990

Speciment of the Treasury Service

Return of Organization Exempt From Income Tax

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

t private foundations) 2016

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Form **990** (2016)

OMB No. 1545-0047

A F	or the	2016 calendar year, or tax year beginning and end	ling		
Вс	heck if	C Name of organization		D Employer identific	eation number
4	opticable:	WESTMINSTER ECONOMIC DEVELOPMENT	j	D Employer rectume	auon number
1	7Address Johange	INITIATIVE, INC.			
+	Name change	Doing business as		20.4	000460
\vdash	Jonange Initial Iretum				230463
<u> </u>	_tretum]Final	,	m/suite	E Telephone number	
	Jretum/	436 GRANT STREET		716-	884-9437
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	1	G Gross receipts \$	680,739 .
<u> </u>	Amende retum			H(a) Is this a group re	turn
L	Applica- Ition pending	F Name and address of principal officer: TOM WARSZAWSKI		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1 T	ax-exer	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
JV	Vebsite	E ► WWW.WEDIBUFFALO.ORG		H(c) Group exemption	,
K F	orm of c	organization: X Corporation Trust Association Other	L Year o		State of legal domicile: NY
Pa	rt I	Summary			
	1 E	riefly describe the organization's mission or most significant activities: WEDI El	MPOW	ERS ECONOMI	CALLY
Activities & Governance	Ī	DISADVANTAGED PEOPLE IN BUFFALO, NY WITH A	PRT	MARY FOCUS	ON THE WEST
'n	2 0	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its not so	OM THE MEST
Ş.	3 N	lumber of voting members of the governing body (Part VI, line 1a)	Or more	unan 20% of its fiet as	
ග ්	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)	• • • • • • • • • • • • • • • • • • • •	3	15
න් ග	5 T	otal number of individuals employed in colonder year 0010 (Det V. III. 0.)	• • • • • • • • • • • • • • • • • • • •	4	15
Ę	6 T	otal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	11
₹	77 - 7	otal number of volunteers (estimate if necessary)	••••••	6	249
Ą	/a :	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	D I	let unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
e	8 (Contributions and grants (Part VIII, line 1h)		230,816.	535,144.
ē		Program service revenue (Part VIII, line 2g)		9,325.	20,306.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95,177.	103,941.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		335,318.	659,391.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,536.	274,078.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g.	ь	otal fundraising expenses (Part IX, column (D), line 25)			
ı M		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		264,070.	264,902.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	····	464,606.	538,980.
	19 F	Revenue less expenses. Subtract line 18 from line 12		-129,288.	120,411.
Net Assets or Fund Balances			Ro	ginning of Current Year	
ajes	20	Fotal assets (Part X, line 16)	De	472,754.	End of Year
Ass	21	Fotal liabilities (Part X, line 26)	·····		1,040,821.
Met	22	Net assets or fund balances. Subtract line 21 from line 20		74,833.	522,489.
		Signature Block		397,921.	518,332.
Ullu	er pena	ties of perjury. I declare that Mave examined this return, including accompanying schedules are	nd statem	ents, and to the best of m	ly knowledge and belief, it is
uue	, correct	t, and complete. Beclaration of preparer (other than officer) is based on all information of which	1 preparer	nas any knowledge.	1
		Signature of officer		0/3	[]
Sig	1			Date	,
Hei	e e	TOM WARSZAWSKI, PRESIDENT			
		Type or print name and title	-		
		Print/Type preparer's name Preparer's signature	N I	Date Check	PTIN
Pai	đ	JAMES M. DUNN, JR.		SI251,7 if self-employ	yed P00029032
Pre	parer	Firm's name LUMSDEN & MCCORMICK LLP		Firm's EIN ▶	16-0765486
Use	Only	Firm's address 369 FRANKLIN STREET			
		BUFFALO, NY 14202		Phone no. (7	16)856-3300
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No

