) organizations.

**a** Initiation fees and capital contributions included on Part VIII, line 12 ................................................. 10a

**b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ................................. 10b

#### 11 Section 501(c)(12) organizations.

**a** Gross income from members or shareholders ......................................................................................... 11a

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) ................................................................................................................. 11b

#### 12 Section 4947(a)(1) non-exempt charitable trusts.

**a** Is the organization filing Form 990 in lieu of Form 1041? ......................................................................... 12a

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year ............................... 12b

#### 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

**a** Is the organization licensed to issue qualified health plans in more than one state?  

**Note.** See the instructions for additional information the organization must report on Schedule O.  

**b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ......................................................... 13b

**c** Enter the amount of reserves on hand .............................................................................................................. 13c

**14a** Did the organization receive any payments for indoor tanning services during the tax year? ................. 14a X

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  

---

Form 990 (2016)
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................... 1a 10
   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.
   1b Enter the number of voting members included in line 1a, above, who are independent ........................................... 1b 10

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ........................................................................................................................................................................... 2 X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ........................................................................................................................................................................... 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ........................................................................................................................................................................... 4 X

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? ........................................................................................................................................................................... 5 X

6 Did the organization have members or stockholders? ........................................................................................................................................................................... 6 X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ........................................................................................................................................................................... 7a X
   b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ........................................................................................................................................................................... 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body ........................................................................................................................................................................... 8a X
   b Each committee with authority to act on behalf of the governing body ........................................................................................................................................................................... 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O ........................................................................................................................................................................... 9 X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? ........................................................................................................................................................................... 10a X
   b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? ........................................................................................................................................................................... 10b X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ........................................................................................................................................................................... 11a X
   b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ........................................................................................................................................................................... 11b X

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13 ........................................................................................................................................................................... 12a X
   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ........................................................................................................................................................................... 12b X
   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done ........................................................................................................................................................................... 12c X

13 Did the organization have a written whistleblower policy? ........................................................................................................................................................................... 13 X

14 Did the organization have a written document retention and destruction policy? ........................................................................................................................................................................... 14 X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
   a The organization’s CEO, Executive Director, or top management official ........................................................................................................................................................................... 15a X
   b Other officers or key employees of the organization ........................................................................................................................................................................... 15b X
      If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ........................................................................................................................................................................... 16a X
   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? ........................................................................................................................................................................... 16b X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed
   ▶ MI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
   □ Own website □ Another’s website □ Upon request □ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records: ▶
   MICHELLE R. SHERMAN – (313) 481-3103
   5716 MICHIGAN AVENUE, DETROIT, MI 48210
**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

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 all of 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.

### Form 990 (2016) Page 7

**SOUTHWEST ECONOMIC SOLUTIONS INC.**  46-2252476

#### Check if Schedule O contains a response or note to any line in this Part VII

---

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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<tr>
<td>(1) LUIS GARCIA</td>
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<tr>
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<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) PIERRE BATON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) NYDIA CARDENAS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) AHMAD EZZEDDINE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) STEPHEN FIGLIUOLO</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) CHRISTOPHER J. LEZOVICH</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) ASHLEY D. MCLEOD</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) LINDA WEST</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) GUADALUPE ZARATE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ASSISTANT SECRETARY</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) JOHN VAN CAMP</td>
<td>3.90</td>
<td>X</td>
<td>0.</td>
<td>240,510. 32,634.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT AND CEO</td>
<td>35.30</td>
<td>X</td>
<td>0.</td>
<td>126,859. 6,862.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) HECTOR HERNANDEZ</td>
<td>37.00</td>
<td>X</td>
<td>0.</td>
<td>126,859. 6,862.</td>
<td>0.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>1.90</td>
<td>X</td>
<td>0.</td>
<td>126,859. 6,862.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) MICHELLE SHERMAN</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>57,134. 6,666.</td>
<td>0.</td>
</tr>
<tr>
<td>COO &amp; TREASURER</td>
<td>33.00</td>
<td>X</td>
<td>0.</td>
<td>57,134. 6,666.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td>Officer</td>
<td>Key employee</td>
<td>Former</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total                                                                 | 0. | 424,503. | 46,162. |

1c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |

d Total (add lines 1b and 1c) | 0. | 424,503. | 46,162. |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization | 0 |

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | Yes | No | 3 | X |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual | Yes | No | 4 | X |

