Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150 2015

Open to Public Inspection

A F	or the	2015 calenda	r year, or tax year beginning07-	01 , 2015, an	d ending		06-30	, 2016		
B ci	B Check if applicable		C Name of organization			D Emplo	yer ider	ntification number		
Ad	ddress ch	ange	NOW FAITH COMMUNITY DEVELOPMT CORP			46	-5532	955		
☐ Na	ame char	nge	Number and street (or PO box, if mail is not delivered to street address)		Room/suite	E Teleph	one nun	nber		
n 🗌	nitial returi	า				•				
∏ Fi	ınal returr	Vterminated	9708 GILESPIE ST		114	(866) 697-3188				
☐ Ar	mended r	eturn	City or town, state or province, country, and ZIP or foreign postal code			F Group	Exempt	ion		
X A	pplication	blication pending Las Vegas, NV 89183								
G A	ccounting Method 🛛 Cash 📗 Accrual Other (specify) 🕨 📙						lf th	e organization is not		
		/ebsite: ► NOWFAITHCDC.COM						Schedule B		
JΤ	ах-өхө	mpt status (c	heck only one) - 🗶 501(c)(3) 🔲 501(c)() ◀ (insert no)	4947(a)(1)	or 527	(Form 990,	990-EZ	, or 990-PF)		
		-	☐ Corporation ☐ Trust ☐ Association							
L A	dd lines	s 5b, 6c, and 7	7b to line 9 to determine gross receipts. If gross receipts are	e \$200,000 or m	nore, or if total a	assets				
(Parl	t II, colu) are \$500,000 or more, file Form 990 instead of Form 990					13,852		
Pa	II.		e, Expenses, and Changes in Net Assets o		•			•		
		Check if t	he organization used Schedule O to respond to an					<u> </u>		
	1		., 9, 3					13,852		
	2		vice revenue including government fees and contracts							
	3	Membership	dues and assessments				3			
(A)	4	Investment in					4			
<u> </u>	5a		nt from sale of assets other than inventory		3					
	ь	Less cost or	other basis and sales expenses	<u>5</u> 1	0					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b	from line 5a)			5c			
	6	Gaming and	fundraising events							
	а		e from gaming (attach Schedule G if greater than	1						
ostmark Missing Revenue		, ,		· · · · · <u>6</u> 6	<u> </u>					
, se	b		e from fundraising events (not including \$		of contribution	าธ				
ا کے گھ	}		ing events reported on line 1) (attach Schedule G if the	1						
			9.000	· · · · · 6t						
	C		, p-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	60				_		
	d		or (loss) from gaming and fundraising events (add lines 6a							
		•		1			6d			
_	7a	Gross sales	of inventory, less returns and allowances							
2017		Less cost of								
50	С	•	or (loss) from sales of inventory (Subtract line 7b from line	-			7c			
es.	8		le (describe in Schedule O)			• • • • • •	8			
e	9_	Total revenu	ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	13,852		
MAY	10	Grants and s	to or for members	··RECE			10			
S.	11	Dericino paid	to or for members		1	છે !	11			
© %	12		er compensation, and employee benefits · · · · · · · · · · · · · · · · · · ·	APR 2	מ לוחל ה	လ္ပါ	12			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	13			8 . AFR. 4	w. 2011 . J	స్ట్	13			
6 -5	14	•	rent, utilities, and maintenance	· <u> </u>			14	9,000		
ا 🛈 کے	15		lications, postage, and shipping	·· OGDE		• 1 • • • •	15			
Expenses	16	•	ses (describe in Schedule O)			٠	16	10,109		
ري 	17		ses. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·	• • • • • •	· · · · •	17	19,109		
w	18		eficit) for the year (Subtract line 17 from line 9)				18	(5,257)		
set	19		r fund balances at beginning of year (from line 27, column ((A)) (must agree	with					
As		•	igure reported on pnor year's return)				19			
Net Assets	20	_	es in net assets or fund balances (explain in Schedule O)				20			
	21		r fund balances at end of year Combine lines 18 through 2	0		· · · · <u>></u>	21	(5,257)		
For	Paperv	vork Reduction	on Act Notice, see the separate instructions.			4	/	Form 990-EZ (2015)		

	n 990-EZ (2015) NOW FAITH COMMUNITY DEV	ELOPMT CORP			46-	5532	2955 Page 2
6	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to respond to	any question in this Pa	irt II			; :	
			ļ	(A) Beginning of		 	(B) End of year
	Sabri, satings, and interest	• • • • • • • • • • • • • • • • • • • •	}		0_	22	0
	Land and buildings				0_	23	0
	Other assets (describe in Schedule O)				0	24	0
	Total assets		• • • • • •		0	25 26	0
	Total Habilities (december in contract of				0	27	0
_	Net assets or fund balances (line 27 of column (B) must agree wartill. Statement of Program Service Accomplis			Part III\	0	121	0
U	Check if the organization used Schedule O to respond to				П	1	Expenses
\A/h	at is the organization's primary exempt purpose?	o any question in this i	air iii -		<u>. L.</u>	(Re	equired for section
	<u></u>					501	(c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for each			S,		orga	anizations, optional for
	measured by expenses. In a clear and concise manner, describe the sons benefited, and other relevant information for each program title		e number of			othe	ers)
28	<u> </u>					1	T
						1	
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here		$\overline{\Box}$	288	•
29							
						i	
						1	
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here)		298	a
30							
		cludes foreign grants, c				30a	1
31	, ,					}	
		cludes foreign grants, c				31a	
	Total program service expenses (add lines 28a through 31a)					32	
	List of Officers, Directors, Trustees, and Key Employ						_
	Check if the organization used Schedule O to respond to	any question in this Pa	T				· · · · · · · · · <u> </u>
	(a) Name and Allin	(b) Average hours per week	(c) Reportati	1			(e) Estimated amount of
	(a) Name and title	devoted to position (Forms W-2/10					other compensation
		 	In not paid, e	nter -0-) deferred o	umpense	30011	
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Form 990-EZ (2015)

