(Rev January 2020)

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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

Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	2019 calen	dar year, or tax year beginning , 2019, a	and ending		<u> </u>	, 20	9					
В	Check if	applicable	C Name of organization Better Community Deve	lopmen	t, Inc.		oyer identification number	نت					
	Address	change	Doing business as		•	58-	1807967						
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address)	Rooi	m/suite		hone number	4					
	Initial ret	turn	4000 W. 13+4			501)	379-1539	<u>ب</u>					
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			•							
	Amende	d return	Little Rock, AR 72204			G Gross	receipts \$/808532	29					
	Applicat	ion pending	F Name and address of principal officer		H(a) Is this a gr	- roup return fo	or subordinates? Yes No	0					
			William Robinson Ir (sque as abo	re	Η(b) Are all s	ubordinat	es included? 🔲 Yes 🔲 No						
ī	Tax-exe	mpt status.	2 501(c)(3)		If "No,"	attach a li	st (see instructions)	-					
J	Website	· >		<u> </u>	H(c) Group e	xemption	number ►	_					
ĸ	Form of	organization 💽	Corporation ☐ Trust ☐ Association ☐ Other ► L Ye	ear of formatio	n	M State	of legal domicile AR						
P	art I	Summa	ry										
\equiv	1	Briefly des	cribe the organization's mission or most significant activities	Assis	+ ia	Pr	oviding						
Revenue SCANANTINITIES & Go. Br. 123-129-129-129-129-129-129-129-129-129-129	QF4	ordal	le housing to low income ci	tizen	Subs	for my	ce prevention						
Š	010	tre	etment subgreens, and necess	9 5	ocial	5/2	115.						
Bert	2	Check this	box I gifthe organization discontinued its operations or o	disposed of	more than	25% of	its net assets.						
Ó	3					3							
Ğ	4	Number of	independent voting members of the governing body (Part V	I, line 1b)		4							
Jes	5		per of individuals employed in calendar year 2019 (Part V, lin			5							
	6	Total num	per of volunteers (estimate if necessary)			6							
*	7a					7a							
Z	b		ted business taxable income from Form 990-T, line 39			7b							
ن َ	1				Prior Yea	ır	Current Year						
Š	8	Contribution	ons and grants (Part VIII, line 1h)	7.	700,6	88	1.533.182						
ng.	9		ervice revenue (Part VIII, line 2g)	🖰		09	132,670						
Š	10	•	t income (Part VIII, column (A), lines 3, 4, and 7d)	🗀									
æ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		141.80	0 /	142,680						
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A),		879.79		1808532						
	13		d similar amounts paid (Part IX, column (A), lines 1-3)	''									
	14		aid to or for members (Part IX, column (A), line 4)	🗀									
w	14-	•	ther compensation, employee benefits (Part IX, column (A), line	s 5–10)	576,4	37	602,856						
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)	🗀 🗀		;							
per	b		raising expenses (Part IX, column (D), line 25)										
ŭ	17				555.7	45	1,493,911						
	18	Total expe	enses (Part IX, column (A), lines 11a-11d, 110-24e)FIVFD enses. Add lines 13-17 (must equal Fart riX, column (A), line 2	5)]	132.18	72	2.096.767						
	19		ess expenses. Subtract line 18 from line 12	7,81	252,38	74>	(288,235)						
<u> </u>	3		B NOV 2 3 2020		ginning of Cur								
ets (20	Total asse	ts (Part X, line 16)		618.47	9	4.302 893						
Ass	21		ities (Part X, line 26) OGDEN: LIT	니도! 남	437/3	14	1.411.783						
Net Assets or	22		s or fund balances. Subtract line 21 from line 20		1793	45	2.891.110						
	art II		ire Block		/ 		100000000000000000000000000000000000000						
_			, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the	e best of	my knowledge and belief, it is						
tri	ue, correc	ct, and comple	te Declaration of preparer (other than officer) is based on all information of wi	hich preparer i	nas any knowle	dge							
_	-	1/	Plan H. Robinson, Or.			11-1	6-20						
Si	gn	Signa	ture of officer		X Date		,	ı					
	ere	XW	Illiam H. Robinson Executive Dire	ctor	, ,			1					
•		Type	or print name and title	CITT				ļ					
		- 1 ' 	e preparer's name "Preparer's signature	Date	e	Check	of PTIN	1					
	aid	41-		CDA		self-em	ployed P01576274	•					
	repare	Complement	K. Minor CPA Hand. Afina,		Eirm		71-0653245						
U	se On	Firm's na	77,40	10 7		ne no	11-04764-1						
<u> </u>	av tho !		this return with the preparer shown above? (see instructions	1R 7/4	J FIIOT	IR IIO	Yes No						
			tion Act Notice, see the separate instructions.		11282Y	- : - : -	Form 990 (2019)						
rο	reaper	WORK REGUC	uon aci nouce. see ine sedarate instructions.	Oat NO	112021		FUIII 330 (2019)						