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | Yes | No | 5 | X |

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization | 0 |
### Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a 68,750.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 3,715,546.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>3,784,296.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>2 a FORECLOSURE MITIGATION 900099 213,574. 213,574.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 b APPLICATION FEES</td>
<td>2b</td>
<td>3,955. 3,955.</td>
</tr>
<tr>
<td>2 c</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2 d</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2 e</td>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2 f All other program service revenue</td>
<td>2f</td>
<td></td>
</tr>
<tr>
<td>2 g Total. Add lines 2a-2f</td>
<td>2g</td>
<td>217,529.</td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and other similar amounts) | 3                        | 5,583. 5,583.                                          |
| Income from investment of tax-exempt bond proceeds       | 4                        |                                                        |
| Royalties                                               | 5                        |                                                        |

| (i) Real (ii) Personal                                   |                           |                                                        |
| Gross rents                                             | 6 a                      |                                                        |
| Less: rental expenses                                   | 6 b                      |                                                        |
| Rental income or (loss)                                 | 6 c                      |                                                        |
| Net rental income or (loss)                             | 6 d                      |                                                        |

| (i) Securities (ii) Other                                |                           |                                                        |
| Gross amount from sales of assets other than inventory  | 7 a                      |                                                        |
| Less: cost or other basis and sales expenses            | 7 b                      |                                                        |
| Gain or (loss)                                          | 7 c                      |                                                        |
| Net gain or (loss)                                      | 7 d                      |                                                        |

| Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 | 8 a                      |                                                        |
| Less: direct expenses                                   | 8 b                      |                                                        |
| Net income or (loss) from fundraising events            | 8 c                      |                                                        |

| Gross income from gaming activities. See Part IV, line 19 | 9 a                      |                                                        |
| Less: direct expenses                                   | 9 b                      |                                                        |
| Net income or (loss) from gaming activities              | 9 c                      |                                                        |

| Gross sales of inventory, less returns and allowances   | 10 a                     |                                                        |
| Less: cost of goods sold                                | 10 b                     |                                                        |
| Net income or (loss) from sales of inventory            | 10 c                     |                                                        |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>11 a REIMBURSEMENTS 900099 12,496. 12,496.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 b</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11 c</td>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11 d</td>
<td>11d</td>
<td></td>
</tr>
<tr>
<td>11 e Total. Add lines 11a-11d</td>
<td>11e</td>
<td>12,496.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 Total revenue. See instructions.</th>
<th>12</th>
<th>4,019,904. 230,025. 0. 5,583.</th>
</tr>
</thead>
</table>
### Part IX: Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX: [ ]

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>234,255.</td>
<td>234,255.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>1,591,984.</td>
<td>1,591,984.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>288,869.</td>
<td>288,869.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>143,473.</td>
<td>143,473.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td>871,390.</td>
<td>871,390.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>5,400.</td>
<td>5,400.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>285,438.</td>
<td>285,438.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>9,809.</td>
<td>9,809.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>74,590.</td>
<td>74,590.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>249,798.</td>
<td>249,798.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>152,878.</td>
<td>152,878.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>4,074.</td>
<td>4,074.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>35,160.</td>
<td>35,160.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>183.</td>
<td>183.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td>144,097.</td>
<td>144,097.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a PROGRAM COSTS</td>
<td>144,097.</td>
<td>144,097.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b PROGRAM EVALUATION</td>
<td>34,849.</td>
<td>34,849.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c MISCELLANEOUS</td>
<td>29,538.</td>
<td>29,538.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d MICRO LOAN OPERATIONS</td>
<td>7,766.</td>
<td>7,766.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>4,163,551.</td>
<td>3,292,161.</td>
<td>871,390.</td>
<td>0.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here [ ] if following SOP 98-2 (ASC 958-720)
### Form 990 (2016)
**SOUTHWEST ECONOMIC SOLUTIONS INC.**

**Page 11**

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>130,667.1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>821,011.4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>8,609.9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>27</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>28</td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td>29</td>
</tr>
<tr>
<td>31</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>32</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>33</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
</tr>
<tr>
<td>34</td>
<td>Total net assets or fund balances</td>
<td>33</td>
</tr>
<tr>
<td>35</td>
<td>Total liabilities and net assets/fund balances</td>
<td>34</td>
</tr>
</tbody>
</table>

Form 990 (2016)
### Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>4,019,904.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>4,163,551.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>-143,647.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>51,291.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>521,238.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>428,882.</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2016)
## Part I Reason for Public Charity Status

