Form **990** 

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Go to www irs gov/Form990 for instructions and the latest information

2017
Open to Public Inspection

Α	For the 2017	calendar year, or tax year beginning , and ending				
В	Check if applicable	C Name of organization		D Employer	dentification number	
_].	Address change	FLORIDA COMMUNITY DEVELOPMENT CORP		<b>*-</b> -		
	Name change	Doing business as	47-5277831			
	_	Number and street (or P O box if mail is not delivered to street address)  3960 SW 146th AVENUE	E Telephone	number		
	Initial return Final return/	City or town, state or province country, and ZIP or foreign postal code	<u> </u>			
	terminated				apts \$ 3,295,030	
X.	Amended return	MIRAMAR FL 33027  F Name and address of pnncipal officer		G Gross rece	eipis \$3,293,030	
	Application pending	STEPHANIE WILLIAMS-BALDWIN	H(a) Is this a gro	up return for su	ibordinates? Yes X No	
	Application pending	3960 SW 146TH AVENUE	H(b) Are all subs	ordinates inclu	ded2 Yes No	
		MIRAMAR FL 33027	1		see instructions)	
	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	┥			
		N/A	H(c) Group exer			
_	Form of organization		Year of formation 2	015	M State of legal domicile <b>FL</b>	
<u> </u>		ummary			·····	
		escribe the organization's mission or most significant activities				
ë	See	Schedule O				
au						
ĭ						
Š	2 Check I	his box > if the organization discontinued its operations or disposed of more than 25	% of its net assets	;	·	
Activities & Governance	i	of voting members of the governing body (Part VI, line 1a)		3	0	
ά		of independent voting members of the governing body (Part VI, line 1b)		4	0	
Ē	1	mber of individuals employed in calendar year 2017 (Part V, line 2a)		5	0	
ž				6	0	
ĕ		mber of volunteers (estimate if necessary)	7a	. 0		
		related business revenue from Part VIII, column (C), line 12	7a 7b	. 0		
	<b>b</b> Net unr	elated business taxable income from Form 990-T, line 34	Prior Yea		Current Year	
	8 Contrib	utions and grants (Part VIII, line 1h)	1,101,100		0	
ine		n service revenue (Part VIII, line 2g)		0		
Revenue	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		<u>_</u>		
æ		evenue (Part VIII, column (A), lines 5, 4, and 10)		3,295,029		
				3,295,030		
	12 Total re	venue – add lines 8 through 11 (must equal Fart VIII, column (A), line 12)			0	
		and similar amounts paid (Part IX, column (A) Thes 1-SEP 1 0 2019 paid to or for members (Part IX, column (A) fine 4)				
	l .				0	
es	15 Salaries	, other compensation, employee beliefits (Part IX, country (A), lines 3-10) —				
xpenses		ional fundraising fees (Part IX, column (A), line 11e)OGDEN, UT				
ă	1	ndraising expenses (Part IX, column (D), line 25) ▶			1 600	
Ш	1	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del></del>		1,600	
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		<del></del>	1,600	
	19 Revenu	e less expenses Subtract line 18 from line 12	Dammara of Con		3,293,430	
Sor	00	11. (O-4.V. L 40)	Beginning of Cur	9,926	End of Year 3,303,356	
Net Assets or Fund Balances	20 Iotal as	sets (Part X, line 16)		1,230	1,230	
et A	21 Total lia	bilities (Part X, line 26)		8,696	3,302,126	
		ets or fund balances Subtract line 21 from line 20	1	5,090	3,302,120	
		ignature Block				
U	nder penalties o	perjury, I declare that I have examined this return, including accompanying schedules and statemen complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	ts, and to the best of	my knowled	ige and belief, it is	
(ri	ue correct, and	complete Declaration of preparer (other than officer) is based on an information of which preparer ha	S ally knowledge		2////	
		Styphine Will - Palis			1412019	
Siç	gn 📗	Signature of officer		Date	, , ,	
He	re		IDENT			
		Type or print name and title				
		pe preparer's name Preparer's synature	Date	Check	If PTIN	
Pai		ILLUE BARNET.	8-27-	19 self-em	ployed	
	parer Firm's		F	irm's EIN		
Use	Only	15963 SW 7th St				
	Firm's	Pembroke Pines, FL 33027-5045	P	hone no	954-338-6991	
May	the IRS discu	ss this return with the preparer shown above? (see instructions)			Yes No	
					222	