Form	1990 (2016) INITIATIVE, INC. 20-4230463	Page 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. X
		<u>. LANJ</u>
1	Briefly describe the organization's mission:	_
	WEDI EMPOWERS ECONOMICALLY DISADVANTAGED PEOPLE IN BUFFALO, NY WITH	<u>A</u>
	PRIMARY FOCUS ON THE WEST SIDE COMMUNITY.	
	Did the appairation undertake any circlificant apparent applicant during the uppy which ways not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the	₹
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X 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.	
т		
	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	iu
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$162,376. including grants of \$) (Revenue \$)
	WEST SIDE BAZAAR - SMALL BUSINESS INCUBATOR LOCATED IN AN ETHNICALLY	<u> </u>
	DIVERSE NEIGHBORHOOD IN A COMMERCIAL DISTRICT IN BUFFALO, NEW YORK.	
	WESTMINISTER ECONOMIC DEVELOPMENT INITIATIVE (WEDI) IS DEDICATED TO	
	OFFERING MERCHANTS A SAFE, NURTURING, AND AFFORDABLE ENVIRONMENT TO	
	GROW THEIR "GRASSROOTS" BUSINESSES. WEDI IS COMMITTED TO OFFERING	
	CLIENTS BUSINESS COACHING, FINANCIAL MENTORING, LOW INTEREST LOANS,	
	NETWORKING/MARKETING OPPORTUNITIES, AND STEADY CUSTOMER TRAFFIC.	
	120 700	
4b	(Code:) (Expenses \$132,780. including grants of \$) (Revenue \$)
	ECONOMIC DEVELOPMENT - PROVIDES A COMPREHENSIVE MODEL FOR GENERATING	
	WEALTH FOR MOTIVATED INDIVIDUALS THROUGH THE CREATION OR EXPANSION OF	<u>)</u> FA
	SMALL BUSINESS. WEDI'S PROGRAM IS UNIQUE IN ITS ABILITY TO PROVIDE	Α
	BROAD RANGE OF SERVICES, UTILIZING EXISTING COMMUNITY RESOURCES WHEN	
	AVAILABLE, AND MOLD THE PROCESS TO EACH INDIVIDUAL. THIS IS DONE	<u> </u>
	THROUGH MENTORS, WHO WORK WITH CLIENTS INDIVIDUALLY AND THROUGH	
		·
	PARTNERSHIPS WITH LOCAL ORGANIZATIONS. WEDI CAN PROVIDE A RANGE OF	
	SERVICE FROM BASIC FINANCIAL LITERACY TO SPECIALIZED TRAINING AND	
	TECHNICAL ASSISTANCE.	
4c	(Code:) (Expenses \$	306.)
	LOAN FUND - MICRO LOAN PROGRAM OFFERS SMALL, TARGETED LOANS FOR	,
	BUSINESS CREATION OR EXPANSION IN WEDI'S TARGET AREA THAT CAN DIRECT	DT 37
		LLIX
	RESULT IN INCREASED INCOME AND WEALTH GENERATION.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 81,198 including grants of \$) (Revenue \$	
40	Total program service expenses 452,598.	
70_		2016

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			•
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	i		
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	}		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		11,44 1 4 4	3.17
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			х
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124		12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	-	X
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	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
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	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			7.7
07	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			v
00		27		<u>X</u>
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	000		v
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>X</u> X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		-21
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	_	
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_ X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	

Part V

2016) INITIATIVE, INC.
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	:	171	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble 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,			11-11		<u> </u>
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	• • • •		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			٦,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
D	If "Yes," enter the name of the foreign country:					
- -	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		· · · · · · · · · · · · · · · · · · ·	<u>5a</u> 5b		X
b				5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-1? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000, and did the organization have annual gross receipts that are normally greater than \$100,000,000,000,000,000,000,000,000,000			30		
ou	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 contribute			<u> </u>		
_	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			*		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · · · · · · ·		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?	······		7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			1.	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
^	sponsoring organization have excess business holdings at any time during the year?	· · · · · · · · ·		8	. :	
9	Sponsoring organizations maintaining donor advised funds.			0-	ļ	
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a_		\vdash
10	Section 501(c)(7) organizations. Enter:			96		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					1
а	Gross income from members or shareholders	11a		:		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		in e
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a_		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					أعينا
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.				i :	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	ı			<u> </u>
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		 		
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	е O		14b	000	(0040)
	· ·			LOLU	リココリ	(2016)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		11	1
	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.			: .
b	Enter the number of voting members included in line 1a, above, who are independent		::11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
	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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
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.	1 -1111		
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
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	10.0	. *	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1.1	
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Χ_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		14.31	
	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_		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website Upon request X 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	finan	cial	
	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:			
	TERRI ZELASKO - 716-791-5025			
	436 GRANT STREET, BUFFALO, NY 14213			

Form **990** (2016)

Form 990 (2016)

INITIATIVE, INC.