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

<table>
<thead>
<tr>
<th></th>
<th>Reason for Public Charity Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations.</td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s).</td>
</tr>
</tbody>
</table>

### (i) Name of supported organization

### (ii) EIN

### (iii) Type of organization (described on lines 1-10 above (see instructions))

### (iv) Is the organization listed in your governing document? Yes No

### (v) Amount of monetary support (see instructions)

### (vi) Amount of other support (see instructions)

---

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16

Schedule A (Form 990 or 990-EZ) 2016
### Section A. Public Support

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>4879285.</td>
<td>4280799.</td>
<td>3993206.</td>
<td>3715546.</td>
<td>16868836.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>4879285.</td>
<td>4280799.</td>
<td>3993206.</td>
<td>3715546.</td>
<td>16868836.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1417316.</td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support. Subtract line 5 from line 4.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15451520.</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td>4879285.</td>
<td>4280799.</td>
<td>3993206.</td>
<td>3715546.</td>
<td>16868836.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><em>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</em></td>
<td>256.</td>
<td>416.</td>
<td>390.</td>
<td>5,583.</td>
<td>6,645.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td><em>Net income from unrelated business activities, whether or not the business is regularly carried on</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><em>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16875481.</td>
</tr>
<tr>
<td>12</td>
<td><strong>Gross receipts from related activities, etc. (see instructions)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>447,131.</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2015 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>16a</td>
<td><strong>33 1/3% support test - 2016</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a</td>
<td><strong>10% -facts-and-circumstances test - 2016</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td><strong>Private foundation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Public support. (Subtract line 7c from line 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Total support. (Add lines 9, 10c, 11, and 12.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2015 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2015 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>

#### 33 1/3% support tests - 2016.

- If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

#### 33 1/3% support tests - 2015.

- If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

#### Private foundation.

- If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
## Part IV Supporting Organizations

Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If &quot;No,&quot; describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)? If &quot;Yes,&quot; and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If &quot;Yes,&quot; explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year? If &quot;Yes,&quot; answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If &quot;Yes,&quot; answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV  Supporting Organizations (continued)

11  Has the organization accepted a gift or contribution from any of the following persons?
   a  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b  A family member of a person described in (a) above?
   c  A 35% controlled entity of a person described in (a) or (b) above? If “Yes” to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1  Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

1  Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2  Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If “No,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3  By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a  The organization satisfied the Activities Test. Complete line 2 below.
   b  The organization is the parent of each of its supported organizations. Complete line 3 below.
   c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2  Activities Test. Answer (a) and (b) below.
   a  Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b  Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3  Parent of Supported Organizations. Answer (a) and (b) below.
   a  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.
## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2016</th>
<th>(iii) Distributable Amount for 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Distributable amount for 2016 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Underdistributions, if any, for years prior to 2016 (reasonable cause required - explain in Part VI). See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Excess distributions carryover, if any, to 2016:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f <strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2016 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2011 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> Distributions for 2016 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2016 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> Excess distributions carryover to 2017. Add lines 3j and 4c</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
**Part I**  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered “Yes” on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? □ Yes □ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ Yes □ No

**Part II**  Conservation Easements.  Complete if the organization answered “Yes” on Form 990, Part IV, line 7.

<table>
<thead>
<tr>
<th>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Purpose(s) of conservation easements held by the organization (check all that apply).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection of natural habitat</td>
</tr>
<tr>
<td>Preservation of a historically important land area</td>
</tr>
<tr>
<td>Preservation of open space</td>
</tr>
</tbody>
</table>

2 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.

<table>
<thead>
<tr>
<th>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Total number of conservation easements</td>
</tr>
<tr>
<td>2b Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4 Number of states where property subject to conservation easement is located.

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? □ Yes □ No

9 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.

**Part III**  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

<table>
<thead>
<tr>
<th>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</th>
</tr>
</thead>
</table>

1a 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.