4e Total program service expenses ▶

	•		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	<b>x</b>	
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		X
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes." complete Schedule D, Part IV	9		X
0	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		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		$\mathbf{x}$
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	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
5	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		X
6	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		· ·
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ء ۔ ا		v
_	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	مد		х
	If "Yes " complete Schedule G, Part III	19	904	1 (2017)

Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	X
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 <sup>7</sup> If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			-
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
~ Tu	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	_ ,,,		
C	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
<b>L</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
þ	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		X
26	If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27		20		
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			
		27		x
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		x
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	20a		- 21
b	Schedule L, Part IV	28b		x
С	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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete schedule in			
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
J 1	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
J_	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-		
J <b>-</b>	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	.	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
J <b>J</b>	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			-
. <b>.</b>	19? <b>Note</b> All Form 990 filers are required to complete Schedule O	38		x
	· · · · · · · · · · · · · · · · · · ·			

DAA

a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-25 included in line 1s Enter -0- if not applicable c Did the organization comply with backup withholding June Set for reportable payments to vendors and reportable garming (gambhing) without part of the properties of Form W-3 Trinsmittal of 1992 and Tax Statements, Bed for the calendary ear ending with or within the year covered by this return b if at least one is reported on Form W-3 Trinsmittal of 1992 and Tax Statements, Bed for the calendary ear ending with or within the year covered by this return b if at least one is reported on Form W-3 Trinsmittal of 1992 and Tax Statements, Bed for the calendary ear ending with or within the year covered by this return b if at least one is reported on Form W-3 Trinsmittal of 1992 and Tax Statements, Bed for the calendary ear ending with or within the year covered by this return b if at least one is reported on Form W-3 Trinsmittal of 1992 and Tax Statements, Bed for the calendary ear ending with or within the year covered by this return b if a test so in a separation of the time of 1992 and 1992 a	Pa	Part V Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
1a Enter the number reported in Box 3 of Form 1098 Enter -0. In rich applicable C bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambhr) warming to prace winners? 2a Enter the number of form W-23 candidated in the 1 Enter-2- of find payles and the organization and payles for reportable payments to vendors and reportable gaming (gambhr) warming to prace winners? 2b Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, field for the celerotary year ending with or within the year covered by their terrum  1 at least one is reported on the 2-d of the organization file all required federal employment Tax returns?  Note if the sum of lines 1 and 2 as given than 250, you may be required to e-file (see instructions)  3 b C the organization have unrelated business gross accorded 51, 2000 more during the year?  3 a 1 Azi my time dump the celerotary paid, (the long particular) have an interies in, or a signature or other authority over, a financial account in a foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FERA)  10 If "Yes" celerote the aname of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FERA)  11 Wes the organization a party to a prohibided tax sheller transaction?  12 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FERA)  13 Was the organization aparty to a prohibided tax sheller transaction?  14 Was in the organization and the value of the second that was or is a party to a prohibided tax sheller transaction?  15 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FERA)  14 Was in deep capacitation and the was or is a party to a prohibided tax sheller transaction?  15 See the organization and analysis of the second that was or is a		Check if Schedule O contains a response or note to any line in this Part V		Vos	No
b Enter the number of Forms W-2G included in line 1s. Enter. 4- in fort applicable of Did the deginization comply with beakup withholding lusts for reportable payments to vendors and reportable gaming (grambing) wernings to price winners?  2a Enter the number of employees reported on Form W-3, Transmitted of Wage and Tax Statements, Need for the calenterly vear ending with or within the year covered by this return.  b I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note If the sum of lines 1 and 2a ag resized films 200, umay be required to selfe (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Least one is reported celerating 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 in a foreign country (such as a bank account, securities account) or other financial accounts of financial accounts of from the year? If Viro fine 3b, provide an explanation in Microbial Accounts (FEAR)  b If Vires, 'enter the name of the foreign country (such as a bank account, securities account) or other financial accounts or financial party notify the organization that it was or is a party to a probleted tax shelter transaction?  5b If Viros, 'to line 5a or 5b, did the organization file I was or is a party to a probleted tax shelter transaction?  5c If Yiros, 'to line 5a or 5b, did the organization file I was or is a party to a probleted tax shelter transaction?  5c If Yiros, 'to line 5a or 5b, did the organization file I was or is a party to a probleted tax shelter transaction?  5c If Yiros, 'to line 5a or 5b, did the organization file I was or is a party to a probleted tax shelter transaction?  5c If Yiros, 'to line 5a or 5b, did the organization file I was or is a party to a probleted tax shelter transaction?  5c If Yiros, 'to line 5a or 5b, did the org	10	Enter the number reported in Box 3 of Form 1006. Enter, 0 if not applicable.		163	140