<u>20-4230463</u>

Page 7

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not cl	ss pei	ition more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELIZABETH MITCHELL	2.00									
PRESIDENT		X		X		<u> </u>		0.	0.	0.
(2) DAVID BRAND	2.00								_	_
VICE PRESIDENT		X		X		ļ		0.	0.	0,
(3) JOHN BAUDA	2.00								_	
TREASURER		X		X		<u> </u>	<u> </u>	0.	0.	0,
(4) JOHN F. SISKAR, PHD	2.00									
SECRETARY		X		X			<u> </u>	0.	0.	0.
(5) JOHN GOLDING	2.00	l	ļ				1		_	
DIRECTOR		X	<u> </u>		_	1		0.	0.	0.
(6) HERB COURTNEY	2.00	١.,							_	
DIRECTOR	2 00	X				-	-	0.	0.	0.
(7) STEPHEN ZENGER	2.00	٠,			1					0.
DIRECTOR	2 00	X			 	╁		0.	0.	0,
(8) ZELALEM GEMMEDA	2.00	x						0.	0.	0
DIRECTOR	2.00	┢	-			+	1	0.	<u> </u>	
(9) TOM WARSZAWSKI	2.00	x		Ì	1		i	0.	0.	0
DIRECTOR CONTRACTOR DIPLET	2.00	^	 	-	<u> </u>		1			
(10) DONALD DUDLEY DIRECTOR	2.00	x					Į	0.	0.	0
(11) BARBARA BILLINGS NEAL	2.00			-						
DIRECTOR	2.00	\mathbf{x}			Ì		1	0.	0.	0
(12) REV. DR. THOMAS H. YORTY	2.00				†	1				
DIRECTOR		x					-	0.	0.	0
(13) LOUISE SANO	2.00	T								
DIRECTOR		X		1				0.	0.	0
(14) BONNIE SMITH	2.00									
DIRECTOR		X		L	L			0.	0.	0
(15) EMILY OAKS	2.00									
DIRECTOR		X			1_			0.	0.	0
(16) BENJAMIN BISSELL	40.00]								
EXECUTIVE DIRECTOR				X			_	55,869.	0.	2,700
-		1	1	1	1					

Form **990** (2016)

INITIATIVE, INC.

Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employee	es (continued)			
	(A)	(B)			((C)			(D)	(E)		(F)	
	Name and title	Average	100			itior) than	one	Reportable	Reportable		Estimated	i
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount o	f
		Week	-	cer an	dad	irecto	or/trus	ree)	from	from related		other	
		(list any hours for	ndividual trustee or director]					the organization	organizations		compensati	
		related	eord	tee			sated	Ì	(W-2/1099-MISC)	(W-2/1099-MIS	~)	from the organization	
		organizations	ruste	l trus	ļ	eg g	mpen		(***2/1099*****130)		-	and relate	
		below	dual	Institutional trustee		Key employee	est co oyee	 			1	organizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
											П		
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			<u> </u>			<u> </u>							
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			-										
		L		L	<u> </u>			Ļ	FF 060		<u> </u>	2 70	
	Sub-total								55,869.		<u>0.</u>	2,70	
C	Total from continuation sheets to Part V							•	0.		0.	2,70	0.
<u>d</u>	Total (add lines 1b and 1c)								55,869.	000 - 5		4,70	<i>.</i>
2	Total number of individuals (including but	not limited to tr	iose	IIST6	ea a	DOV	e) wi	no r	eceived more than \$100	,000 от геропавіє)		0
	compensation from the organization								· · · · · · · · · · · · · · · · · · ·			Yes	No
3	Did the organization list any former officer	r director or tri	ieta	a ka		mnl	2000	or	highest compensated a	mplovee on	F.:		
3	line 1a? If "Yes," complete Schedule J for										- 1	3	X
4	For any individual listed on line 1a, is the s										}-	3	22
7	and related organizations greater than \$15	•							•	•		4	X
5	Did any person listed on line 1a receive or										··· -		
Ū	rendered to the organization? If "Yes," cor						-	Ų.u.	organization of mark	10000		5	X
Sec	tion B. Independent Contractors					P							
1	Complete this table for your five highest c	ompensated in	dep	ende	ent d	cont	racte	ors	that received more than	\$100,000 of com	pensa	tion from	
-	the organization. Report compensation for	· ·											
	(A)								(B)			(C)	
	Name and busines	s address	N	ON	E				Description of s	ervices	Co	mpensation	1
·													
								_				•	
2	Total number of independent contractors	-	not l	imite	ed to		_	ste	d above) who received n	nore than			
	\$100,000 of compensation from the organ	nization >					0				<u> </u>	orm 990 (2	
												arm 4401/2	/13 P.N

20-4230463 Form 990 (2016) Page 9 INITIATIVE, INC. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) (B) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 76,966. c Fundraising events 1c 25,000. d Related organizations 1d 97,003. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 336,175. 12,950 g Noncash contributions included in lines 1a-1f: \$ 535,144 h Total. Add lines 1a-1f Business Code 900099 20,306. 20,306. 2 a BUSINESS MICRO LOAN PR Program Service Revenue f All other program service revenue 20,306. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts)_____ Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 83,557 6 a Gross rents 0. b Less: rental expenses Rental income or (loss) 83,557 83,557. Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 76,966. of contributions reported on line 1c). See 30,873. Part IV, line 18 a 21,348. b Less: direct expenses b 9,525. 9,525 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 10,859 10,859. d All other revenue 10,859. e Total. Add lines 11a-11d

659,391.

Total revenue. See instructions.

