- Form 990

Hmອການ ໄດ້ໂພນ Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

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

► 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

	roi tile	2014 calen	dar year, or tax year beginning $\exists \mathtt{ul} \ \mathtt{l}$, 2014, and ending	l Jun	30	•	2015
3 (Check if a	pplicable:	C Name of organization COMMUNITY DEVELOPMENT COALITION CORPOR	RATION	D Employ	er identific	ation number
	Addr	ess change	Doing business as		27-	061523	39
	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ute	E Telepho		
	Initia	l return	1501 NORTH MAIN STREET		(90	4) 551	3-7336
	H	retum/terminated	City or town, state or province, country, and ZIP or foreign postal code		1.2.3	, 500	<u> </u>
	X Ame	nded return	JACKSONVILLE FL 32206		G Gross r	eceipts S	522,535.
	H	cation pending		······································	group return		
	₩.		COLIN BINGHAM 1501 NORTH MAIN STREET JACKSONVILLE FL 32206	(b) Are all s	subordinates attach a list. (included?	
	Tax-ex	empt status	X 501(c)(3) 501(c) () 4947(a)(1) or 527	If 'No,' a	attach a list. (see instructi	ons)
-		•		l(c) Group e	exemption nu	mher ►	
		f organization.	X Corporation Trust Association Other ► L Year of formation			State of legal	I domicile FL
		Summar		2003	2 1 1 1 1	nate of legal	Tuomale F.D.
			e the organization's mission or most significant activities: OUR MISSI	ON TS	THE B	FHARTI	T.TTATION
		-	OF PROPERTY TO PROVIDE AFFORDABLE HOUSING, REI				
2			IES, AND PROVIDE OUTREACH AND EDUCATION.	22455	-/		
ᆱ	=						
Activities & governance	2 Č	heck this bo	if the organization discontinued its operations or disposed of more that	an 25% o	f its net as	ssets.	
5	3 N	lumber of vo	ing members of the governing body (Part VI, line 1a)			3	
0			ependent voting members of the governing body (Part VI, line 1b)			4	
≝			of individuals employed in calendar year 2014 (Part V, line 2a)			5	
3			of volunteers (estimate if necessary)			6	
1			d business revenue from Part VIII, column (C), line 12			7a	
+	B N	et unrelated	business taxable income from Form 990-T, line 34			7b	
1			and counts (Dart VIII line 4h)	P1	rior Year		Current Year
			and grants (Part VIII, line 1h)		4,0		279,83
			come (Part VIII, line 2g)	-	90,3	108.	242,70
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c,/10c, and 11e)		-17,7	205	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	 	76,5		522,53
+	13 G	rants and si	milar amounts paid (Part IX, column (A), lines 1-3)	 	70,3	113.	322,33
	14 B	enefits naid	to or for members (Part IX, column (A), line 4)				
1			r compensation, employee benefits (Part IX-column (A), lines 5-10)				144 601
ĝ			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				144,608
Expenses			undraising fees (Part IX, column (A), line 11e)	CF_Y#=2359.6eu		NAME OF STREET	Paragraphical paragraphical
중			ng expenses (Part IX, column (D), line 25)				
-		•	es (Part IX, column (A), lines 11a-11d, 11f-24e)		49,0	15.	306,132
-			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		49,0	15.	450,740
ļ	19 R	tevenue less	expenses. Subtract line 18 from line 12		27,4	98.	71,799
8				Beginnin	g of Curre	nt Year	End of Year
ala			Part X, line 16)		243,7	97.	540,549
	21 T	otal liabilities	(Part X, line 26)		226,6	53.	451,610
2	22 N	let assets or	fund balances. Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·		17,1	44.	88,939
Zai	t II	Signatui	e Block		··········	· · · · · · · · · · · · · · · · · · ·	·
			lare that I have examined this return uncluding accompanying schedules and statements, and to the best or (other than officer) is bayed on all information of which preparer has any knowledge.	of my knowl	edge and be	lief, it is true.	. correct, and
mpl	ete. Decl	aration of prepar	rr (other than officer) is based on all information of which preparer has any knowledge.		-		
		V			5/10/1	7	
ig		Signatu	re of officer	Da .	te		
ler			IN BINGHAM	CHIE	EXEC	UTIVE	OFFICER
			print name and title.				
		Print/Type p	reparer's name Preparer's signature Date		Check	ıf Pī	IN
	d	BRADLE	CY K. DAVIS Brock Com 05/09/1	17	self-employe	ed P	01041981
ai)		-			
		rinnsname	DRVID & DRVID CERTIFIED FOREIC ACCID: F.A.				
	parer Only				Firm's EIN	59-3	3720010
re	parer	- 1			Firm's EIN		8720010 819-1799

Anorma Ritura 929

(Expenses	m services. (Describe in Schedule C \$ include in service expenses	.) Ing grants of \$) (Revenue \$)	
4 d Other progra	m services. (Describe in Schedule C			
				
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	· 			
	. – – – – – – – – – – – – – – – – – – –			
4 c (Code.) (Expenses \$	ıncluding grants of \$) (Revenue \$)
	. – – – – – – – – – – – – – – – – – – –			
	·			
4 b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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KEHWRIT	ITATION AND REVITALIZE	·		
		MT 011 00 0010 MILLED	N IN PROMOTING THE	
		OPERTY TO PROVIDE AFFORDA		
4 a (Code:),740. including grants of \$		535.)
	· - ·			
Section 501(c)(3) and 501(c)(4) organizations are, if any, for each program service rep	required to report the amount of grants an	d allocations to others, the total expenses,	
4 Describe the	organization's program service acco	omplishments for each of its three largest or	ogram services, as measured by expenses.	
	nization cease conducting, or make : ribe these changes on Schedule O.	significant changes in how it conducts, any p	orogram services? Yes	X No
	ribe these new services on Schedule			_
				X No
		ogram services during the year which were		
COMMONT	TIES, AND PROVIDE OUT	REACH AND EDUCATION.		
		DE AFFORDABLE HOUSING, RE	DEVELOP/REVITALIZE	
	SION IS THE REHABILITA	·		
1 Briefly descr	ibe the organization's mission:			
	-	-		[
Hankilli Jiai	ement of Program Service	COALITION CORPORATION Accomplishments	27-0615239	raye z
Pantill Stat		COALITION CORPORATION	2/-001/1/19	Page 2