1b 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:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange programs
   e Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
   b If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>c</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
   b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment %
   b Permanent endowment %
   c Temporarily restricted endowment %

The percentages on 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:
   (i) unrelated organizations
   (ii) related organizations

3a(i) Yes No
3a(ii) Yes No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3b

4 Describe in Part XIII the intended uses of the organization’s endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>96,515.</td>
<td>18,229.</td>
<td>78,286.</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>63,585.</td>
<td>24,211.</td>
<td>39,374.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>103,808.</td>
<td>59,334.</td>
<td>44,474.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

<table>
<thead>
<tr>
<th></th>
<th>162,134.</th>
</tr>
</thead>
</table>
### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability | (b) Book value
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) RELATED PARTY LIABILITIES</td>
<td>1,346,572.</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,346,572.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

632053 08-29-16

12130815 147228 18734-6 2016.06000 SOUTHWEST ECONOMIC SOLUTION 18734-61
### Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td></td>
</tr>
</tbody>
</table>

### Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amounts included on line 1 but not on Form 990, Part IX, line 25:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td></td>
</tr>
</tbody>
</table>

### Part XIII  Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, 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 additional information.
**Part I**

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOCUS HOPE</td>
<td>38-1948285</td>
<td>501(C)(3)</td>
<td>234,255</td>
<td>0</td>
<td>WORKFORCE DEVELOPMENT</td>
</tr>
<tr>
<td>DETROIT, MI 48238</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PARTNERSHIP</td>
</tr>
</tbody>
</table>

**Part II**

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTHWEST ECONOMIC SOLUTIONS INC.</td>
<td>46-2252476</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **X** Yes  

Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States. **X** Yes  

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  

Enter total number of other organizations listed in the line 1 table  

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III Grants and Other Assistance to Domestic Individuals.

Complete if the organization answered “Yes” on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV Supplemental Information.

Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:

ALLOWABLE EXPENSES ARE ESTABLISHED IN THE GRANT AGREEMENT. PROGRAM MANAGERS APPROVE FOR PAYMENT EXPENSES, INDICATING IF GRANT FUNDS ARE ALLOWED TO BE SPENT. THE FINANCE DEPARTMENT REVIEWS THESE EXPENSES AGAINST THE ESTABLISHED BUDGET TO ENSURE GRANT EXPENSES ARE ALLOWABLE.**
## SCHEDULE J (Form 990)
### Part I: Questions Regarding Compensation

<table>
<thead>
<tr>
<th></th>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal services (such as, maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If &quot;No,&quot; complete Part III to explain</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td>a</td>
<td>Receive a severance payment or change-of-control payment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | 5a | X |
| a | The organization? |   |   |
| b | Any related organization? |   |   |

If "Yes" on line 5a or 5b, describe in Part III.

| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | 6a | X |
| a | The organization? |   |   |
| b | Any related organization? |   |   |

If "Yes" on line 6a or 6b, describe in Part III.

| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |

| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |

| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 |   |

---

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

**Schedule J (Form 990) 2016**

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**OMB No. 1545-0047**

**Department of the Treasury**

**Internal Revenue Service**

**632111 09-09-16**

**Open to Public Inspection**

---

**SOUTHWEST ECONOMIC SOLUTIONS INC.**

**Employer identification number**

**46-2252476**
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren’t listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) JOHN VAN CAMP</td>
<td>(i) 0. 0. 0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT AND CEO</td>
<td>(ii) 240,510. 0. 0. 12,425. 20,209. 273,144. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART III
Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE COMPENSATION WAS ESTABLISHED BY A RELATED ORGANIZATION. THE ORGANIZATION UTILIZED THE FOLLOWING: A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, FROM 990 OF OTHER ORGANIZATIONS, A COMPENSATION SURVEY/STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACHIEVE GREATER ECONOMIC SUCCESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FINANCIAL COACHING (BUDGETING, CREDIT BUILDING EDUCATION, DEBT REDUCTION, SAVINGS) FOR ALL ENROLLED IN SWES PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 6:

SOUTHWEST ECONOMIC SOLUTIONS IS A WHOLLY-OWNED SUBSIDIARY OF SOUTHWEST SOLUTIONS, THE PARENT COMPANY.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD MEMBERS ARE APPOINTED BY SOUTHWEST SOLUTIONS BOARD OF DIRECTORS.