Part IX | Statement of Functional Expenses

D	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				a sharing the
	individuals. See Part IV, lines 15 and 16	·			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	58,569.	30,807.	10,091.	17,671
_	trustees, and key employees	30,303.	30,007.	10,091.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	182,407.	170,446.	6,727.	5,234
8	Pension plan accruals and contributions (include	102, 107	1/0/110.	0,727.	3,234
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	33,102.	26,420.	4,223.	2,459
10	Payroll taxes	33,1021	20,1200	1/2251	2/100
11	Fees for services (non-employees):				
··	Management				
b					
c	Accounting				
	Lobbying				
е					
f	Investment management fees	•			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	20,274.	12,049.		746
12	Advertising and promotion	8,522.	7,426.		608
13	Office expenses	13,796.	12,113.	522.	1,161
14	Information technology				
15	Royalties				
16	Occupancy	56,572.	53,167.	1,233.	2,172
17	Travel	5,919.	5,162.	466.	291
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 101	1 000	401	1.55
19	Conferences, conventions, and meetings	2,484.	1,837.	481.	166
20	Interest				
21	Payments to affiliates	15 000	16 220	100	004
22	Depreciation, depletion, and amortization	17,233.	16,229.	180.	824
23	Insurance	10,613.		10,613.	
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 0.) CONTRACTED LABOR	37,332.	30,247.	167.	6,918
a	DED. TD. 0. 143 THEBUILDE	28,356.	27,412.	422.	522
b	MD AMODOD MA MITOM	19,195.	19,195.	444.	J 4 4
c d		17,328.	16,913.		415
a e	• • • • • • • • • • • • • • • • • • • •	27,278.	23,175.	2,399.	1,704
25	Total functional expenses. Add lines 1 through 24e	538,980.	452,598.	45,491.	40,891
26	Joint costs. Complete this line only if the organization	330,300.	±34,330.		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 151,889. 442,446. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 106,561 301,336. 3 Pledges and grants receivable, net 3 5,002. 7,403. Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 127,405. 7 206,549. Notes and loans receivable, net 8 8 Inventories for sale or use 16,598. 22,071. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 160,103. 10a b Less: accumulated depreciation 10b 99,087. 65,299. 10c 61,016. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 472,754 1,040,821. 16 16 Accounts payable and accrued expenses 13,249. 7,955. 17 17 18 Grants payable 18 32,143. 140,115. Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 34,735. 369,125. 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 74,833. 522,489. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 270,793. 318,173. 27 Unrestricted net assets 27 127,128. 200,159. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 397,921. 518,332. Total net assets or fund balances 33

1,040,821. Form **990** (2016)

Total liabilities and net assets/fund balances

472,754.

34

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			91.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53	<u>8,9</u>	80.
3	Revenue less expenses. Subtract line 2 from line 1	3_	12	0, 4	11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39	<u>7,9</u>	21.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	51	8,3	32.
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			· · · · · · ·	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	1 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a		#L	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		1111 41	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u>L</u>
			Form	990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WESTMINSTER ECONOMIC DEVELOPMENT

Employer identification number

		INIT	IATIVE, INC	C				<u> 20-4230463 </u>
Pa	rt I	Reason for Public C	Charity Status (A	All organizations must co	mplete thi	s part.) Se	e instructions.	
he	organ	ization is not a private founda	ation because it is: (f	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	ırches, or associatio	n of churches described	in section	n 170(b)(1)(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	n 990 or 99	0-EZ).)		
3	$\overline{\Box}$	A hospital or a cooperative I					i).	
4	一	A medical research organiza					•	ter the hospital's name,
•		city, and state:		,			· · · · · · · · · · · · · · · · · · ·	•
5		An organization operated fo	r the benefit of a col	lege or university owned	d or operat	ed by a go	overnmental unit des	cribed in
•		section 170(b)(1)(A)(iv). (C		, , , , , , , , , , , , , , , , , , , ,	•	, ,		
6		A federal, state, or local gov		nental unit described in «	section 17	O(b)(1)(A)	w).	
	\mathbf{x}	An organization that normal	ŭ			,. ,	• •	eral public described in
•		section 170(b)(1)(A)(vi). (Co	•	mai part of ito support i	ioiii a gov	Jii ii i i i i i i i i i i i i i i i i	arm or from the gorn	oral public accombca in
8	\Box	A community trust describe		1\(\Delta\(\vi\) (Complete Part	E II A			
9	Ħ	An agricultural research org				d in coniu	nction with a land-or	ant college
9		or university or a non-land-g						
		university:	Tarit college of agric	altare (see instructions).	Littor tho	namo, on	, and dialo of the oo	nogo or
10		An organization that normal	ly receives: (1) more	than 33 1/3% of its sur	port from	contribution	ons, membership fee	s, and gross receipts from
10	_	activities related to its exem	-					
		income and unrelated busin	•	•			•	-
		See section 509(a)(2). (Con		(less section of reax) in	om basine	sses acqu	ned by the organizat	ion arter bane oo, 1070.
11		An organization organized a		ively to test for public sa	ifety See	ection 50	19(a)(4)	
12	\vdash	An organization organized a	•	•	•			the purposes of one or
14		more publicly supported org						
		lines 12a through 12d that of						,, o
а		Type I. A supporting orga						v by giving
u	. –	the supported organization	•	·-				
		organization. You must c			z (() ajo() ()	,		
b	. $ abla$	Type II. A supporting orga	•		tion with it	s support	ed organization(s), by	/ having
~		control or management of						
		organization(s). You mus			poroc		and of manage are	очроноч
c	, г	Type III functionally inte			in connect	tion with.	and functionally inted	rated with.
	,	its supported organization	•	= = :				
c	, [Type III non-functionally						nanization(s)
•	• _	that is not functionally int	_					
		requirement (see instructi						
e		Check this box if the orga	•	•				e III
·	. –	functionally integrated, or						
1	f Ent	er the number of supported of		,				
		vide the following information	•					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of moneta	ary (vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	ons) support (see instructions)
				asovo (eco metrochemo)				
		· · · · · · · · · · · · · · · · · · ·						
••								
					<u> </u>			

