Form **990** 

## **Return of Organization Exempt From Income Tax**

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

Open to Public

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047

Inspection

Service.

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

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1016 calendar year, or tax year beginning , 2016, and ending

A	For the 2	016 cale	endar year, or tax year beginning , 2016, and e	ending	_	, 20
В	Check if ap	palicable	C Name of organization Jefferson County Community Development Corpo	oration	D Emple	oyer identification number
	Address ch	hange	Doing business as			30-0221352
	Name char	-	Number and street (or P O box if mail is not delivered to street address) Roo	om/suite	E Telepi	none number
Ē.	Initial return	-	700 South Main		i i	870 536-3331
$\Xi$	Final return/	1				070 330-3331
H	Amended	1			G Cross	receipts \$
H	Application		Pine Bluff, Arkansas 71601  F Name and address of principal officer: Jerry Riley	Tura is a		
L	Application		,			or subordinates? Yes V No
-	<del></del>		6401 South Hazel #306 Pine Bluff, Arkansas 71603			tes included? Yes No
<u>-</u>	Tax-exemp			= 2 - 2 -		•
<del>_</del> _	Website:		ersoncountvcdc.org		oup exemption	
_			✓ Corporation ☐ Trust ☐ Association ☐ Other ►	ormation: 20	003   M Sta	te of legal domicile Ar
	art I	Summ				
_	1		escribe the organization's mission or most significant activities: Je			
Activities & Governance	1		moderate affordable_housing, JCCDC_most significant project is a 80 to	unit single far	nilY subdiv	ision_boarding the
na			ty of Arkansas at Pine Bluff			
Š			his box $ ightharpoonup \square$ if the organization discontinued its operations or dispos	sed of more t	han 25¦% o	f its net assets.
ဇ္ဗ			of voting members of the governing body (Part VI, line 1a)		. 3	3
જ	,		of independent voting members of the governing body (Part VI, line	•	. 4	0
ţį	5 T	otal nur	mber of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	1
₹	6 T	otal nur	mber of volunteers (estimate if necessary)		. 6	4
Ac	7a T	otal unr	related business revenue from Part VIII, column (C), line 12		. 7a	0
	b N	let unrel	lated business taxable income from Form 990-T, line 34		. 7b	0
				Pric	or Year	Current Year
ø.	8 0	Contribut	tions and grants (Part VIII, line 1h)		2,01	53,509
(E)	1		service revenue (Part VIII, line 2g)	.		3,500
(Revenue		_	ent income (Part VIII, column (A), lines 3, 4, and 7d)			0,500
, K			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	j		†
<b>a</b>			enue—add lines 8 through 11 (must equal Part VIII) column (A) line, 12	.il	2.016	<del> </del>
			nd similar amounts paid (Part IX, column (A), lines 1-3)	<del>}/</del>	2,015	57,009
الن	44 0	) anofita	noud to or for mombars (Part IV column (N) line 4)	ã\⊢		+
	15 S	galarace (	other compensation, employee benefits (Rant IX, Column (A), lines 5-10	(0 \	<del></del>	+
269	16a P	rofossis	onal fundraising fees (Part IX, column (A)) line 11e)	/S <del> </del>		
9				. #	1,668	<u> </u>
SOC Expenses			draising expenses (Part IX, column (D), line 25)	-		<del> </del>
75	3	•	penses (Part IX, column (A), lines 11a-11d, 111-24e)	•	1,802	<del></del>
瑟	1	_	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	٠	3470	<del> </del>
		revenue	less expenses. Subtract line 18 from line 12		(1,455)	<del>'</del>
Net Assets or Fund Balances				Beginning o	f Current Year	<del> </del>
Seet	20 T		sets (Part X, line 16)	·	379,645	367,483
ag B	21 T		ollities (Part X, line 26)	·	615,282	541,762
			ts or fund balances. Subtract line 21 from line 20	<u> </u>	-235,637	-174,279
Pa	art II	Signat	ture Block			<del></del>
			ry, I declare that I have examined this return, including accompanying schedules and			my knowledge and belief, it is
tru	e, correct, a	and compl	lete Declaration of preparer (other than officer) is blased on all information of which pre	eparer has any kr	nowledge.	····
					// -	27-2017
Sig	gn	Sign	ature of officer O.1	_	Date	
He	re	<b>\</b>	Jerry Kilm Exec.	Director		
		Туре	e or print name and title			
Pa	id	Print/Ty	pe preparer's name Preparer's signature	Date	Check	T of PTIN
	eparer			1		ployed
	-	Firm's n	name ►	1	Firm's EIN ▶	
US	e Only		address >		Phone no	
Ma	y the IRS		s this return with the preparer shown above? (see instructions) .			Yes No
	<del></del>			Cat No. 11282Y		Form <b>990</b> (2016)