c Dut the organization comply with backup withholding rules for reportable payments to vendors and responsible gamming (gambring) withmost to report the payments of the calendar year ending with or within the year covered by the return  2a Scienter II, filed for the calendar year ending with or within the year covered by the return  b If at least one is reported on the 2a, do the organization Red all required federal employment tax returns?  Note If the sum of lines it and 2 as greater than 250, you may be required to e-file (see naturations)  3a Juli the organization have cerebred business gross accomed 51,1000 more during the year?  3b If "Yes," has it filed a Fern 990-T for this year? If Yes to line 3b, provide an explanation in Schedule O  3b Juli the organization have cerebred business gross account, so rother authority over, a financial account in a foreign country! See in the mane of the foreign country! See institutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FERA)  1b If "Yes," lend the name of the foreign country See institutions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FERA)  1b If any taxable party notify the organization that If was or sa party to a prohibited tax shelter transaction?  5a July 1b If "Yes," lend the name of the foreign country organization in the see of sa or 5b, did the organization in that If was or sa party to a prohibited tax shelter transaction?  5b July 1b If "Yes," and the organization in that If was or sa party to a prohibited tax shelter transaction?  5c July 2b J					
seportable gaming (gammling) winnings to prize winners?  Statements, flied for the calendar year ending with or within the year covered by this return  Statements, flied for the calendar year ending with or within the year covered by this return  If at least one is reported on fine 2a, did the organization flie all required federal employment tax returns?  Notis if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  If If "Yes," has it flied in form 990.17 for this year? "If ye'r to line 3b, provide an explanation with schedule O  All All 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 (section as a bank account, securities account)?  If "Yes," enter the name of the foreign country to the as a bank account, securities account, or other financial account in a foreign country to the schedule of the schedule o					
2a Einter the number of employees reported on Form W-S. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  I ral least one is reported on the 2a, did the organization file oil required federal employment tax returns?  3b ID the organization have unrelated boarness gross sonce of \$1,000 or more during the year?  3a ID the the organization have unrelated boarness gross sonce of \$1,000 or more during the year?  3a ID the very a state of the organization have an interest in, or a significant or other financial account; a foreign country (such as a bank account, securities account; or other financial accounts of the organization have an interest in, or a significant or other financial accounts (FSAX)  5b If "Yes," effect the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FSAX)  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FSAX)  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FSAX)  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FSAX)  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FSAX)  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FSAX)  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FSAX)  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FSAX)  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FSAX)  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Financial Financial Financial Financial Financial Financial Financial F	C		10		x
Sistements, Ried for the calendar year ending with or within the year covered by this return	22				
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 effe fee enstructions)  3a Dut the organization have unrelated business gross income of \$1,000 or more during the year?  3a Dut the organization have unrelated business gross income of \$1,000 or more during the year?  3a All 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. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country. If ye is enter the name of the foreign country is a prohibited tax shelter transaction?  5a Was the organization and party to a prohibited tax shelter transaction?  5b Unit yes, if ye is the organization that the year of year particular to a prohibited tax shelter transaction?  5c Unit ye organization that may receive deductible contributions or yet is the organization that may receive deductible?  6c If yes, if ye is the organization that the year experience that ye is a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a Organizatio	Zd				
Note If the sum of lines 1a and 2a is greater than 250, you may be required to a-fee (see instructions) 3	h				
3a   3a   3a   3a   3a   3a   3a   3a	b		25		
b If "Yes," has it filled a Form 990-T for this year? If "No" to fine 3b, provide an explanation in Schedule O  All 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, securines account, or other financial accounts of the financial accounts of the financial account in a foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any itsuable party notify the organization that if was or is a party to a prohibited tax shelter transaction?  5b Did any itsuable party notify the organization file Form 8886-T?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5c Did have the state of the organization noticule with every solicitation an express statement that such contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  5c Did the organization to tax deductible of the state of the such accounts of	20		33		x
All 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).  If "Yes," enter the name of the foreign country is a bank account, securities account, or other financial accounts (FEBAR)  If "Yes," enter the name of the foreign country is seem structures for fining requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FEBAR)  But any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5a					
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g In the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations Enter  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  110a	_	· · · · · · · · · · · · · · · · · · ·	10	<del>                                     </del>	
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the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  13b  13c  13c  14a	_				
c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?  14a					
The Bid the digunation reserve any payments for making assuming as				-	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b				<del>                                     </del>	
DAA Form 990 (	b	b it "Yes," has it filed a Form 720 to report these payments / it "Ivo," provide an explanation in Schedule O	<del></del>	004	