Form 990 (2014) COMMUNITY DEVELOPMENT COALITION CORPORATION Partive Checklist of Required Schedules

Market .			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	ı <u>.</u>	Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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		Х
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	× 3000 00	Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part VIII	11 c	Х	
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	i	Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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		X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	-	Х
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	complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	ļ	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Pa	Checklist of Required Schedules (continued)		<u>·</u>	ugo -
[n. 242.			Yes	No
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		х
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		Х
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		х
24;	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 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		Х
l	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	•	230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26	х	
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	27		X
	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).			
á	A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a		Х
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	of 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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		X

Form 990 (2014)

1 a Enter the number reported m Box 3 of Form 1096. Enter 0- If not applicable 1 a 2 b 6 Enter the number of Forms W-SG included in Ins 1a. Enter 0- If not applicable 1 b 0 c 10 id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize winnes? 2 a Enter the number of amplyees reported on Form W-3, Transmittal of Wage and Tax State- ments, filled for the calendar year ending with or within the year covered by this return 2 a 0 c 1 b 1 at least one is reported on the 2,0 dit the organization file all required federal employment tax returns? 2 b 1 o 1 b 1 at least one is reported on the 2,0 dit the organization file all required federal employment tax returns? 2 b 1 o 1 b 1 at least one is reported on the 2,0 dit the organization flaval interprited federal employment tax returns? 3 a 1 o 1 b 1 organization have unrelated business gross income of \$1,000 or more during the year? 3 a 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1 o 1		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	· · ·	$\cdot \square$
b Enter the number of Forms W-25 included in line 1s. Enter 0-f not applicable . De Cold the organization comply with backsy withholding rules for reportable payments to vendors and reportable gaming (gambling) writings to finite with backsy withholding rules for reportable payments to vendors and reportable gaming (gambling) writings to finite with a cold of the organization flow and the spear covered by this return. 2 a Enter the number of enologies exported on Form W-3, Transmittal of Wage, and Tax State. 3 b If at least one is reported on line 2s. did the organization flow all required federal employment tax returns? 2 b Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 b Did the organization have unleaded business gross incrine of \$1,000 or more dump the year? 3 b Did with a standard payment of the organization have an interest in, or a signature or other authority over, a 4 a X any time duming the calendar year, did the organization have an interest in, or a signature or other financial accounty? 4 b If Yes, a finite the name of the foregro pountry. 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 a Does the organization on party to a prohibited tax sheller transaction at any time during the tax year? 5 a Does the organization organization file form 8869-17 5 a Does the organization organization flie form 8869-17 5 a Does the organization organization flie form 8869-17 5 a Does the organization organization flie form 8869 at the organization mouled with every socilitation on oxygenization flie form 8202 and 92 a				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and epotable gamming (gambling) winnings to prace womens? 2 a Eater the number of employees reported on Form W.3. Transmitted of Wage and Tax Static ments, face for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2a is greater than 250, you may be required to derival employment tax returns? 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If Yes's has sitied a Form 990-T to the year? If Ye's line 1b, provide an explanation in Schedule 0. 3 A Exploration of the provided or organization have an interest in, or a signature or other authority over, a financial account in a foreign country? 3 A Exploration of the foreign country? 5 A Was the organization or a part of the foreign country? 5 B Was the organization or foreign country? 5 B Was the organization or apart to a prohibited tax shelter transaction? 5 B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization actic any contributions that the organization that it was or is a party to a prohibited tax shelter transaction? 5 B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization actic any contributions that ever not tax deductible as charactels contributions? 6 B Was deviced the organization in the very solicitation an express statement that such contributions or gifts were not tax deductible as charactels contributions? 6 B Was deviced the organization in the very solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 D Was deviced the organization in the very solicitation and explanation of the very		· · · · · · · · · · · · · · · · · · ·			
(gambing) winnings to price winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on in eta, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business greater significant of the commentary of the co	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]	1 1
ments, fleet for the calendar year ending with or within the year covered by this return 2.3 0 1 1 1 1 1 1 1 1 1	С		1 c		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X b if Yes hes it flied a Fom 990-T for this yea? If Ye's in him 2h, pronde an explanation in Schedule 0. 3 b If Yes, and the common of the common of the foreign country to the florance of the common of the florance of the foreign country to the florance of the florance	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 0			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 a Did vers has filled a Form 990-1 for this year? If Not 10 are 3p, provide an explanation as Schedule 0. 5 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 a Was the organization for fine foreign country. 5 a Was the organization of the foreign country. 5 a Was the organization of the foreign country of the property of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization of the organization that it was or is a party to a prohibited that sheller transaction? 5 b X of If Yes; to the 5a or 5b, did the organization file Form 8868-7? 5 c C a Desi the organization and include with every solicitation an express statement that such contributions or gifts were not tax deductible at an enemality greater than \$100,000, and did the organization and include with every solicitation an express statement that such contributions or gifts were not tax deductible as a charitable contributions? 6 a Desire the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as a charitable contributions? 6 c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payon? 7 a X organizations that may receive deductible contributions under section 170(c). 8 bif Yes, did the organization notify the donor of the value of the goods or services provided? 7 bif Yes, did the organization notify the donor of the value of the goods or services provided? 7 c Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 c Did the organization receive any funds, directly or indirectly, to pay preniums on a personal benefit contract? 7 c Did the organization re	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
b If Yes; has a flied a Form 990-T for this yea? If Not to line 30, provide an explanation in Schedule 0. 4 a At any time during the collendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country! 5 if Yes; enter the name of the foreign country! 5 a Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that was or is a party to a prohibited tax shelter transaction? 5 b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on a payment in excess of \$75 methods and the party of a contribution of the value of the goods or services provided? 7 organizations that may receive deductible accordination and party for goods and services provided to the payor? 8 If Yes, indicate the number of Forms 8022 flied during the year. 9 If Yes, indicate the number of Forms 8022 flied during the year. 9 If Yes, indicate the number of Forms 8022 flied during the year. 9 If		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bink account, ecounties account, or other financial accounts)? See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial accounts (FBAR) 5 at Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 at Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5 at Yas to line 5 aor 55, did the organization file Form 8886-7? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross receipts that are normally greater than \$100,000, and did the organization of tax deductible as charitable contributions or gifts were not tax deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 2 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 bif "Yes," did the organization notify the donor of the value of the goods or services provided? 7 bif "Yes," indicate the number of Forms 8222 filed during the year 6 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 c X 7 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 t X 9 f The organization receive any funds, directly or indirectly, on a personal benefit contract? 7 t X 9 f The organization in the payor organization in maintaining donor advised funds. 9 John the organization in the payor organization in maintaining donor advised funds. 10 d He payor organization in the payor orga	3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
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Form 990 (2014) COMMUNITY DEVELOPMENT COALITION CORPORATION 27-0615239 Page 6 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 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 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 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 Х Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 h Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х 13 Х 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a X Х 15 b 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? . 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public dunna the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