Form 99	0 (2016)		Page 2
Part	II s	tatement of Program Service Accomplishments heck if Schedule O contains a response or note to any line in this Part III	<u>~</u>
1		describe the organization's mission:	· · · <u> </u>
•		ted 3 more houses sold last of the first 3. Conducted 4 hombuyers workshops full participation.	
		on County CDC_mission is the development of low to moderate affordable housing in Pine Bluff. JCCDC most sign	nificant
	project	is a 80 unit single family subdivision boarding the University of Arkansas at Pine Bluff.	
2		organization undertake any significant program services during the year which were not listed on the	∕es ☑ No
	•	" describe these new services on Schedule O.	63 (110
3		e organization cease conducting, or make significant changes in how it conducts, any program	′es □ No
	If "Yes,	" describe these changes on Schedule O.	
4	expens	be the organization's program service accomplishments for each of its three largest program services, as rest. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocational expenses, and revenue, if any, for each program service reported.	
4a	(Code:	) (Expenses \$ 37,164 including grants of \$ 57,009 ) (Revenue \$ 1	9.845 )
		ted 3 more houses sold last of the first 3. Conducted 4 hombuyers workshops full participation.	
	*		
		***************************************	
4b	(Code:	) (Expenses \$including grants of \$) (Revenue \$	)
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue \$	
70	(Code.	, troveride v	/
			<b>,</b>
			<del></del>
	- C''	(0.11.0)	
4d	Other p	orogram services (Describe in Schedule O.) ses \$ including grants of \$ ) (Revenue \$ )	
4e		rogram service expenses	<del></del> -

Form 99			F	age 3
Part	Checklist of Required Schedules			
<b>,</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	1
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		1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
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	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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	11c		1
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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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 .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del></del>	<b>✓</b>
ь	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		<b>/</b>
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		1
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		1
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1

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Part	V Checklist of Required Schedules (continued)			
	· ·		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
ъ 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	_	✓_
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- 12		<u> </u>
	to defease any tax-exempt bonds?	24c		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		.	,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		<b>✓</b>
U	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		✓
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	_		,
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		<b>✓</b>
b	Schedule L. Part IV	28b	. (	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-5-		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	]	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>\</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00	1	,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
•	Part 1	31		1
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		✓_
•	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>✓</b>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	$\vdash$	<del>                                     </del>
~·	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.			
	13: Note. All 1 of 11 330 filets are required to complete schedule O.	38 For	ກ 990	(2016)
				~~.~,