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Pa	art VI' Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See	nstruc	tions	
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	ction A. Governing Body and Management	_		<del></del>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a	-		
	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			l
	committee, explain in Schedule O			ĺ
b	Enter the number of voting members included in line 1a, above, who are independent  1b	4		
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	-	<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	_X_	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	,		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		L
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TEPHANIE WILLIAMS-BALDWIN 3960 SW 146TH AVENUE			
	IRAMAR FLORIDA FL 33027			

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orm 990 (2017	FLORIDA (	COMMUNITY	DEVELOPMENT	CORP	47-5277831	Page
	Compensation Independent C		irectors, Trustees,	Key Emplo	yees, Highest Compensated	Employees, and
			a response or note t	o anv 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

- 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	bo	ox, unli	Pos check ess pe	rson ı	than or	ee) the		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	or director		Officer	Key employee		Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related - organizations		
(1) STEPHANIE WILLIA	MS-BALDV	IN	_		<u> </u>							
	3.50											
PRESIDENT	0.00	X		X				0	0	<u> </u>		
(2) JASMINE BALDWIN												
	2.00											
VICE PRESIDENT	0.00	X		X				0	0	0		
(3) TOMASINA WILLIAM												
	0.00		ĺ						_	_		
TREASURER	0.00	X						0	0	0		
(4)												
(5)							_					
(6)												
(7)												
(8)												
(9)												
(10)												
(11)										•		
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Part	VII Section A Officers	, Directors, Trus	itees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	 				
	` (A) Name and title	(B) Average hours per week (list any hours for	bo of	x, unle ficer a	Pos check ess pe nd a d	rson ( lirecto	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the				
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations				
									:						
сТ	oub-total otal from continuation shee otal (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				<b>* * *</b>							
	otal number of individuals (indeportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of		Yes	No		
е	Did the organization list any <b>fo</b> l imployee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch .	ındıv	ıdua	f			3	163	X		
o ır	or any individual listed on line irganization and related organ individual	izations greater tl	nan s	\$150	,000	? If '	"Yes,	" co	mplete Schedule J for such		4		x		
fc	or services rendered to the or	ganization? If "Ye								dividual	 5		X		
1 0	n B. Independent Contracto Complete this table for your five	e highest comper	nsate	ed in	depe	nde	nt co	ntra	ctors that received more that	n \$100,000 of	 				
c	ompensation from the organiz	(A) business address	nper	<u>15au</u>	OF 10	rine	cale	nga	Descrip	(B) olion of services	Co	(C) mpensat	ion		
	-														
				_											
								_					_		
2 T	otal number of independent of otal number of independent of otal number of independent of the otal number of independent of indep	ontractors (included to compensation	iing from	but n _the	iot lir orga	nited nizal	to th	nose ▶	e listed above) who	0					