, Form 9	Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
S & ; ' S-	t is Avoriding of Fordable housing to low income
tiz	ens substance Drevention and tradement programs.
nd	t in providing affordable housing to low income ens, substance prevention and tradement programs, necessary social skills.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,096,767 including grants of \$) (Revenue \$ 1,808,532)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
	<u></u>

4d Other program services (Describe on Schedule O.)

Total program service expenses ▶

(Expenses \$

including grants of \$

) (Revenue \$



Part IV	Checklist	of Required	Schedules

			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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		\
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		Ī
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? <i>If "Yes," complete Schedule C, Part II</i>	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		/
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		/
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		V
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		>
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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		/
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.			
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	/	
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		v
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		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		V
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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		V
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
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		/
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		,
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	<u> </u>	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		~
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	<u> </u>	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1/1
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		/

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		/
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		V
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		/
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ノ
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	25a		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):			$_ $
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		/
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		1
33	complete Schedule N, Part II	33		✓ ✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line</i> 2	36		/
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	/	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· ·	<u> </u>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	<u></u>	Yes	No
1a b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	V	

orm 99	io (2019)		F	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 on Schedule O .	3b		1/1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		V
b	If "Yes," enter the name of the foreign country ▶	٠. ٠	-	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	٠		
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		V
С	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		1/4
7	Organizations that may receive deductible contributions under section 170(c).		** ** '	7 7 74
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?	7a		<u> </u>
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	•	
d	If "Yes," indicate the number of Forms 8282 filed during the year			·
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g 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		5	<u></u>
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	,		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	*		
а	Initiation fees and capital contributions included on Part VIII, line 12		١.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1 ^ `		١.,
11	Section 501(c)(12) organizations. Enter:	1	ļ '	
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	<u>.</u>	<u> </u>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			-
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L <u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			^ , .
b	Enter the amount of reserves the organization is required to maintain by the states in which		٠ .	
	the organization is licensed to issue qualified health plans			`
С	Enter the amount of reserves on hand	, ·	,	به سر . معام
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	ļ.,
	If "Yes," see instructions and file Form 4720, Schedule N.			<u> </u>

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

16

art '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	iee in	struct	ion:
4:	Check if Schedule O contains a response or note to any line in this Part VI		• •	
ecti	on A. Governing Body and Management	T	Yes	No
4.	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	Į	1	•
	if the governing body delegated broad authority to an executive committee or similar	- 1		
	committee, explain on Schedule O.		-	
b	Enter the number of voting members included on line 1a, above, who are independent . 1b //]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	٠.		
	any other officer, director, trustee, or key employee?	2	J	V
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		
4	supervision of officers, directors, trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		·/
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Y
5 6	Did the organization become aware during the year of a significant diversion of the organization is assets?	6		. /
	· · · · · · · · · · · · · · · · · · ·	-		_
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		/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			. 4
	stockholders, or persons other than the governing body?	7b		<u>, v</u>
ጸ	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	, ,	
_	the year by the following:	. ~		
a	The governing body?	8a 8b	V	
þ	Each committee with authority to act on behalf of the governing body?	on	V	
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 on Schedule O	9		
oti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		ode l	
Cu	on B. Policies (This Section B requests information about policies not required by the internal never	<u> </u>	Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a	1.03	v
		100		Y
Ь	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		
140	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	_
1a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
2a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
b		120	/	
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	1	L
14	Did the organization have a written document retention and destruction policy?	14	V	_
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	V	<u> </u>
b	Other officers or key employees of the organization	15b	V	ļ
	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	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		•	1
	organization's exempt status with respect to such arrangements?	16b	1	
	ion C. Disclosure	-		
ect	List the states with which a copy of this Form 990 is required to be filed ▶			_
		T /C-	ction	501
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	1 (Oe)		
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	1 (56		
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-33 only) available for public inspection. Indicate how you made these available. Check all that apply.	1 (56		
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(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 on Schedule O)			امد
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(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 on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of			loc
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(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 on Schedule O)	of Inte	erest	oolı

