

A For the 2015 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminate
 Amended return
 Application pending

C Name of organization **Dalton-Whitfield Community Development Corporation**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) **P.O. Box 248** Room/suite _____
 City or town, state or province, country, and ZIP or foreign postal code **Dalton GA 30722**

D Employer identification number **54-2102541**
E Telephone number _____

F Name and address of principal officer **Jennifer Shearin**
 H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

G Gross receipts \$ **648,298**

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: **www.dwcdc.org** **R(c)** Group exemption number: _____

K Form of organization Corporation Trust Association Other _____

L Year of formation: **2003** **M** State of incorporation: **GA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To facilitate the ability of all Dalton and Whitfield Co. residents to acquire and maintain safe and decent housing.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **7**

4 Number of independent voting members of the governing body (Part VI, line 1b) **7**

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **7**

6 Total number of volunteers (estimate if necessary) **0**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	532,265	556,996
9 Program service revenue (Part VIII, line 2g)	65,232	91,302
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	597,497	648,298
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	332,317	321,295
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	373,166	330,161
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	705,483	651,456
19 Revenue less expenses Subtract line 18 from line 12	-107,986	-3,158
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	127,375	143,624
21 Total liabilities (Part X, line 26)	182,526	201,933
22 Net assets or fund balances. Subtract line 21 from line 20	-55,151	-58,309

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: *Jennifer Shearin* Date: **1/9/17**
 Type or print name and title: **Jennifer Shearin Executive Director**

Paid Preparer Use Only
 Print/Type preparer's name: **Rob Estes** Preparer's signature: *Rob Estes* Date: **01/06/17** Check if PTIN self-employed: **P00644940**
 Firm's name: **Estes & Walcott** Firm's EIN: **20-3807867**
 Firm's address: **Dalton, GA 30722-0749** Phone no: **706-529-0749**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

SCANNED JAN 11 2017

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