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Schedule A (Form 990 or 990-EZ) 2016 INITIATIVE, INC.

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

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

Calendar year (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Submert levs from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Tists few pears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
membership fees received. (Do not include any "unusual grants.") 2
144,730. 95,983. 473,493. 230,816. 535,144. 1480166.
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Section B. Total Support Calendar year (or fiscal year beginning in)
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assets (Explain in Part VI.) 4,269. 6,324. 16,232. 4,020. 10,859. 41,704. 11 Total support. Add lines 7 through 10 1793273. 12 Gross receipts from related activities, etc. (see instructions) 12
11 Total support. Add lines 7 through 10 1793273. 12 Gross receipts from related activities, etc. (see instructions) 12
12 Gross receipts from related activities, etc. (see instructions)
/
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)
organization, check this box and stop here
Section C. Computation of Public Support Percentage
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 82.54 %
15 Public support percentage from 2015 Schedule A, Part II, line 14
16a 33 1/3% support test - 2016. 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
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box
and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2016. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 INITIATIVE, INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in					1	
any activity that is related to the						
organization's tax-exempt purpose					1	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-			1			
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				1		
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						·
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)		gund all debiation				
Section B. Total Support		*************************************				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6			1	1		
10a Gross income from interest,						
dividends, payments received on	,	1				
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						·
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business	-	1	 			
activities not included in line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain				 		
or loss from the sale of capital						
assets (Explain in Part VI.)		 	 	 	+	<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)	the even-i-stic-!	o first second +-:	rd fourth as fifth	lay year on a set	ion 501(a)(0) array:	
14 First five years. If the Form 990 is for t	-			-		
check this box and stop here Section C. Computation of Public						P L
15 Public support percentage for 2016 (lir			column (fl)		15	
					15	
16 Public support percentage from 2015 Section D. Computation of Invest					; 10]	
			.		17	
17 Investment income percentage for 201						
18 Investment income percentage from 20						****
19a 33 1/3% support tests - 2016. If the c	·-					
more than 33 1/3%, check this box and	-					
b 33 1/3% support tests - 2015. If the c						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions	▶∟

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in F	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8_		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		<u> </u>
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	_		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	_ 5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6_		
7	Check here if the current year is the organization's first as a non-functionally	y integr	ated Type III supporting orga	ınization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	.
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	·		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u></u>		
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:	+ +1 +1		
а				
b				
С	From 2013			
d	From 2014		1	
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			:
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	distribution of the second		
	Part VI. See instructions	<u> </u>		
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
<u>a</u>				
b	Excess from 2013			
С	Excess from 2014		atarana	
d	Excess from 2015			
е	Excess from 2016	<u> </u>		<u> </u>

Schedule A (Form 990 or 990-EZ) 2016

WESTMINSTER ECONOMIC DEVELOPMENT

Schedule A	(Form 990 or 990-EZ) 2016 .	<u>INITIATIVE, .</u>	INC.		20-4230463 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8;	nation. Provide the exp 2, 3b, 3c, 4b, 4c, 5a, 6, 9a es 2 and 3: Part IV. Sect	lanations required by Par a, 9b, 9c, 11a, 11b, and 1 ion E. lines 1c. 2a. 2b. 3a	t II, line 10; Part II, line 17a or 1c; Part IV, Section B, lines 1 , and 3b; Part V, line 1; Part \ plete this part for any additio	and 2; Part IV, Section C, /. Section B, line 1e; Part V,
	(See instructions.)	· -			
		·	· · · · · · · · · · · · · · · · · · ·		
			 		
					as a
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			·		
-					
					-

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

2016

Name of the organization

Organization type (check one):