Part VII	Compensation of Officers,	Directors, Tru	stees, Key	Employees,	Highest C	ompensated	Employees,	and
	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	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
	,			•	C)					
(A)	(B)	(do n		Pos		e than c	nne	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	95	5	0	Key	욕표	Ţ	from the	related organizations	other compensation
	related	흑물	stiti	Officer	¥ (ng ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations	S C	ŧ	4	Ę	ye c	역	(W-2/1099-MISC)		organization
	below dotted	익출	nal		employee	" Š				and related
	line)	Individual trustee or director	tru		e	per				organizations
		16	Institutional trustee			Highest compensated employee				
				<u> </u>		8.				
(1) Philip Hood, Choir	,									
we will proper a super-	† ' -							0	0	0
(2) Dr. Boanie Hatchett	11									
Vice Chqi				_	<u> </u>			0	0	0
(3) James Howard, Treasurer	 				Ì			0	O	0
(4) Thousand Blount	1	-	┢					 		
Manalya Dievat	 		Ì					0	0	0
(5) Charlie Bruce SY.										
· · · · · · · · · · · · · · · · · · ·	<u> </u>		ļ			<u> </u>		P	0	0
(6) Ivy Creashow	ļ <u>(</u>	ļ					•		0	
(7) Karya Bradford-Colomo	.	-	<u> </u>	-	├	 		•		0
(1) Karya Ovas Javs-cojema	4	1						0	0	0
(8) Kimberly Enoch	1									
•					_			D	0	0
(9) Telly 10el	<u> </u>]								
		ļ		<u> </u>	<u> </u>	ļ	<u> </u>	0	0	0
(10) Tyniska Tolbert	<i>I</i>	ł						0	P	0
(11) Sandra B. Nichols	 , 		\vdash		╁╌	<u> </u>	╁╌		<u> </u>	
JUNE VA D. II JERRIS	† '	1						0	0	0
(12)		1								
400	 	 		_	_	-	<u> </u>	 		
(13)	 	1								
(14)	 	 	+	\vdash	\vdash	 	+	 	 	
.14)	†	1								

Part	VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d H	lighest Compe	nsated En	nployees (continued)
	(A) Name and title	(B) Average hours per week	box, office	unles er an	Pos neck ss pe	rson	ore than one no is both an octor/trustee) Reportable compensation from the		Reportable compensation	(E) Reportable compensate from relate	on of other
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organization (W-2/1099-M	
(15)											
(16)											
(17)						\vdash					
(18)						-				<u></u>	
(19)			<u></u>	-		┝		_			
(20)											
(21)					-						
(22)			-			-					
				-				_			
(25)			-								
	Subtotal		<u> </u>	L	<u>. </u>	<u>. </u>	<u>. </u>	<u> </u>	0	0	0
c d	Total from continuation sheets to Part		n A					▶	0	0	0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited				_		e) w	<u> </u>		
3	Did the organization list any former employee on line 1a? <i>If "Yes," complete</i>	officer, dire						-	•	-	
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	con	npe	nsatio	n a		nsation fron	n the
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or indiv	idual 5
Secti	on B. Independent Contractors										
1	Complete this table for your five hig compensation from the organization. Rep										
	(A) Name and business add	dress							(B) Description of sen	vices	(C) Compensation
		-									
	Tatal number of indeed deal and a	الداداد ما المسا		.4 :-		li=- '			ago lighted above	(a)t = 11 -	
2	Total number of independent contractor received more than \$100,000 of compensations.								nose listed abov	e) who	