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Form 990 (2014) COMMUNITY DEVELOPMENT CO	OALITI	ON CORPORATION		27-06152	39 Page 7
RankVIII Compensation of Officers, Directo Independent Contractors	rs, Tru	stees, Key Employe	es, Highest C	ompensated Er	nployees, and
Check if Schedule O contains a response or n	note to an	y line in this Part VII	. <i></i>		
Section A. Officers, Directors, Trustees, Ke	y Emp	loyees, and Highest	Compensate	d Employees	
 1 a Complete this table for all persons required to be listed organization's tax year. • List all of the organization's current officers, director compensation. Enter -0- in columns (D), (E), and (F) if no compensation. 	s, trustee	es (whether individuals or o			
• List all of the organization's current key employees,	if any. Se	e instructions for definition	n of 'key employee	.'	
 List the organization's five current highest compensation (Box 5 of Form W-2 organization and any related organizations. 					
 List all of the organization's former officers, key emp of reportable compensation from the organization and any 			employees who re	ceived more than \$1	000,00
 List all of the organization's former directors or trus organization, more than \$10,000 of reportable compensation. 					
List persons in the following order: individual trustees or dii employees, and former such persons.	rectors, ir	nstitutional trustees; officei	rs; key employees,	highest compensate	:d
Check this box if neither the organization nor any relate	ed organı	zation compensated any o	current officer, dire	ctor, or trustee.	
		(C)			
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee) Q	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization

(A) Name and Title	(B) Average hours per			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other				
	week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEBORAH PASS-DURHAM PRESIDENT	1.50	x						0.	0.	0.
(2) DOUGLAS ANDERSON VICE-PRESIDENT	0.50	x						0.	0.	0.
(3) ANTJUAN WILLIAMS SECRETARY	0.25	х						0.	0.	0.
(4) COLIN BINGHAM	40.00			х				111,500.	0.	0.
(5)										
(6)										
_(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

(A) Name and title	(B) Average hours per	(do	Posi neck is per	tion more			(D) Reportable compensation from	(E) Reportable compensation from	(F	i)	
	week (list any hours for related organiza - tions below dotted line)	or director	- -	_		Highest compensated employee		the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount o compens from organiz and rel organiz	sation the ation ated
(15)											
(16)											
(17)				i			-	-	-		
(18)					_						
(19)				i							
(20)		-									
(21)											
(22)											
(23)										-	
(24)										1	
(25)											
1 b Sub-total	tion A						• • •	111,500.	0.		0.
d Total (add lines 1b and 1c)							ive	111,500. I more than \$100,0	0 . 000 of reportable con	·	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such										. 3	es No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	than \$150,	000?	If Ye	on a	and comp	other olete	cor Sch	mpensation from nedule J for		. 4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compensat	ion fr	om a							5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensi	ated indepe	enden	t con	trac	tors	that	rece	eived more than \$1	100.000 of		
compensation from the organization. Report comp (A) Name and business add		rtne	caler	nuar	yea	ar end	aing	(B) Description of		(C) Compens	ation
							_				
2 Total number of independent contractors (includin	g but not lir	nited	to the	ose	liste	ed ab	ove) who received mo	re than		
\$100,000 of compensation from the organization	<u> </u>	TEFAC	100	02/0	2/15		_			Form 90	0 (2014)