For	n 990	(2017) <b>FL</b> C	ORIDA COM	<b>MUN</b>	ITY I	EVELO	MENT	CORP	47-5277831		•	Page 9
	rt V	III Stater	nent of Reve				_		<del>-</del>			
		Check	if Schedule (	O con	tains a	response of	or note t	o any line	in this Part VIII	<u> </u>		
							Tota	(A) I revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D Reve excluded under se	enue from tax ections
S S	12	Federated can	majane	1a					revenue		512-	514
ant	h	Membership d		1b								
ي ق		Fundraising ev		1c		<del></del>						
r A	4	Related organi		1d								
a G	u	Government grants		1e								
Sin	f	All other contribution		10			1		•			
t je			s not included above	1f								
ξŏ	g	Noncash contributio	ons included in lines 1a-		\$		1					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line			•	•			,			
						Busn Code						
ent,	2a						1					
Re.	b											
<u>1</u>	С											
Ser	d											
E	е											
Program Service Revenue	f	All other progr	am service rever	nue								
ځ	g	Total Add line	es 2a–2f			<b>•</b>					•	
	3	Investment inc	come (including d	lividend	ds, interes	st,						
		and other simi	lar amounts)			•		1	1			
	4	Income from in	nvestment of tax-	exemp	t bond pro	oceeds 🕨					<u> </u>	
	5	Royalties										
,			(i) Real		(H) F	Personal						
	6a	Gross rents										
	b	Less rental exps	ļ									
	С	Rental inc or (loss)										
	d Net rental income or (loss) 7a Gross amount from (1) Securities			T	<u> </u>							
		sales of assets	(i) Secunties		(11)	) Other	-					
		other than inventory	<u> </u>		<del> </del> -		1					•
	b	Less cost or other										
	_	basis & sales exps			<del> </del>	-	-					
		Gain or (loss) Net gain or (lo	L		<u> </u>		ł					
			om fundraising ever	nte						-		
ne	Va	(not including \$		ito								
ver			reported on line 1c)									
æ		See Part IV, line		а								
Other Revenue	b	Less direct ex		b			1					
ō			(loss) from fundi	raising	events	<b>•</b>	1					
			om gaming activities	_								
		See Part IV, line		а								
	b	Less direct ex	penses	b								
	С	Net income or	(loss) from gami	ing acti	vities	<u> </u>						
	10a	Gross sales of	f inventory, less									
		returns and all	lowances	а								
		Less cost of g		b			]					
	С		(loss) from sales	of inv	entory	<u> </u>	<u> </u>				ļ	
			scellaneous Revenue			Busn Code	_					
	11a		-1 DEBT CANC	ELLAT	ION		3,	307,124		<del></del>		
	b	SCHEDULE	K-1 INCOME				ļ	-12,095	-12,095	<del> </del>	-	
	C	A.II 21			•				•	+	<del> </del>	<del> </del>
	a	All other reven	nue			L			l	<u> </u>	1	

3,295,029

3,295,030

3,295,030

e Total. Add lines 11a-11d

Total revenue. See instructions

'FLORIDA COMMUNITY DEVELOPMENT CORP 47-5277831 Page 10 Form 990 (2017) Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (A) (B) (C) Do not include amounts reported on lines 6b. Program service Fundraising Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management 1,250 1,250 b Legal 350 350 Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a þ С d All other expenses е 1,600 0 1,600 0 25 Total functional expenses Add lines 1 through 24e 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 (2017)

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 9,926 8,326 1 Cash-non-interest bearing 1 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees 5 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 6 organizations (see instructions) Complete Part II of Schedule L 267 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities Investments-other securities See Part IV, line 11 12 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 3,294,763 3,303,356 15 Other assets See Part IV, line 11 15 9,926 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X ,230 of Schedule D 25 230 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 8.696 27 3,302,126 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 8,696 3,302,126 Total net assets or fund balances 33 33 3,303,356 9,926 Total liabilities and net assets/fund balances 34

Form 990 (2017)

orm	990 (2017) FLORIDA COMMUNITY DEVELOPMENT CORP 47-5277831			Pag	<u>e 12</u>
	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)	1	3,29		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,6	
3	Revenue less expenses Subtract line 2 from line 1	3	3,29		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,6	<u> 596</u>
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3,30	02,1	<u> </u>
Pa	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			İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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		X
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ľ	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