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	No
ìa	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-+	res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	ļ	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 1	1	
	reportable gaming (gambling) winnings to prize winners?	10	į	ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	]	}	,
b	If at least one is reported on line 2a, 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 gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<b>✓</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	)	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	.	ļ	1
b	If "Yes," enter the name of the foreign country:	4a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1	ŀ	
	(FBAR).		ĺ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	;	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<b>✓</b>
7	Organizations that may receive deductible contributions under section 170(c).		l	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a   7b		<b>✓</b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
-	required to file Form 8282?	7c	i	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b> _
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	1	
_	sponsoring organization have excess business holdings at any time during the year?	8	-	<b>✓</b> _
9	Sponsoring organizations maintaining donor advised funds.		ł	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<del>/</del>
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
a	Initiation fees and capital contributions included on Part VIII, line 12	] }		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	ļ	
11	Section 501(c)(12) organizations. Enter:	1	i	
а	Gross income from members or shareholders	)	]	<u>'</u>
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b>✓</b>
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	- (	į
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓_
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans		]	
c	Enter the amount of reserves on hand	1 1	Ì	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\neg \neg$	1
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		1
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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	for a	
Section	on A. Governing Body and Management			
4.			Yes	No
1a	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 . 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>√</b>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,
а	The governing body?	8a	✓	
Ъ	Each committee with authority to act on behalf of the governing body?	8b		<b>✓</b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		7
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14 15	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			┝┷─
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u> </u>	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<b>✓</b>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Arkansas  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of interest of the conflict of t	erest	policy	y, and
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and recommendation.	cords		
	Jerry Riley 700 S. Main St. Pine Bluff,Arkansas 71601 PH 870 5363331			