		Check if Schedule O contains a	response or note to any l	ine in this Part VIII .		<u> </u>	<u>L</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	2 1 :	a Federated campaigns	1 a				312-314
Gra	3 1	b Membership dues	1 b				
is, C	[·	Fundraising events	1 c				
Signal Signal	<u> </u>	d Related organizations	1 d	7			1
S, i	•	Government grants (contributions)	1 e				1
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions, gifts, grants, and similar amounts not included above	1f 279,830.				
o it	; <u> </u>	Noncash contributions included in lines 1a	-1f \$ 223.034.				
<u>පි</u> දි	1	Total. Add lines 1a-1f		279,830.			
Ę		-	Business Code	2,7,030.			
Program Service Revenue	2 a	PROJECT INCOME	900099	242,705.	242,705.	0.	
æ	Ł			212/100.	242,703.		0.
Ę.	0	;					
Sen	0	1					
Ē	e	·					
ge	f	All other program service revenue					
F		Total. Add lines 2a-2f		242 705			
	3	Investment income (including divide		242,705.			
	-	other similar amounts)	· · · · · · · · · · · · · · · ·		[
	4	Income from investment of tax-exe					
	5	Royalties					
		(i) Re					
	6 a	Gross rents			' <u>'</u>		
	1	Less: rental expenses				i	
		Rental income or (loss)			ł		
		Net rental income or (loss)					
	1	(1) 0		 ,			
	/ a	Gross amount from sales of assets other than inventory	(II) Outer				
							
	b	Less cost or other basis and sales expenses					
	_	Gain or (loss)					
		· · · · · · · · · · · · · · · · · · ·					
	1	Net gain or (loss)					
enne	8 a	Gross income from fundraising ever (not including\$	1				
ě		of contributions reported on line 1c)					
Other Rever		See Part IV, line 18		,		1	
뀵		Less: direct expenses		····			
0		Net income or (loss) from fundraising					
		Gross income from gaming activities See Part IV, line 19	· · a				
		Less: direct expenses					
	С	Net income or (loss) from gaming a	ctivities				
		Gross sales of inventory, less return and allowances	. a				
		Less: cost-of-goods sold-					
	С	Net income or (loss) from sales of in	ventory ▶				
ļ		Miscellaneous Revenue	Business Code				
ľ	11 a						
l	b						
ŀ	С						
- 1	d	All other revenue					
- 1	e	Total. Add lines 11a-11d					
_ ·		Total revenue. See instructions		522,535.	242 705		
BAA				J44, J35.	242,705.	0.1	0.

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Part IX | Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135,333.	135,333.	0.	0.
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				
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,275.	9,275.	0.	0.
11 Fees for services (non-employees)				
a Management	29,428.	29,428.	0.	0.
b Legal				<u> </u>
c Accounting	1,856.	1,856.	0.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17 .				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion	5,672.	5,672.	0.	0.
13 Office expenses	2,647.	2,647.	0.	0.
14 Information technology			 	
15 Royalties				
16 Occupancy	5,497.	5,497.	0.	0.
17 Travel	8,130.	8,130.	0.	0.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	730.	730.	0.	0.
20 Interest	34,024.	34,024.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,815.	6,815.	0.	0.
 23 Insurance 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 	3,466.	3,466.	0.	0.
expenses on Schedule O.)				
a BANK SERVICE CHARGES	445.	445.	0.	0.
b DUES_AND_SUBSCRIPTIONS	726.	726.	0.	0.
C LICENSES AND PERMITS	925.	925.	0.	0.
d <u>meals</u>	2,400.	2,400.	0.	0
e All other expenses	203,371.	203,371.	0.	0.
25 Total functional expenses. Add lines 1 through 24e	450,740.	450,740.	0.	0.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
SOP 98-2 (ASC 958-720)	TEEA0110 05/			Form 990 (2014

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
\neg	1	Cash — non-interest-bearing	42,183.	1	66,195.
	2	Savings and temporary cash investments	12,103.	2	
	3	Pledges and grants receivable, net		3	
ł	4	Accounts receivable, net	6,000.	4	125.
	-		0,000.	 	125.
j	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6	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 instructions). Complete Part II of Schedule L		6	
<u>ي</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
∀∀	9	Prepaid expenses and deferred charges		9	3,633.
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
ļ	b	Less accumulated depreciation 10b 6,966.	1,922.	10 c	273,476.
j	11	Investments – publicly traded secunties		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11	193,052.	13	196,542.
	14	Intangible assets		14	220/0101
	15	Other assets. See Part IV, line 11	640.	15	578.
ł	16	Total assets. Add lines 1 through 15 (must equal line 34)	243,797.	16	540,549.
Ī	17	Accounts payable and accrued expenses	378.	17	22,246.
-	18	Grants payable		18	
	19	Deferred revenue		19	35,000.
ļ	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	6 004	22	
	23	Secured mortgages and notes payable to unrelated third parties	6,994.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	219,281.	24	394,364.
ļ	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	
Í	26	Total liabilities. Add lines 17 through 25	226 652	26	4E1 C10
+		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete	226,653.	-	451,610.
8		lines 27 through 29, and lines 33 and 34.			÷ .
힏	27	Unrestricted net assets	17,144.	27	00 020
흥	28	Temporarily restricted net assets	1/,144.	28	88,939.
8	29	Permanently restricted net assets		29	
Ĕ	2.5	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
Net Assets or Fund Balances		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>ē</u> [33	Total net assets or fund balances	17,144.	33	88,939.
	_34	Total liabilities and net assets/fund balances	243,797.	34	540,549.