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

Employer identification number

20-4230463

Filers of:	:	Section:			
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	•	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

Employer identification number

20-4230463

Part I	Contributors	(See instructions)	. Use duplic	cate copies of	f Part I if a	dditional spa	ace is needed.
--------	--------------	--------------------	--------------	----------------	---------------	---------------	----------------

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WESTMINSTER PRESBYTERIAN CHURCH 724 DELAWARE AVE BUFFALO, NY 14209	\$ 28,403.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MITCHELL, JOCK AND ELIZABETH 59 CLEVELAND AVE BUFFALO, NY 14222	\$ <u>14,953.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMMUNITY FOUNDATION FOR GREATER BUFFALO 726 EXCHANGE ST, SUITE 525 BUFFALO, NY 14210	\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FIRST NIAGARA FOUNDATION 726 EXCHANGE ST, SUITE 900 BUFFALO, NY 14210	\$ <u>15,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	UNITED WAY OF BUFFALO & ERIE COUNTY 742 DELAWARE AVE BUFFALO, NY 14209	\$\$55,266.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CULLEN FOUNDATION 640 ELLICOTT ST BUFFALO, NY 14203	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WESTMINSTER ECONOMIC DEVELOPMENT
INITIATIVE, INC.

Employer identification number

20-4230463

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

		. opass is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ERIE COUNTY YOUTH BUREAU 810 E FERRY ST BUFFALO, NY 14211	\$ <u>13,628</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS FUND 1500 PENNSYLVANIA AVE WASHINGTON, DC 20220	\$ <u>14,475.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	GERALD & BARBARA KELLY 759 BIRD AVE BUFFALO, NY 14209	\$51,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JERICHO ROAD COMMUNITY HEALTH CENTER 184 BARTON ST BUFFALO, NY 14213	\$ <u>26,011.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	OFFICE OF REFUGEE RESETTLEMENT MARY E SWITZER BUILDING, 330 C STREET SW WASHINGTON, DC 20201	\$ 39,474.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	US SMALL BUSINESS ADMINISTRATION 409 THIRD STREET, SW WASHINGTON, DC 20416	\$ <u>20,417.</u>	Person X Payroll

Name of organization
WESTMINSTER ECONOMIC DEVELOPMENT
INITIATIVE, INC.

Employer identification number

20-4230463

Part III Noncash Property (See instructions). Use duplicate copies of Part II if additional spa	pace is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
10 VAN			
		\$11,000.	08/01/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Name of org			Employer identification number
	INSTER ECONOMIC DEVELOPM		00.4020462
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or	20-4230463 in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

Employer identification number 20-4230463

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)		<u> </u>					
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d 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 of	or donor advisor, or for any other purpose o	onferring					
	impermissible private benefit?							
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.					
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	ically important land area					
	Protection of natural habitat	Preservation of a certifi	ed historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form o	f a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements							
b	Total acreage restricted by conservation easements							
	Number of conservation easements on a certified historic str							
d	Number of conservation easements included in (c) acquired		re					
	listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax					
	year -							
	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe							
	violations, and enforcement of the conservation easements							
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing conse	ervation easements during the year					
-	Amount of avanages incurred in monitoring inequating beau	dline of violations, and enforcing concernati						
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ding of violations, and emorcing conservation	on easements during the year					
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170/h	\\/4\\R\\i\					
Ū	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservat							
	include, if applicable, the text of the footnote to the organiza							
	conservation easements.		,o organization o accounting to					
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Otl	her Similar Assets.					
	Complete if the organization answered "Yes" on Forn	· · · · · · · · · · · · · · · · · · ·						
1a	If the organization elected, as permitted under SFAS 116 (As		ent and balance sheet works of art,					
	historical treasures, or other similar assets held for public ex	•						
	the text of the footnote to its financial statements that descr	ribes these items.	, ,					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e							
	relating to these items:	·	,					
	(i) Revenue included on Form 990, Part VIII, line 1		• \$					
2	If the organization received or held works of art, historical tre		gain, provide					
=	the following amounts required to be reported under SFAS 1		- - , ,					
а	Revenue included on Form 990, Part VIII, line 1		> \$					
	Assets included in Form 990, Part X							

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

Schedule D (Form 990) 2016

TNT	TT Z	TVE	TNC
T 1.4 T	$\perp \perp r$	7 T T V L	. TINC.