-orm	990	(2016)	,
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, an
```	Independent Contractors

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				(0	C)					
(A)	(B)	(45.	-4 -L		ition	e than o		(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per	omoor and a an ooton a					ee)	compensation	compensation from	amount of
	week (list any hours for	유핑	Ing	Q	₹	9,₹	77	from the	related organizations	other compensation
	related	불	#	Officer	Į Š	Ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	정된	lion	Ι.	ᇫ	8 8		(W-2/1099-MISC)		organization and related
	line)	trus	함		Key employee	ğ	ľ			organizations
		Individual trustee or director	Institutional trustee		-	Highest compensated employee	ļ	1		1
		Ĺ	•			e d	<u> </u>			
(1)	ļ		١.					}		
	<u> </u>			L			_			<u> </u>
(2)					•	)		)		
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(14)	<del> </del>	1		1		1	1	<b>{</b>		İ
									r	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	`				-	C)			ĺ				
`,	(A)	(B)	(don	ot ch		ition more	than o	one	(D)	(E)	ł	(F)	
	Name and title	Average hours per	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation from		timated	
		week (list any		$\overline{}$			or/trust		from	related	ì	other	
	`	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)		pensate om the	on
		organizations	dual	tion	Ψ,	夏	yee oyee	ष्	(W-2/1099-MISC)		org	anızatıo	
		below dotted line)	trus	al tr		oy M	gmp					d related Inization	
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(24)													
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(25)											1		
	Out Astal	L	L			L.,		Ļ			<u> </u>		
1b C	Sub-total	 VII Sectio	п А	•	-	• •	•				<del> </del>		
d	Total (add lines 1b and 1c)			•	•	• •	•				<b></b>		
2	Total number of individuals (including but					ed a	above	) w	ho received m	ore than \$100.00	00 of		
_	reportable compensation from the organi						20010	,		510 than \$100,00	01		
												Yes	No
3	Did the organization list any former of							mp	loyee, or high	est compensate	ed	T	
	employee on line 1a? If "Yes," complete										3	ļ	<b> </b>
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater tra	an opi	JOU,	UUU	!!	res	s,	complete Sch	eaule J for su	4	1	
5	Did any person listed on line 1a receive of	r accrue co	 mpe	nsat	IOD	fror	n anv	· ·	related organiz	ation or individu		+	<del> </del>
•	for services rendered to the organization										5	1	}
Section	on B. Independent Contractors								<del></del>				<b></b>
1	Complete this table for your five highest												
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within the c	rganızat	ion's t	ax
	year.	·											
	(A) Name and business add	Irocs						ŀ	(B) Description of s	enuces	(C) Comper		
	Tame and business ago		_					l—	- Description of s	CIVICCS	Comper	Sation	
								$\vdash$		<del></del>			
			_	_				_					
2	Total number of independent contractor							th	ose listed abo	ove) who			
	received more than \$100,000 of compens	ation from t	he or	gan	ızat	ion	<u> </u>						
											Fo	m <b>99</b> (	(2016)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
<u> </u>		Check if Schedule O	contains a	a res	ponse or note to								
1						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514				
nts	1a	Federated campaigns		1a									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b									
ts, ( Am	С	Fundraising events .		1c									
Gif ia	d	Related organizations		1d									
ns,	е	Government grants (conti		1e	53,509				·				
er S	f	All other contributions, gift											
년 동		and similar amounts not inclu		1f	10								
ם פו	g	Noncash contributions include		•									
	h	Total. Add lines 1a-1f			Business Code	53,519			<u> </u>				
an l					Business Code				-				
eve	2a	Rental				3,540	3,540		<del> </del>				
9	b							<del></del>					
Ž	C												
Š	d								<del>                                     </del>				
3ran	f	All other program serve	CO FOVORI						<del> </del>				
Program Service Revenue	g	Total. Add lines 2a-2f				3,540			<u> </u>				
	3	Investment income (i				0,540			T				
		and other similar amou					i						
	4	Income from investment	of tax-exer	npt bo	ond proceeds ▶			-					
	5	Royalties			▶								
			(i) Real		(ii) Personal								
	6a	Gross rents				ļ	İ						
	b	Less: rental expenses											
	С	Rental income or (loss)											
	d	Net rental income or (le		<u></u>	▶				<u></u>				
	7a	Gross amount from sales of assets other than inventory	(i) Secunti	es	(II) Other								
	b	Less cost or other basis and sales expenses .											
	С	Gain or (loss)											
	d	Net gain or (loss)			▶				-				
Other Revenue	8a	Gross income from fur events (not including \$	ndraising										
ě		of contributions reported	d on line 1	- <u>-</u>									
E.		See Part IV, line 18 .	. OIT IRIE TO										
‡	b	Less: direct expenses		_					1				
0	C	Net income or (loss) from			<u> </u>								
	l	Gross income from gar				· · · · · · · · · · · · · · · · · · ·			1				
	-												
	b	Less: direct expenses											
		Net income or (loss) from				Ì			<u> </u>				
	10a	Gross sales of inv											
		returns and allowance	s	. а					1				
		Less: cost of goods so											
	С	Net income or (loss) from		of inv									
		Miscellaneous Re	evenue		Business Code								
	11a				ļ				<del> </del>				
	b								<del> </del>				
	C	All alban various							<del>                                     </del>				
	d	All other revenue .	-					<del></del>	+				
	12	Total. Add lines 11a-1 Total revenue. See in:				57,059	n cuin						
	12	Total Toveride: Oce III	Sa acaons.	· ·	· · · · · · · · · · · · · · · · · · ·	57,059	77/		Form <b>990</b> (2016)				

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	Il other organization	s must complete co	lumn (A).					
Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	350		·						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	300								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	4,239		4,239	<del>.</del>					