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Form 990 (2014)

Forn	n 990 (2014) COMMUNITY DEVELOPMENT COALITION CORPORATION 2	7-06	15239		Pa	ige 12
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. [
1	Total revenue (must equal Part VIII, column (A), line 12)	$\neg \top$	1	57	22,5	35.
2	Total expenses (must equal Part IX, column (A), line 25)		2			740.
3	Revenue less expenses. Subtract line 2 from line 1	. [3		71,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. [4		17,1	
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities	. [6			
7	Investment expenses		7			
8	Prior period adjustments	$\cdot \square$	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. [9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B)).	· 11	0		38 , 9	<u> 139.</u>
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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					
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	n a				
	Separate basis Consolidated basis Both consolidated and separate basis					
ŧ	b Were the organization's financial statements audited by an independent accountant?			2 Ь	Ì	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				-	
ď	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin- Audit Act and OMB Circular A-133?	· · ·		3 a		х
k	$_{ m 0}$ If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require			1 1	}	İ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u> </u>	3 b		
BAA				Form	990 (2	20141

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

	NITY DEVELOPMENT CO					27-061523				
Part I	Reason for Public Cha					oart.) See instruction	ns.			
The orga	anization is not a private foundat			•	•					
1	A church, convention of church	hes, or association of o	churches described in se	ction 17	<mark>'</mark> 0(b)(1)(A)(i).				
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)							
3	A hospital or a cooperative ho	spital service organiza	tion described in section	170(b)	(1)(A)(iii).				
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's									
_	name, city, and state.									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local gover									
7 <u>×</u>	⊣ in section 170(b)(1)(A)(vi). ((Complete Part II.)		governr	nental u	nit or from the general pi	ublic described			
8 _	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II.)							
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	An organization organized and	operated exclusively	to test for public safety	See sec t	tion 509	(a)(4).				
11	An organization organized and or more publicly supported orgunes 11a through 11d that des	ianizations described ii	n section 509(a)(1) or s	ection 5	09(a)(2)	See section 509(a)(3).	rposes of one Check the box in			
a	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	egularly appoint or elec	ed, or controlled by its s it a majority of the direct	upported ors or tru	l organız ıstees of	ation(s), typically by givi the supporting organiza	ng the supported tion. You must			
b [Type II. A supporting organiza management of the supporting must complete Part IV, Secti	tion supervised or con organization vested in	trolled in connection with the same persons that	n its supp control o	orted or or manag	rganization(s), by having ge the supported organiz	control or ation(s). You			
c [Type III functionally integrat organization(s) (see instruction	ed. A supporting orgarns). You must comple	nization operated in conr ete Part IV, Sections A,	ection w D, and E	/ith, and ≣.	functionally integrated w	ith, its supported			
d [Type III non-functionally inte functionally integrated. The org instructions) You must comp	ganızatıon generally mi	ust satisfy a distribution	connect requirem	ion with ient and	its supported organization attentiveness require	n(s) that is not ment (see			
e [Check this box if the organizat integrated, or Type III non-fund	ctionally integrated sup	porting organization.	RS that is	s a Type	I, Type II, Type III functi	onally			
-	nter the number of supported org	•								
g P	rovide the following information a	about the supported or	ganization(s)							
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organizati in your go docun	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
<u> </u>										
<u>(B)</u>			-		<u> </u>					
(C)				ļ						
(D)										
<u>(E)</u>				 						
Total		<u></u>								
BAA Fo	or Paperwork Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (For	n 990 or 990-EZ) 2014			

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

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

Sec	tion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	0.	0.	0.	4,000.	279,830.	283,830.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.			0.
4	Total. Add lines 1 through 3	0.	0.	0.	4,000.	0. 279,830.	283,830.
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)				,		156,934.
6	Public support. Subtract line 5 from line 4 · · · · · · · · · · · ·						126,896.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	0.	0.	0.	4,000.	279,830.	283,830.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.	0.	0.	0.	0.	0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,000.	8,165.	1,688.	90,308.	242,705.	344,866.
11	Total support. Add lines 7 through 10			*		,	628,696.
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	344,866.
13	First five years. If the Form 990 is organization, check this box and s	s for the organization	on's first, second, th	nird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pu						
14	Public support percentage for 201	• •	•	, , , ,			20.18%
15	Public support percentage from 20	013 Schedule A, Pa	art II, line 14			15	%
16 a	33-1/3% support test — 2014. If and stop here. The organization of	the organization di qualifies as a public	d not check the box ly supported organ	c on line 13, and th	ne line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test — 2013. If t and stop here. The organization of	he organization did qualifies as a public	I not check a box o cly supported organ	n line 13 or 16a, a nization	nd line 15 is 33-1/	3% or more, check	this box
17-a	n-10%-facts-and-circumstances to or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exc	olain in Part VI how	_
	organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	circumstances' tes t The organization	t, check this box a qualifies as a pub	nd stop here. Exp licly supported org	olain in Part VI how janization	the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this bo	and see instructio	ons ▶ [
					0-1	andula A (Form 99)	0 000 ETV 0044

Page 3

Partill® Support Schedule for Organizations Described in Section 509(a)(2)

	•	· / · /
(Complete onl	y if you checked the box on line 9 of Part I o	or if the organization failed to qualify under Part II If the organization fails
to qualify unde	r the tests listed below, please complete Pa	art (I)

Sec	tion A. Public Support		·	-				
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include		(0,000			(0, 20.		()
	any 'unusual grants.')							
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	: Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)	1						
Sec	tion B. Total Support					-		
Calen	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
t	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 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)							
13	Total support. (Add lines 9, 10c, 11 and 12)							
14	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu							
15	Public support percentage for 2014	4 (line 8, column (f	divided by line 13	3, column (f))			15	
16	Public support percentage from 20	113 Schedule A. Pa	art III, line 15				16	
	tion D. Computation of Inv	estment Incor	ne Percentage					<u> </u>
17	Investment income percentage for))		17	%
18	Investment income percentage fro	·		•	* *		18	9
	a 33-1/3% support tests – 2014. If							
	is not more than 33-1/3%, check to 33-1/3% support tests — 2013. If	nis box and stop h	ere. The organiza	tion qualifies as a j	publicly supported	organızation		▶ │
•	line 18 is not more than 33-1/3%,	check this box and	stop here. The o	rganization qualifie	s as a publicly sup	ported organ	nization .	▶ □
				19a, or 19b, check				