Form **990** (2017)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust

▶ Attach to Form 990 or Form 990-EZ

► Go to www irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

FLORIDA COMMUNITY DEVELOPMENT CORP

Employer identification number 47-5277831

								· · ·		
Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions										
he organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)										
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
2	П	A school desc	cribed in section 170(b)(1)(A	A)(II). (Attach Schedule E (Form 9	990 or 990	)-EZ) )				
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	H	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					nave manne,				
5	( <del>-</del> -1									
,	ш	-	b)(1)(A)(iv). (Complete Part I		орстанса	by a gove	commentar and acachice in			
6	$\Box$		., ,, ,, ,, ,	ir <i>)</i> vernmental unit described in <b>sec</b> i	tion 170/	h)/1)/A)/\	4)			
7	H			ubstantial part of its support from	-		•	•		
'	Ш	•	section 170(b)(1)(A)(vi). (Co		a govern	inental ul	int of from the general public			
8				70(b)(1)(A)(vi). (Complete Part II	1					
9	H					in conjur	action with a land grant college			
9	Ш	-		ribed in <b>section 170(b)(1)(A)(ix)</b> agriculture (see instructions) En	-					
		university	or a non-land grant conlege of	agriculture (see matructions) En	iter the ne	inie, city,	and state of the college of			
10	X	-	on that normally receives (1)	more than 33 1/3% of its suppor	t from cor	atributions	membership fees, and gross			
	•••	•	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 th	he organization after June 30, 1975 See section 509(a)(2). (Complete Part III )							
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12	П	An organization	on organized and operated ex	xclusively for the benefit of, to per	form the	functions	of, or to carry out the purposes			
	_	of one or more	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).							
		Check the box	x in lines 12a through 12d tha	at describes the type of supporting	g organiza	ation and	complete lines 12e, 12f, and 12	g		
	а	Type I. A	supporting organization oper	rated, supervised, or controlled by	y its supp	orted orga	anization(s), typically by giving			
		• •		er to regularly appoint or elect a r		the direc	tors or trustees of the			
				emplete Part IV, Sections A and						
	b			ervised or controlled in connection						
			•	ing organization vested in the san	ne persor	is that co	ntrol or manage the supported			
		<u> </u>	ion(s) You must complete	·						
	L			upporting organization operated in ructions) You must complete P						
	d		• •	. A supporting organization opera			· · · · · · · · · · · · · · · · · · ·	)		
			- <del>-</del>	organization generally must satis	-			•		
		<u> </u>	, ,	ust complete Part IV, Sections						
	e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization									
	f		nber of supported organization	• • •	, organiza					
	9		ollowing information about the					<u> </u>		
6		e of supported	(II) EIN	(III) Type of organization	(iv) is the c	rganization	(v) Amount of monetary	(vi) Amount of		
		ganization	(,	(described on lines 1–10	listed in your governing		support (see	other support (see		
		i		above (see instructions))	docui	ment?	instructions)	instructions)		
					Yes	No				
(A)										
	_									
(B)					•					
(C)						!				
(D)										
								-		
(E)										
							_			
					l					

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

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				10,000		10,000	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					3,295,030	3,295,030	
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							
6	Total. Add lines 1 through 5				10,000	3,295,030	3,305,030	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
8	Public support (Subtract line 7c from line 6)						3,305,030	
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		т				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
9	Amounts from line 6				10,000	3,295,030	3,305,030	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			•				
С	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)				10,000	3,295,030	3,305,030	
14	First five years. If the Form 990 is for the	organization's first.	second, third, four	th, or fifth tax vear a				
	organization, check this box and stop here	-	•	•		•	<b>▶</b> □	
Sec	tion C. Computation of Public Su	pport Percent	tage					
15	Public support percentage for 2017 (line 8,	column (f) divided	by line 13, column	(f))		15	100.00%	
16	Public support percentage from 2016 Sche	dule A, Part III, line	15			16	100.00%	
Sec	tion D. Computation of Investme					<del></del>		
17	Investment income percentage for 2017 (lin			column (f))		17	%_	
18	Investment income percentage from 2016					18	<u> %</u>	
19a	33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line							
	17 is not more than 33 1/3%, check this bo						▶ X	
b	33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.							
20						nzalium		
20	Private foundation. If the organization did	HOLCHECK & DOX OF	1 mic 14, 13d, 01 13	on, chieck this box a	ing see instructions		<b>-</b> _	