Par	t III Organizations Maintaining C							-			
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a si	ignificant ι	ise of its o	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d	L	oan or exc	hange progra	ms					
b	Scholarly research	е		Other							
С	Preservation for future generations			-							
4	Provide a description of the organization's co	llections and explain	n how the	ey further t	he organizatio	n's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	=		-	-						
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	ns or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year						l l				
f	Ending balance							•			
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						-]
	t V Endowment Funds. Complete it										
		(a) Current year		ior year	(c) Two years		(d) Three y	ears back	(e) Four	r vears	back
1a	Beginning of year balance	.		· · · · · · · · · · · · · · · · · · ·	,		. ,		····		
b	Contributions						-		•		
c	Net investment earnings, gains, and losses				· · · · ·						
d	Grants or scholarships										
e	Other expenditures for facilities										
C											
	and programs Administrative expenses										
' -			*								
g	End of year balance { Provide the estimated percentage of the curi	ent year and balanc	a (lina 1c	a column (a)) bold as:	L					
2	Board designated or quasi-endowment	ent year end balanc	%	y, column (ajj lielu as.						
a	Permanent endowment	%	_′0								
b		% %									
С	Temporarily restricted endowment										
٥-	The percentages on lines 2a, 2b, and 2c sho	•	ation tha	t ara bald a	ad administs		ha araasi-	otion			
за	Are there endowment funds not in the posse	SSION OF THE ORGANIZA	auon ma	l are rielu a	uiu auriiiiistei	rea ior c	ne organiz	auon		V	N.
	by:								0-0	Yes	No_
	(i) unrelated organizations										<u> </u>
-	(ii) related organizations										
	If "Yes" on line 3a(ii), are the related organiza				·				_3b		<u> </u>
4	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment t	unas.							
ra) Part IV	lino 11a (200 Earm 000	Dort V	line 10				
	Complete if the organization answere				t or other				4 D D	1	
	Description of property	(a) Cost or o basis (investr	4		(other)	٠,	ccumulate preciation	ea	(d) Boo	k valu	е
	Land				· · · · · · · · · · · · · · · · · · ·					-	
b	Buildings										
c	Leasehold improvements			5	9,893.		48,2	53.	1	1,6	40.
d	Equipment				0,210.		50,8			$\frac{1}{9}, \frac{3}{3}$	
	Other						, -		=	<u>- 1 - </u>	
	I. Add lines 1a through 1e. (Column (d) must e		X, colum	nn (B). line	10c.)			ightharpoonup	6	1.0	16.
			,		7						

Schedule D (Form 990) 2016

TN	TTT	ТΔ	TIT	7 F.	TNC
T T/	111	\mathbf{L}	$\mathbf{L} \mathbf{L}$	V E	T11/

	Yes" on Form 990, Part IV, li		
a) Description of security or category (including name of sec	urity) (b) Book value	(c) Method of	f valuation: Cost or end-of-year market valu
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12			
art VIII Investments - Program Relate	d.		
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of	f valuation: Cost or end-of-year market valu
(1)			
(2)			
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13	3.) ▶		
Part IX Other Assets.			
Complete if the organization answered		ne 11d. See Form 99	· · · · · · · · · · · · · · · · · · ·
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			
(9) otal. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		>
(9) otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities.			>
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability			orm 990, Part X, line 25.
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2)		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3)		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
(9) otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4)		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
(9) otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		ne 11e or 11f. See Fo	orm 990, Part X, line 25.
(9) otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	"Yes" on Form 990, Part IV, li	ne 11e or 11f. See Fo	orm 990, Part X, line 25.

INITIATIVE, INC.

Par	Reconciliation of Revenue per Audited Financial State		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				767 311
1	Total revenue, gains, and other support per audited financial statements			1	767,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	9 , , , , , , , , , , , , , , , , , , ,		107,920.		
b	Donated services and use of facilities		107,940.		
C					
d				_	107 020
e	•			2e 3	107,920. 659,391.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	039,391.
4 a		40			
a b					
C				40	0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	659,391.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per		000/201.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		,pococ po.		•
1	Total expenses and losses per audited financial statements			1	646,900.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				010/12001
- а		2a	107,920.		
b	Prior year adjustments		20113201		
c	0.1				
d					
e				2e	107,920.
3	Subtract line 2e from line 1			3	538,980.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• • • • • • • • • • • • • • • • • • • •	***************************************		33073001
а		4a		1411 141	
b					
_				4c	0.
5				5	538,980.
	rt XIII Supplemental Information.	<u>, </u>			000,300,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			+, r ait /,	
				 -,	·
			,		
		-			
					
				· · · -	
					

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. WESTMINSTER ECONOMIC DEVELOPMENT

Employer identification number

INITIATIVE, INC. 20-4230463 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2016

WESTMINSTER ECONOMIC DEVELOPMENT

Schedule G (Form 990 or 990-EZ) 2016 INITIATIVE, INC. 20-4230463 Page Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