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	tion A. All Supporting Organizations		Yes	No
			res	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	1		
	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	1		<u> </u>
_	Did the constraint beautiful from the constraint of the constraint	1		
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	ł		1
	described in section 509(a)(1) or (2)	2		
	35551354 II COSIGN, 505(2)(1) 51 (2)	- -		├
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
•	and (c) below	3a		1
1	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	} }		i
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization			
	made the determination	3b		
		İ		
•	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			
	purposes in res, explain in Fart vi what controls the organization put in place to ensure such use	3c		
4 :	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and If you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	If you checked Tra or Tru III Fait I, answer (b) and (c) below	- 4 a		
		1		ĺ
	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			1
	or supervised by or in connection with its supported organizations	4b		
	of capervices by or an elementary with the supported organizations.			
	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	ļ		
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes, answer (b)			l
	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			ĺ
	organization's 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)	5a		1
	o 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?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	i l		
·	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one	i i		ł
	or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of			i
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1		(
	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
	regard to a substantial contributor. If res, complete rail for schedule L (Form 990)	<u></u>		
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)	8		
9 :	a 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	9a		
	" ros, portas actar m. act vi	9a		ļ
1	Did.one.or.more.disqualified-persons-(as-defined-in-line-9(a)) hold-a-controlling interest in any entity in which the			
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
		ļ		
(c Did a disqualified person (as defined in line 9(a)) 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	0.5		
	assets in which the supporting organization also had an interest: if Tes, provide detail in Fart VI	9c		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding]		
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			ļ
	answer (b) below	10a		<u> </u>
	Pid the erganization have any everes hypiness heldings in the levels 20 Miles October 1 C. C. (200.)			1
,	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.)	10b		

	•			
	edule A (Form 990 or 990-EZ) 2014 COMMUNITY DEVELOPMENT COALITION CORPORATION 27-06152	39	F	age 5
Pa	rt IV Supporting Organizations (continued)			1
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	ļ		ļ
	governing body of a supported organization?	11a	<u> </u>	<u> </u>
	b A family member of a person described in (a) above?	11b		<u> </u>
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	<u> </u>	
Sec	ction B. Type I Supporting Organizations			
_		.—	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in	Ì		
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove			1
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year	1_		-
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such		ł	
	benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the			
	supporting organization	2	<u> </u>	<u>!</u>
Sec	ction C. Type II Supporting Organizations		T.,	T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the			<u> </u>
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	<u> </u>	<u> </u>
Sec	ction D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			<u> </u>
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		ļ
3		ŀ		
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard	3		<u> </u> _
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction:	:)•		
		<i>y</i> -		
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported	İ		ł
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>	<u> </u>	ļ
	substantially all of its activities	_ 2a	ļ	↓
	b .Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of		 	
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			<u> </u>
	organization's involvement	2b		
•	Perent of Supported Organizations, Answer (a) and (b) helew			
3	2			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a	1	-

	•			
Sche	dule A (Form 990 or 990-EZ) 2014 COMMUNITY DEVELOPMENT COALITION	CORP	ORATION 27-063	5239 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ıniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	lovem tions A	ber 20, 1970. See instruc A through E	ctions. All
Sec	tion 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		
Sec	tion B – Minimum Asset Amount		(A) Pnor 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):			
а	Average monthly value of securities	1 a		
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
c	Total (add lines 1a, 1b, and 1c)	1 d		
6	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		<u> </u>
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)	6		
	Multiply line 5 by .035	7		
- 7 -8	Minimum Asset Amount (add line 7 to line 6)	8		
<u> </u>	tion C — Distributable Amount	10		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		
	The state of the s		<u> </u>	

TEEA0406 07/18/14

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizati	ons,	
3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor 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 Part VI). See instructions.	on is responsive (provi	de details	10
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
	Breakdown of line 7.			
а		<u> </u>		
b		·	 	
C				
d	Excess from 2013			
e	Excess from 2014			
BAA			Schodula A /For	m 990 or 990-EZ) 2014

Part VII Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Pt II Ln 10

Other Income Part II, Line 10 Description: PROPERTY DEMOLITION/REHABILITATION SERVICES 2010: 2000. 2011: 8165. 2012: 1688. 2013: 90308. 2014: 242705.

Pt II Ln 17a

THE ORGANIZATION MEETS THE FACTS AND CIRCUMSTANCES TEST BY REACHING OUT TO THE GENERAL PUBLIC, COMMUNITY ORGANIZATIONS AND GOVERNMENTAL UNITS FOR DONATIONS OF PROPERTY AND FUNDS TO PROVIDE AFFORDABLE HOUSING, COMMUNITY REDEVELOPMENT AND EDUCATION ON AN ONGOING BASIS. SUPPORT COMES FROM BANKS, LOCAL GOVERNMENTS AND OTHER ORGANIZATIONS. THE ORGANIZATION THEN REHABILITATES THE DONATED/FORECLOSED PROPERTIES WHICH PROVIDE AFFORDABLE HOUSING FOR LOW INCOME PERSONS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number COMMUNITY DEVELOPMENT COALITION CORPORATION 27-0615239 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . . . 2 Aggregate value of grants from (dunng year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered 'Yes' to Form 990. Part IV. line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