Schedule A (Form 990 or 990-EZ) 2017 FLORIDA COMMUNITY DEVELO	PMENT CO	RP 47-5277	831 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			10300
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o		-	
instructions. All other Type III non-functionally integrated supporting organizations	s must complete	Sections A through E	· · · · · · · · · · · · · · · · · · ·
Section 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	1 1		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		•
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		·	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	.8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		

emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

6

Schedule A (Form.990 or 990-EZ) 2017

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions	Current Year				
_1_	Amounts paid to supported organizations to accomplish exempt purported	oses	· · · · · · · · · · · · · · · · · · ·			
2	Amounts paid to perform activity that directly furthers exempt purpose					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supp					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organizations					
	(provide details in Part VI) See instructions					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
		(II)	(iii)			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable		
			Pre-2017	Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017					
	(reasonable cause required-explain in Part VI) See					
	instructions					
3	Excess distributions carryover, if any, to 2017		· · · · · · · · · · · · · · · · · · ·			
а						
b	From 2013					
С	From 2014					
d	From 2015					
е	From 2016					
f	Total of lines 3a through e	•				
g	Applied to underdistributions of prior years					
h	Applied to 2017 distributable amount					
	Carryover from 2012 not applied (see instructions)					
1	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2017 from		···			
	Section D, line 7 \$					
а	Applied to underdistributions of prior years					
	Applied to 2017 distributable amount		· · · · · · · · · · · · · · · · · · ·	·		
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2017, if					
-	any Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI See instructions					
6	Remaining underdistributions for 2017 Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI See instructions	ļ				
7	Excess distributions carryover to 2018. Add lines 3j					
•	and 4c					
8	Breakdown of line 7	· · · · · · · · · · · · · · · · · · ·				
	Excess from 2013					
	Excess from 2014					
	Excess from 2015 Excess from 2016					
	Excess from 2017			•		

FLORIDA COMMUNITY DEVELOPMENT CORP Schedule D (Form 990) 2017 Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (b) Book value (c) Method of valuation (a) Description of security or category Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (b) Book value (c) Method of valuation (a) Description of investment Cost or end-of-year market value (1) (2)(3) (4)(5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13 ) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (b) Book value (a) Description PARTNERSHIP INVESTMENT 3,294,763 (1) (2) (3) (4) (5) (6)(7) (8) (9) 3,294,763 Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes LOANS FROM BOARD MEMBERS 1,230 (2) (3)(4) (5) (6) (7) (8) (9)1,230 Total (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶

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

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ
 Go to www.irs.gov/Form990 for the latest information

► Go to www.irs.gov/Form990 for the latest information

Employer identification number

FLORIDA COMMUNITY DEVELOPMENT CORP

47-5277831

Amended Return Explanation

The organization is partner in a partnership and had not received its form K-1 at the time the return was filed.

Form 990 - Organization's Mission

The purpose for which the Corporation is organized is exclusively charitable, religious, educational, and scientific within the meaning of Section 501(c)(3) of the Internal Revenue code, or the corresponding section of any future federal tax code. In particular, the Corporation shall foster, provide and maintain housing services and social services to very low, low and moderate income individuals and families, and in furtherance thereof, the Corporation may carry out specific activities, including, without limitation: (1) acquiring real estate assets: (2) developing, and constructing commerciasl and residential real estate: and (3) delivering ancillary services to support underserved populations. Notwithstanding any other provision of these Articles, this corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Recenue Code, or the corresponding section of any future federal tax code; OR (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of he Internal Revenue Code or the corresponding section of any future federal tax code.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

FLORIDA COMMUNITY DEVELOPMENT CORP

Employer identification number

47-5277831

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation .
No documents available to the public