<b>6</b> .	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7 8	Other salaries and wages									
9	Other employee benefits									
10	Payroll taxes	573		573						
11	Fees for services (non-employees):			242						
a b	Management	943		943						
C	Accounting	1,900		1,900						
d	Lobbying	1,300		1,500						
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion	8,570	8,570							
13	Office expenses	1,093		1,093						
14	Information technology	853		853						
15	Royalties				· · · · · · · · · · · · · · · · · · ·					
16	Occupancy									
17	Travel	35	-							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .		_							
20	Interest									
21 22	Payments to affiliates				<del></del>					
23	Insurance	_	-							
24	Other expenses. Itemize expenses not covered									
24	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а	Office Lease	8,600		8,600						
b	Equipment rental	753	753							
С	Property Mantanance	6,475	6,475							
d	Utilities Property Management	2,780	2,780							
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	37,164								
26	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 following SOP 98-2 (ASC 958-720)									

Form 990 (2016) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 14,824 1 62,713 2 Savings and temporary cash investments . . . . . . 2 3 3 4 4 24,456 96,463 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . Notes and loans receivable, net . . . . . . . . . 7,620 8 209.791 200,616 Prepaid expenses and deferred charges . . . 9 9 (3,119) 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c **b** Less: accumulated depreciation . . . . 10b Investments—publicly traded securities 11 . . . . . . . . 11 12 Investments—other securities, See Part IV, line 11 . . . . . 12 13 Investments—program-related. See Part IV, line 11. 13 14 130,574 14 15 15 3,190 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 367,483 379,645 17 Accounts payable and accrued expenses . . . . . . . . . . 17 1,220 2,175 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 50,417 36,227 23 Secured mortgages and notes payable to unrelated third parties . . . 23 450,754 503,360 24 Unsecured notes and loans payable to unrelated third parties . . . 112,911 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 26 615,282 541,762 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 -232,106 28 28 Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. ò 30 30 Assets Capital stock or trust principal, or current funds . . . . . . . 31 31

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances . . . . . .

32

33

Net

57,827

367,483

32

33

(235,637)

379,645 34

ım 9:	90 (2016)			Pa	age <b>12</b>
Par	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)	1			57,059
2	Total expenses (must equal Part IX, column (A), line 25)	2			37,164
3	Revenue less expenses. Subtract line 2 from line 1	3		-	19,895
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			57,827
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			77,722
art	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 Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in	ī		
	Schedule O.		- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	~	1
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oled or	·		
	reviewed on a separate basis, consolidated basis, or both:		- (		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				'
b	Were the organization's financial statements audited by an independent accountant?		2b	_	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		}		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight	:	-	
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c	i	

If the organization changed either its oversight process or selection process during the tax year, explain in

3a

Form **990** (2016)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form1990.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization							number			
Jeffer	son Count CDC					30-0221352				
Par		<del></del>			<u>-</u>		ons.			
	rganization is not a private founda				-	•				
1	A church, convention of churc						$\bigcap$			
2	A school described in section									
3 4	A medical research organization						(iii) Enter the			
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 government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organization that normally						the general public			
	described in section 170(b)(1)			-	Ū		,			
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	☐ An agricultural research organ	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college			
	or university or a non-land-gra	nt college of agr	iculture (see instructio	ons). Ente	r the nan	ne, city, and state of	the college or			
40	university:									
10	An organization that normally in receipts from activities related	receives: (1) more to its exempt fu	e than 331/3% of its st nctions—subject to c	upport πα ertain exc	om contru ceptions.	outions, membership and (2) no more tha	o rees, and gross n 331/3% of its			
	support from gross investment	t income and uni	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses			
44	acquired by the organization a	· · · · · · · · · · · · · · · · · · ·	•		•	•				
	<ul><li>☐ An organization organized and</li><li>☐ An organization organized and</li></ul>	•	•	•			m/ out the nurnesse			
12	of one or more publicly support	•	•			•	• • •			
	Check the box in lines 12a thro	~		•	• • •					
а	Type I. A supporting organ	nzation operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving			
	the supported organization					he directors or trust	ees of the			
	supporting organization. Y	ou must comple	ete Part IV, Sections	A and B.						
b	☐ Type II. A supporting orga	•				• • •				
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.									
_	Type III functionally integ				oppostion	a with and function	ally intograted with			