▶\$

			ION CORPORATION	27-061		Page 2
Pantill Organizations Mainta	aining Collec	ctions of Art, Hist	orical Treasures, or	Other Similar Ass	ets (continu	ıed)
 Using the organization's acquisition items (check all that apply) 	on, accession, ai	nd other records, check	any of the following that a	are a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other	·			
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIII.	ization's collecti	ons and explain how the	ey further the organization	i's exempt purpose in		
5 During the year, did the organizat to be sold to raise funds rather that	an to be maintair	ned as part of the orgar	ization's collection?		Yes	No
Escrow and Custodia line 9, or reported an a	al Arrangem amount on Fo	ents. Complete if to orm 990, Part X, lin	he organization ansv e 21.	vered 'Yes' to Form	990, Part IV	/,
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian, o	r other intermediary for	contributions or other ass	ets not included	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIII and c	complete the following ta	able [.]			
					Amount	
c Beginning balance				. 1c		
d Additions during the year				. 1 d		
e Distributions during the year				. 1 e		
f Ending balance		<i></i>		. 1f	-	
2 a Did the organization include an ar	mount on Form 9	990, Part X, line 21, for	escrow or custodial accou	nt liability?	Yes	No
b If 'Yes,' explain the arrangement in	n Part XIII. Ched	ck here if the explanatio	n has been provided in Pa	art XIII	 [
Part V Endowment Funds.	Complete if the	ne organization ans	wered 'Yes' to Form	990, Part IV, line 10		
	(a) Current ye	ear (b) Pnor yea	r (c) Two years back	(d) Three years back	(e) Four year	s back
1 a Beginning of year balance			1			
b Contributions						
c Net investment earnings, gains, and losses						-
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the current v	ear end balance (line 1	g, column (a)) held as.	'	'	
a Board designated or quasi-endow	-	8	g, column (=/, mole de.			
b Permanent endowment						
c Temporarily restricted endowmen		o.				
The percentages in lines 2a, 2b, a						
•	•	•				
3 a Are there endowment funds not in organization by:	the possession	of the organization that	t are held and administere	ed for the	Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations						
b If 'Yes' to 3a(ıı), are the related or					3a(ii)	┼
• • • • • • • • • • • • • • • • • • • •		•		• • • • • • • • • • • • • • • • • • • •	. 3b	.l
4 Describe in Part XIII the intended			unas.			
Land, Buildings, and Complete if the organi			990, Part IV, line 11a	. See Form 990, Pa	rt X, line 10	
Description of property	(4	a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land	<u> </u>		69,832.		69	,832.
b -Buildings			182,932.	4,071.	178	,861.
c Leasehold improvements						
d Equipment	[11,180.	1,545.	9	,635.
e Other			16,498.	1,350.		,148.
Total. Add lines 1a through 1e. (Column	n (d) must equal	Form 990, Part X. colu				,476.
BAA					ule D (Form 99	

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Schedule D (Form 990) 2014 COMMUNITY DEVELOPME	NT COALITION C	ORPORATION	27-0615239	Page
Part VII Investments — Other Securities. Complete if the organization answered 'Y		Part IV, line 11b. See I	Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate	on Cost or end-of-year market v	/alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)		ļ		
(C)				
(D)		ļ		
(<u>E</u>)				
(F)		<u> </u>		
(G)				
(H)				
(I)		 	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIII Investments — Program Related.		<u> </u>		
Complete if the organization answered 'Y	es' to Form 990, F	Part IV, line 11c. See F	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value		n: Cost or end-of-year mark	
(1) PROPERTY UNDERGOING REHABILITATION	196,542.	FMV		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	106 540			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)► Part IX Other Assets.	196,542.	<u> </u>		
Complete if the organization answered 'Y	es' to Form 990, F	Part IV, line 11d. See f	Form 990, Part X, line	15.
(a) Desi	cription		(b) Boo	k value
(1)	··			
(2)				
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B), lir	ne 15.)	<u> </u>	· · · · · •	
Part X Other Liabilities.	m 000 Dod IV line 1	10 0r 116 Coo Earm 000 E	and V. San OF	
Complete if the organization answered 'Yes' to Formula (a) Description of liability	(b) Book value	1e or 111. See Form 990, F	an A, line 25	
(1) Federal income taxes	(b) Book Value			
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(10)				
(11)				
				

Schedule D (Form 990) 2014 COMMUNITY DEVELOPMENT COALITION CORPORATION	27-0615239	Page 4
Part XI & Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	! ! !	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)		
C Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

BAA

Schedule D (Form 990) 2014

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

2014

OMB No 1545-0047

Department of the Treasury

Open to Public

Internal Reve	enue Service			aı	W W W . !! 3	.gov/ioiii	330.					l	···opc	.0(1011											
Name of the	organization								Em	oloyer i	dentifica	tion nu	mber												
COMMUN	VITY DEVELO										1523														
Part I	Excess Be	enefit Trans	actions (sections answered Yes'	tion 50	01(c)(3) and se	ction 501	(c)(4) orga	nizatio	ons o	nly).														
	Complete if th	ne organization	answered 'Yes'	on Forn	n 990, Pa	art IV, line	25a or 25b	, or Form 990	-EZ, Pa	rt V, li	ne 40	D.													
1	(a) Name of disquali	fied person		(b) Relationship between disqualified person and organization				(c) Description of transaction				(d) Con	rected												
				person ar	na arganiza	uon								Yes	No										
(1)					 .																				
(2)			<u> </u>											ļ											
(3)														 	<u> </u>										
(4)														<u> </u>	<u> </u>										
(5)			J											ļ	Ь										
(6)			_											<u> </u>											
	er the amount of tion 4958										► \$														
3 Ent	er the amount of	tax, if any, on li	ne 2, above, reir	mburse	d by the	organizati	on				► \$														
Part II	Loans to a	and/or From	Interested I	Perso	ns.																				
_===	Complete if the	ne organization	answered 'Yes'	on For	m 990-E	Z, Page \	/, line 38a o	r Form 990, I	Part IV,	line 2	6; or ıf	the													
	organization	reported an am	ount on Form 9	90, Par	t X, line	5, 6, or 22	2.																		
(a) Name of interested person		(b) Relationship with organization	(c) Purpose of loan	from	an to or the zation?	(e) O	nginal il amount	(f) Balance due		(g) In default?		(g) In default?		(g) In default?		(g) In default?		(g) In default?		(g) In default?		(h) Apr	ard or	(i) Wr agreer	
				To	From	+				Yes	No	Yes	No	Yes	No										
(1) COI	IN A BINGHAM	CEO/DIRECTOR	ODEDATING ETNING	 x	110	 	11,000.		0.	 	X	X		X											
(2)	IN A BINGHAM	CEO/ DIRECTOR	OPENATING FUNDS	<u> </u>		 -	11,000.	ļ 		 -	 ^	-^-		\	├										
(3)		 	 	 -	}	 		<u> </u>		├	┼		 	 	 										
(4)		 	 	 	 	 				┼──	 	 	 	 	 										
(5)		 	 	 	 	 				 	 				 										
(6)		 	 	 	 	 				 	 	 			 										
(7)		 	 	 		 				1	1		_		†										
(8)		 	 							†	1		-	 	1										
(9)		1				1				1					1										
(10)						1																			
Total					·		▶\$		0.				·		•										
Part III			Benefiting I																						
	Complete if the	he organization	answered 'Yes	on Fo	rm 990,	Part IV, In	ne 27.																		
	(a) Name of interes	ted person	(b) Relationship and	between the organ		person	(c) Amount of	fassistance	(d) Typ	e of Ass	sistance	(e)	Purpos	e of assi	stance										
(1)			 									-													
(2)																									
(3)			1																						
(4)			1																						
(5)																									
(6)																									
(7)												\Box													
(8)			1																						
(9)																									
(10)									L																
RAA FO	r Paperwork Re	duction Act No	tice see the In	structi	ons for 1	Form 990	or 990-F7		Sch	edule-	L (For	m-990	or-99	0-EZ1:	2014										