NOMINEES ARE PROPOSED BY SOUTHWEST ECONOMIC SOLUTIONS BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE SOUTHWEST SOLUTIONS BOARD APPROVES CERTAIN DECISIONS OF SOUTHWEST ECONOMIC SOLUTIONS BOARD OF DIRECTORS INCLUDING BUT NOT LIMITED TO THE FOLLOWING: BUDGET APPROVAL, BYLAWS REVISIONS, FORMATION OF A NEW COMPANY, AND CAPITAL ACQUISITIONS GREATER THAN $250,000.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE 990 WAS REVIEWED BY THE FINANCIAL CONTROLLER AND PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO THE FILING OF THE FORM 990 WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY THE CONFLICT OF INTEREST POLICY IS PROVIDED TO THE BOARD MEMBERS FOR REVIEW AND APPROVAL. IN ADDITION, THE DISCLOSURE STATEMENT IS COMPLETED ON AN ANNUAL BASIS BY ALL BOARD MEMBERS. IF THERE ARE ANY CONFLICTS OF INTEREST, THE BOARD MEMBER WOULD ABSTAIN FROM VOTING. ALL SOUTHWEST ECONOMIC SOLUTIONS EMPLOYEES AND BOARD MEMBERS ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS SET BY THE COMPENSATION COMMITTEE OF SOUTHWEST SOLUTIONS, A RELATED ORGANIZATION. THE AGENCY PARTICIPATES IN ANNUAL SALARY SURVEYS BASED ON AGENCIES SIMILAR IN SIZE AND REVENUES AND CONSULTS WITH SALARY COMPENSATION SPECIALISTS TO DETERMINE COMPENSATION FOR CEO AND KEY EMPLOYEES. ALL COMPENSATION MUST BE APPROVED BY THE BOARD OF DIRECTORS. WHILE AN ANNUAL REVIEW IS DONE, SALARIES ARE ADOPTED FOR THREE YEARS. COMPENSATION WAS LAST REVIEWED IN 2016.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF INTEREST IN PROSPERUS FROM RELATED ENTITY 521,238.

FORM 990, PART XII, LINE 2C:

THE FINANCE AND AUDIT COMMITTEE OF SOUTHWEST SOLUTIONS OVERSEES THE AUDIT PROCESS AND APPROVES THE INDEPENDENT AUDIT FIRM. SOUTHWEST ECONOMIC SOLUTIONS IS A WHOLLY-OWNED SUBSIDIARY OF SOUTHWEST SOLUTIONS.
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.
### Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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</table>

### Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOUTHWEST SOLUTIONS - 38-2672000</td>
<td></td>
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<td>Yes</td>
</tr>
<tr>
<td>5716 MICHIGAN AVENUE</td>
<td>ADMINISTRATIVE</td>
<td>MICHIGAN</td>
<td>LINE 12C,</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>DETROIT, MI 48210</td>
<td>SUPPORT</td>
<td></td>
<td>III-FI</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>SOUTHWEST HOUSING SOLUTIONS CORP -</td>
<td>SERVICES</td>
<td>MICHIGAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38-2324335, 5716 MICHIGAN AVENUE SUITE 3000,</td>
<td>LOW INCOME HOUSING</td>
<td></td>
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<tr>
<td>DETROIT, MI 48210</td>
<td>DEVELOPMENT</td>
<td>MICHIGAN</td>
<td>LINE 7</td>
<td>SOUTHWEST SOLUTIONS</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>SOUTHWEST COUNSELING SOLUTIONS - 38-2042021</td>
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<td>5716 MICHIGAN AVENUE SUITE 3000</td>
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<tr>
<td>ASSET SERVICES - 38-2719235</td>
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<td>5716 MICHIGAN AVENUE</td>
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<td>For Paperwork Reduction Act Notice, see the Instructions for Form 990.</td>
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</tbody>
</table>

Schedule R (Form 990) 2016
### Part III  Identification of Related Organizations Taxable as a Partnership.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
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<th>(e)</th>
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<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
<th>(k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Direct controlling entity</td>
<td>Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Disproportionate allocations?</td>
<td>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</td>
<td>General or managing partner?</td>
<td>Percentage ownership</td>
</tr>
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<td>Yes</td>
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</tbody>
</table>

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
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<th>(h)</th>
<th>(i)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Direct controlling entity</td>
<td>Type of entity (C corp, S corp, or trust)</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Percentage ownership</td>
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<td></td>
<td>Yes</td>
<td>No</td>
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</tr>
<tr>
<td>VERITABLE GROUP INC - 80-0212509</td>
<td>MORTGAGE COMPANY</td>
<td>MI</td>
<td>N/A</td>
<td>C CORP</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>X</td>
<td></td>
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</tr>
</tbody>
</table>