С	its supported organization						any integrated with,			
d	☐ Type III non-functionally		•				orted organization(s)			
_	that is not functionally inte									
	requirement (see instruction									
е	☐ Check this box if the organ	nzation received	a written determination	on from th	ne IRS th	at it is a <b>Type</b> I, Type	e II, Type III			
	functionally integrated, or		tionally integrated sup	pporting o	organizat	ion.				
f	Enter the number of supported									
9	Provide the following information	<del>,                                      </del>	<del></del>		<del></del>	r	<del>, , , , , , , , , , , , , , , , , , , </del>			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
		·	above (see instructions))	docu	ment?	instructions)	instructions)			
		}		Yes	No					
		<del>                                     </del>	<del> </del>	<del>                                     </del>	<u> </u>		<del>                                     </del>			
(A)				Ì	}					
(B)										
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(C)				i	}		, _			
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(D)		1								
		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del>				
(E)		1	1	}	1					
<b>T</b> -1-1		<del> </del>	<del> </del>	<del> </del>	+	<del> </del>				

	e A (Form 990 or 990-EZ) 2016						Page Z	
Part								
•,	(Complete only if you checked the						alify under	
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)		
	on A. Public Support							
Calen	dar year (ŏr fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and		ł		ł			
	membership fees received. (Do not							
	include any "unusual grants.")	95,212	42,906	288,078	2,015	53,509	481,720	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	95,212	42,906	288,078	2,015	53,509	481,720	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4						491,720	
Secti	on B. Total Support						<del></del>	
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	95,212	42,906	288,078	2,015	53,509	481,720	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on					3,500	3,500	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						485,220	
12	Gross receipts from related activities, etc					12	485,220	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			•			
	on C. Computation of Public Suppor	<u>_</u>				<del></del>		
14	Public support percentage for 2016 (line 6		<del>-</del>			14	%	
15	Public support percentage from 2015 Sch					15	%	
16a	331/3% support test—2016. If the organi							
L	box and <b>stop here.</b> The organization qua							
b	331/3% support test—2015. If the organithis box and stop here. The organization							
4-	· · · · · · · · · · · · · · · · · · ·			_			_	
17a	10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ation meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances" stances" test.	test, check the the transfer the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to the transfer to t	his box and son qualifies as	a publicly	
	oupportor organization						· · - 🗀	

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# SCHEDULE L

## **Transactions With Interested Persons**

(Form 990 or 990-EZ)

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

Debartment of the Treasury

OMB No 1545-0047

(10)

	Information about				and its inst		s is at www				ir	ispec		JIIC .
Name of the organization							}	Employ	er ide					
Jefferson County CDC						1.50	14 1/201				02213	52		
Part I Excess Bendary Complete if t	efit Transaction he organization	ns (section 501 answered "Ye	l(c)(3), :s" on	section : Form 99	501(c)(4), a 501(c)(4), a ວີ, Part IV, ເ	ind 50 ine 25	1(c)(29) o a or 25b,	rganiza or For	ations m 99	only) 0-EZ,	ı. Part '	V, line	406.	
1 (a) Name of disqualified person		(b) Relationship between disqualified person and organization			(c) Description of transaction						(d) Con	rected?		
(1)													163	
(2)														
(3)														
(4)						<u> </u>								
(5)						L								
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2 Enter the amount		by the organ	nızatıo	n manag	gers or dis	qualıfi	ed perso	ns du	nng t	he ye	ar			
under section 495	8										▶ \$	·		
3 Enter the amount	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatıor	ı				▶ \$	S		
													<u></u>	
	d/or From Inter			_								_		
	he organization						38a or F	orm 99	90, Pa	ırt IV,	line 2	6; or 1	f the	
organization	reported an am	ount on Form	990, P	aπ X, Ilno	e 5, 6, or 2	2.								
(a) Name of interested person	(b) Relationship	(c) Purpose of (d) Loan to or		oan to or	(e) Original (f) Balan principal amount		(f) Balanc	ce due (g) In defa		default?	(h) Ap	proved	d (i) Written	
(2) No. 110 Of Intercent of Paragraph	with organization	loan	from the						(9, do		by board or			ment?
		)	orga	nızatıon?		)			}		comn	nittee?	}	
	-	)	To	From			_		Yes	No	Yes	No	Yes	No
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	he organization				0, Part IV, I	ine 27								
(a) Name of interested person	on (h) Relation	ship between inter	neted	(c) Amount	of assistance		d) Type of a	eeietano		16	\ Purne	ose of a	seistan	
lay reasse of microsica perso	person	and the organization	on I	(O) ranount	01 400/0/41/00	<b>'</b>	u, i ypo or u	000000	•	"	, . u.p.	JOC 01 G	ooiotari	00
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#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer identification number
Jefferson County CDC	30-0221352
•	<del></del>
REASON FOR LATE FILING	
The Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the Court of the C	
The Governor of the State of Arkansas appointed our Executive Director to the Arkansas Parole Comm	ussion as Commissioner.
Our Executive Director Jerry Riley had finished the construction of the last 3 homes when he took the	appointment. We have hire additional
staff this month because of the sale of houses. This will allow us to catch up on all issues before us.	