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	1			Yes N	
(1)					
(2)					
(3)					
(4)			<u> </u>		L
(5)					
(6)					<u> </u>
(7)			<u></u>		<u> </u>
(8)			<u> </u>		<u> </u>
(9)		 	<u> </u>		<u> </u>
10)			<u> </u>		

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Fòrm 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open To Public Inspection

Employer identification number COMMUNITY DEVELOPMENT COALITION CORPORATION 27-0615239 Types of Property Part I (a) (b) (c) (d)

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes		-		
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation contribution – Other				
15	Real estate – Residential	Х	16	223.034	FAIR MARKET VALUE
16	Real estate – Commercial				
17	Real estate – Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts		-		
25	Other ► () .				
26	Other► () .				
27	Other () .				
28	Other► ().				
29	Number of Forms 8283 received by the organization	dunng the ta	x year for contributions	for which the	
	organization completed Form 8283, Part IV, Donee A	Acknowledge	ment		29 8.
30a	During the year, did the organization receive by cont hold for at least three years from the date of the initia purposes for the entire holding period?	al contribution	n, and which is not requi	red to be used for exemp	pt state of the part of the pa
٠	of Yes,' describe the arrangement in Part II.				200 0000 5 /
31	Does the organization have a gift acceptance policy	that requires	the review of any non-si	tandard contributions?	22 marrie 22 marrie 34 marrie 34 marrie 37 mar
	Does the organization hire or use third parties or rela	*	•		 - - - -
328	noncash contributions?				
h	If 'Yes,' describe in Part II.				
33	If the organization did not report an amount in colum	n (c) for a typ	e of property for which	column (a) is checked,	

describe in Part II

Schedule M (Form 990) (2014)

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

Schedule M (Form 990) (2014) COMMUNITY DEVELOPMENT COALITION CORPORATION 27-0615239

Part: | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. Employer Identification number

OMB No 1545-0047

2014

Open to Public Inspection

COMMUNITY DEVELOPMENT COALITION CORPORATION 27-0615239					
	THE FORM 990 IS REVIEWED BY THE GOVERNING BOAR	D AND CHEIF EXECUTIVE			
Pt VI, Line 11b	OFFICER FOR ACCURACY PRIOR TO FILING THE FORM 9	90 TAX RETURN.			
	EACH DIRECTOR AND THE CHIEF EXECUTIVE OFFICER I	S RESPONSIBLE FOR			
Pt VI, Line 12c	BRINGING ANY CONFLICTS NOT DISCLOSED TO THE ATT	ENTION OF THE BOARD.			
	THE BOARD REVIEW THE COMPENSATION BASED ON INDU	STRY AND REGION			
Pt VI, Line 15a	COMPARATIVES, AND THEIR COLLECTIVE EXPERIENCE.				
	GOVERNING DOCUMENTS AND THE CONFLICT OF INTERES	T POLICY ARE AVAILABLE			
	UPON REQUEST. OUR FINANCIAL STATEMENT IS AVAIL	ABLE VIA THE FLORIDA			
Pt VI, Line 19	DEPT. OF AGRICULTURE'S WEBSITE OR UPON REQUEST.				
	PT IX, LINE 25 HAS BEEN AMENDED TO REFLECT THE	INCLUSION OF PREPAID			
Other	EXPENSES AND ACCRUED EXPENSES.				
Other	TANGIBLE PROPERTY REGULATIONS - SEE ATTACHED				
Other	SECTION 1.263(a)-1(f) DE MINIMIS SAFE HARBOR EL				
	SECTION 1.263(a)-3(h) SAFE HARBOR ELECTION FOR	SMALL TAXPAYERS - SEE			
Other	ATTACHED				
	PT VIII, LINE 12 HAS BEEN AMENDED TO REFLECT TH	E INCLUSION OF DONATED			
Other	PROPERTY AT FAIR MARKET VALUE.				
	SCHEDULE, PT VIII HAS BEEN AMENDED TO RELECT PR	OPERTY UNDERGOING			
Other	REHABILITATION AT FAIR MARKET VALUE.				