Form 9	990-EZ (2015) , NOW FAITH COMMUNITY DEVELOPMT CORP 46-553	2955	P	age
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. [
			Yes	N
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	[Ī
	detailed description of each activity in Schedule O	33	L	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1	1 1	ĺ
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	1 1	Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	l i	Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L., Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	ì		
b	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
40 u	section 4911 ▶, section 4912 ▶, section 4955 ▶)		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
5	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ÌÌ	Х
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	400	احصم	Δ
С	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	f		
u	40c reimbursed by the organization	ŧ		
_	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	į.		
•	transaction? If "Yes," complete Form 8886-T	40e		X
44	•	400		
41	List the states with which a copy of this return is filed The organization's books are in care of PATRICIA PENNINGTON Telephone no 702-	251 0		
42 a		<u>351-0</u>		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	3-761		No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	X
	If "Yes," enter the name of the foreign country	720		$\frac{\Lambda}{\Lambda}$
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	ŗ	Ï	
	Financial Accounts (FBAR)		ij	
_	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Χ
·	If "Yes," enter the name of the foreign country	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			٢
70	and enter the amount of tax-exempt interest received or accrued during the tax year	. 1		L
	and enter the amount of tax-exempt interest received of accrued outing the tax year	<u>'</u>	Yes	N.
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	عتال	162	No
a	completed instead of Form 990-EZ	44a		X
L	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	7+0		ŝ
D		AAL		$\overline{\mathbf{v}}$
_		44b		$\frac{\lambda}{X}$
	The area of garantees and perfect of the second and perfect of the sec	44c		X
đ	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	4 4 -		
4-	explanation in Schedule O	44d		.,
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
D	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," Form 990 and Schedule R may need to be completed instead of	4.51		37
	Form 990-EZ (see instructions)	45b	- 1	Χ

Form !	990-EZ (20	15) · NOW FAITH COMMUN	ITY DEVELOPMT C	ORP		46-55329	955_	F	age 4
	.			aa aa bab : W : f				Yes	No
46		organization engage, directly or indirectly, in lidates for public office? If "Yes," complete So		* •					
Pai		Section 501(c)(3) organizations of				- 	46	L	Х
<u> </u>		All section 501(c)(3) organizations		ions 47-49b and 52	2, and compl	ete the table	s for	lines	
		50 and 51.	•		•				
		Check if the organization used Sch	edule O to respond	to any question in	this Part VI	<u> </u>	<u>.</u>		. 🛮
								Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) ele	ection in effect during the	tax				
	•	f "Yes," complete Schedule C, Part II					47		Х
48		organization a school as described in section of				• • • • • • •	48	<u></u>	Х
49a		organization make any transfers to an exemp		-			49a		
b		" was the related organization a section 527 o	-				49b	Ĺ	L
50		ete this table for the organization's five highes	· · · · · · · · · · · · · · · · · · ·	•		-			
	employ	rees) who each received more than \$100,000	or compensation from th	e organization if there					
		(a) Name and title of each ample on	(b) Average hours per week	(c) Reportable	(d) Health be	employee (e)	(e) Estimated a		nt of
		(a) Name and title of each employee	devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and compensation	- 1			ion
		·	 		 				
NON	E				Ì	l			
			 						
						,			
					ļ				
)			
									
						}			
	Total	umber of other employees need ever \$100,000	<u> </u>	l	<u> </u>				
51		umber of other employees paid over \$100,000 ete this table for the organization's five highes		ent contractors who eac	_ h received more	than			
31	•	00 of compensation from the organization If			ir received more	ulali			
	\$100,0	00 or compensation from the organization in	there is none, enter 140h	<u>-</u>					
	(a)	Name and business address of each independent contra	ctor	(b) Type of servi	(c) Compensation				
									
NON	E]			_	
									
					}				
	Total nu	umber of other independent contractors each	receiving over \$100 000						
52 52		organization complete Schedule A? Note. All		zations must attach a					
-		eted Schedule A				▶ 万	Yes	abla	No
Unde		s of perjury, I declare that I have examined this retui						6-3	
	•	nd complete Declaration of preparer (other than of				,			
Sig	n	Signature of officer Date							
Her	·e	PATRICIA PENNINGTON, CEO, PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name	reparer's signature	Date	Che		N		
Paid -		Charofecte Franklin					6924	35	
•	агег	Firm's name FRANKLIN FINANCIAL SERVICES Firm's EIN							
Use	Only	Firm's address 4301 W LAKE MEAD							
N/-	the IDD	Las Vegas NV 891			Phone no	702-255-			
	me ins	discuss this return with the preparer shown ab	over see instructions	 	• • • • • • •	· · · · • <u> </u>	Yes		No.
EEA						FC	orm 99	U-EZ (2	4U15)

SCHEDULE Q

(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

OMB No 1545-0047
2015

Open to Public limpeston

Employer Identification number

NOW FAITH COMMUNITY DEVELOPMT CORP 46-5532955 01. Description of other expenses (Part I, line 16) Description Amount AUDIO 1,344 761 MARKETING LIGHTING 200 ROOMS 169 SECURITY <u>655</u> <u> 375</u> BAND INTERNET 275 DONATIONS TO SAFE NEST 4,755 DONATIONS TO WOMEN 1,575