20-4230463 Page 2

		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FALL	NONE	(add col. (a) through
- 1				FUNDRAISER		col. (c))
e e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	91,044.	13,664.		104,708.
	2	Less: Contributions	66,800.	10,166.		76,966.
	3	Gross income (line 1 minus line 2)	24,244.	3,498.		27,742.
	4	Cash prizes			<u> </u>	
	5	Noncash prizes			a Practition	
Expenses	6	Rent/facility costs	3,819.			3,819.
Direct E>	7	Food and beverages	6,611.	911.		7,522.
	8	Entertainment				
	9	Other direct expenses		2,108.		9,174.
	10	, , ,			>	20,515.
_	11		line 3, column (d)			7,227.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forr	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 OH FORM 990-EZ, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ver						(-)
æ	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes		·		
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		<u> </u>	
	_					
		nter the state(s) in which the organization cond	_			
		the organization licensed to conduct gaming a				Yes No
ľ) IT	"No," explain:				
	_					
		ere any of the organization's gaming licenses			year?	Yes No
t) If `	"Yes," explain:				
3320	82 1	09-12-18		<u>. </u>	Schedule G (Fo	rm 990 or 990-EZ) 2016

WESTMINSTER ECONOMIC DEVELOPMENT

Sch	nedule G (Form 990 or 990-EZ) 2016 INITIATIVE, INC.	20-42	230	<u>463</u>	Page 3
11			<u> </u>	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		Ш,	Yes	└─ No
13	Indicate the percentage of gaming activity conducted in:	1			
é	a The organization's facility		13a		
ŧ	o An outside facility	L	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and recor-	ds:			
	Name				
	Address				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	☐ No
1	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt			
	of gaming revenue retained by the third party > \$				
(c If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name ►		-		
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
47	Mandatany diatributions:				
17	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent				
	organization's own exempt activities during the tax year ▶ \$				
P	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	art III, lir	ies 9,	9b, 1	Ob, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions				
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WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, Schedule G (Form 990 or 990-EZ) INC. 20-4230463 Page 4 Part IV | Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

Employer identification number 20-4230463

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SIDE COMMUNITY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
EDUCATION, NURTURE, ENCOURAGEMENT, READINESS, AND GROWTH FOR YOUTH
(ENERGY) AND FOCUSED LEARNING FOR YOUTH (FLY) - FOCUS OF THE PROGRAMS
IS TO HELP ENGLISH LANGUAGE LEARNERS (ELLS), SPECIFICALLY STUDENTS WITH
INTERRUPTED FORMAL EDUCATION (SIFE), TO IMPROVE MORE QUICKLY
ACADEMICALLY AND SOCIALLY THAN THEY WOULD WITHOUT ENERGY'S OR FLY'S
INPUT OUTSIDE OF SCHOOL. CHILDREN RECEIVE HOMEWORK AND ACADEMIC
SUPPORT, ENJOY A SHARED FAMILY STYLE MEAL AND GAIN ACCESS TO INDIVIDUAL
ADULT MENTORS AND TUTORS.
EXPENSES \$ 81,198. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE IRS FORM 990 IS REVIEWED IN DETAIL BY THE FINANCE AND ADMINISTRATION
COMMITTEE OF THE BOARD OF DIRECTORS. THE FINANCE AND ADMINISTRATION
COMMITTEE THEN REPORTS AT THE FOLLOWING DIRECTORS MEETING WHERE A COPY IS
AVAILABLE FOR INSPECTION. IF NO MEETING IS SCHEDULED BETWEEN THE
PREPARATION DATE AND THE DUE DATE, THE COMPLETE FORM IS DISTRIBUTED THROUGH
EMAIL TO ALL DIRECTORS FOR COMMENT.
FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST DISCLOSURES ARE SIGNED ANNUALLY BY ALL DIRECTORS AS
WELL AS NEW MEMBERS JOINING THE BOARD DURING INTERIM PERIODS. THIS
PROCEDURE IS A REGULAR AGENDA ITEM AT THE ANNUAL MEETING.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization WESTMINSTER ECOI INITIATIVE, INC	NOMIC DEVELOPMENT	Employer identification number 20-4230463
FORM 990, PART VI, SECTION B,	LINE 15:	
THE EXECUTIVE DIRECTOR'S COMP	ENSATION IS COMPARED TO	OTHER LOCAL
ORGANIZATIONS, SCALED FOR APP	ROPRIATE SIZE, AND ADJU	JSTED ACCORDING TO
PERFORMANCE REVIEWS. ALL OTH	ER EMPLOYEE SALARIES AR	RE AT THE DISCRETION OF
THE BOARD OF DIRECTORS.		<u> </u>
FORM 990, PART VI, SECTION C,	LINE 19:	
DOCUMENTS ARE MADE AVAILABLE	FOR INSPECTIONS AT THE	ADMINISTRATIVE OFFICES.
COPIES CAN BE OBTAINED AT THE	REOUESTING PARTY'S EXF	PENSE.
FORM 990, PART XII, LINE 2C		
THE PROCESS HAS NOT CHANGED F	DOM MUE DDIOD VEXD	
THE PROCESS HAS NOT CHANGED F.	ROM THE PRIOR TEAR.	
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