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.
Part V  Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1  During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   a  Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   b  Gift, grant, or capital contribution to related organization(s)
   c  Gift, grant, or capital contribution from related organization(s)
   d  Loans or loan guarantees to or for related organization(s)
   e  Loans or loan guarantees by related organization(s)
   f  Dividends from related organization(s)
   g  Sale of assets to related organization(s)
   h  Purchase of assets from related organization(s)
   i  Exchange of assets with related organization(s)
   j  Lease of facilities, equipment, or other assets to related organization(s)
   k  Lease of facilities, equipment, or other assets from related organization(s)
   l  Performance of services or membership or fundraising solicitations for related organization(s)
   m  Performance of services or membership or fundraising solicitations by related organization(s)
   n  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   o  Sharing of paid employees with related organization(s)
   p  Reimbursement paid to related organization(s) for expenses
   q  Reimbursement paid by related organization(s) for expenses
   r  Other transfer of cash or property to related organization(s)
   s  Other transfer of cash or property from related organization(s)

2  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SOUTHWEST SOLUTIONS</td>
<td>P</td>
<td>343,329.COST OF SERVICES</td>
<td></td>
</tr>
<tr>
<td>(2) SOUTHWEST SOLUTIONS</td>
<td>C</td>
<td>150,722.CASH VALUE</td>
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</table>
Schedule R (Form 990) 2016  

**Part VI**  Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Schedule R (Form 990) 2016
Part VII  Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Form 8868


Department of the Treasury
Internal Revenue Service

File by the due date for filing your return. See instructions.

Return Code

Enter filer’s identifying number

<table>
<thead>
<tr>
<th>Type of print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SOUTHWEST ECONOMIC SOLUTIONS INC. 46-2252476</td>
<td></td>
</tr>
</tbody>
</table>

File by the due date for filing your return. See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

<table>
<thead>
<tr>
<th>Return Code</th>
<th>Application Is For</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Form 990-T (corporation)</td>
</tr>
<tr>
<td>02</td>
<td>Form 1041A</td>
</tr>
<tr>
<td>03</td>
<td>Form 4720 (other than individual)</td>
</tr>
<tr>
<td>04</td>
<td>Form 5227</td>
</tr>
<tr>
<td>05</td>
<td>Form 6069</td>
</tr>
<tr>
<td>06</td>
<td>Form 8870</td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For

Form 990 or Form 990-EZ
Form 990-BL
Form 4720 (individual)
Form 990-PF
Form 990-T (sec. 401(a) or 408(a) trust)
Form 990-T (trust other than above)

Application for Automatic Extension of Time To File an Exempt Organization Return

MICHICL E. SHERMAN

Telephone No. (313) 481-3103
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 and attach a list with the names and EINs of all members the extension is for.

I request an automatic 6-month extension of time until AUGUST 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

 calendar year or tax year beginning OCT 1, 2016, and ending SEP 30, 2017.

If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| Nonrefundable credits. Enter the tentative tax, less any nonrefundable credits. See instructions. |
|-----------------------------------------------|-----------------------------------------------|
| 3a $ 0. |

If this application is for Forms 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.

<table>
<thead>
<tr>
<th>Refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b $ 0.</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3c $ 0.</td>
</tr>
</tbody>
</table>

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

LHA 12130815 147228 18734-6

2016.06000 SOUTHWEST ECONOMIC SOLUTIONS 18734-61
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning Oct 1, 2016, and ending Sep 30, 2017

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

SOUTHWEST ECONOMIC SOLUTIONS INC.

Employer identification number

46-2252476

Name and title of officer

MICHELLE R SHERMAN

CHIEF OPERATING OFFICER

Part I  Type of Return and Return Information  (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a  Form 990 check here ► X  b  Total revenue, if any (Form 990, Part VIII, column (A), line 12) ........................................ 1b  4,019,904.

2a  Form 990-EZ check here □  b  Total revenue, if any (Form 990-EZ, line 9) ........................................ 2b

3a  Form 1120-POL check here □  b  Total tax (Form 1120-POL, line 22) ........................................ 3b

4a  Form 990-PF check here □  b  Tax based on investment income (Form 990-PF, Part VI, line 5) .................. 4b

5a  Form 8868 check here □  b  Balance Due (Form 8868, line 3c) ........................................ 5b

Part II  Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization’s 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

X I authorize PLANTE & MORAN, PLLC to enter my PIN 42021

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization’s tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

□ As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature ►  Date ►

Part III  Certification and Authentication

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38064313579

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature ► PLANTE & MORAN, PLLC Date 08/15/18

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To The IRS Unless Requested To Do So