Part	VIII	Check if Schedule O contains a response or note:	to any	/ line in this Pa	rt VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a–1f 1g \$ Total. Add lines 1a–1f	b /	1 () > 1 ()		. •	
	- "	Business Co	ode	,533,182			
ervice ue	2a b	Hodsing Construction 23610		132,670			
Program Service Revenue	c d e						
P.	f g	All other program service revenue		132,670	-	- " - " - "	
	3 4 5 6a b	Investment income (including dividends, interest, other similar amounts)	ds D				-
	c	Rental income or (loss) 6c 142,680		142 (5 6			
	d 7a	Net rental income or (loss)	er .	142,680	<u> </u>		
evenue	b	Less. cost or other basis and sales expenses . 7b					
	d	Gain or (loss)					
Other R	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a			-	-	
	b	Less: direct expenses 8b					
	с 9а	Net income or (loss) from fundraising events Gross income from gaming	>				
	h	activities. See Part IV, line 19 . 9a Less: direct expenses 9b					
	b	Less: direct expenses					
		Gross sales of inventory, less		· · · · · · · · · · · · · · · · · · ·		2	,
	b	returns and allowances 10a Less: cost of goods sold 10b			<u> </u>		
	С	Net income or (loss) from sales of inventory	•				-
Sno		Business C	Code ,	`			
Miscellaneous Revenue	11a						-
scellaned Revenue	b						
Sce	d	All other revenue	+		-		
Ξ		Total. Add lines 11a–11d	•		2		
	12	Total revenue. See instructions		1.808532			

Part IX	Statement of	Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	in this Part IX .	<u>.</u>	<u> </u>
	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			A a trapped to the control of the co	THE ACTION THE IS NOT A STREET
2	Grants and other assistance to domestic individuals. See Part IV, line 22			4	The second secon
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
6	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	440,085	440,085		
9 10 11	Other employee benefits	78,371 84,400	78,371 84,400		
a b	Management				
c d e	Accounting				
f g	Investment management fees	/2074	43.07.0	An You'll report to	
12 13	Advertising and promotion	139,710	139,710 337 46,425		
14 15	Information technology	46,425 6,362	6,362		
16 17	Occupancy	203,119	203,119		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21	Conferences, conventions, and meetings . Interest	49,259	49,259		
22 23	Depreciation, depletion, and amortization . Insurance	123,829	123,829 68,672		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		£		
a b	Program Housing Costs Program 700d Costs	702,524	702,524		
c d e	All other expenses	44,933	44,933		
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,096,767	2,096,767		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	ırt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	210,078	1	59,521
1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	The state of the s		
l		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	the transfer of the second	- 6 	· part print and the
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	41,200	8	0
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5344829	The state of the s		
	ь	Less: accumulated depreciation 10b /, /0/, 457	4,367,201	10c	4,243,372
	11	Investments—publicly traded securities	1,367,507	11	· · · · · · · · · · · · · · · · · · ·
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	.,	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,618,479	16	4.302.893
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabili:ies	22	Loans and other payables to any current or former officer, director, limstee, key employee, creator or founder, substantial contributor, or 35%		7,0°,	
abi		controlled entity or family member of any of these persons		22	
<u>ו</u>	23	Secured mortgages and notes payable to unrelated third parties	1,439,134	23	1,411,783
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,439,134	26	1,411,783
nces		Organizations that follow FASB ASC 958, check here ► 😾 and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	3,179,345	27	2,891,110
ä	28	Net assets with donor restrictions		28	•
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.	i bo y		
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ A	32	Total net assets or fund balances	3,179,345	32	2,891,110
ž	33	Total liabilities and net assets/fund balances	4.618.479	33	4302.893
					Form 990 (2019)

Form 990 (2019)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>808</u>		
2	Total expenses (must equal Part IX, column (A), line 25)		096		
3	Revenue less expenses. Subtract line 2 from line 1	نکا	2 <i>88</i>	, 2.	<u>35</u> ,
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4_	3,	<u> 179</u>	<u>7, 3.</u>	<u>45</u>
5	Net unrealized gains (losses) on investments	<u> </u>			
6	Donated services and use of facilities	↓			
7	Investment expenses	Ь—			
8	Prior period adjustments	Ь—			
9	Other changes in net assets or fund balances (explain on Schedule O)	<u> </u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	_			
	32, column (B))	<u> Z</u> ,	.89	1, 1	10
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · ·</u>	· ·	· ·	
	Assessment Total		Marze	Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		6	14	3
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	11 111			ني ^{ان} مستاق المور
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	7	2/
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	d ar	20		
	reviewed on a separate basis, consolidated basis, or both.	1 01	, ,		
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		- Control
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	ากล	344	200	
	separate basis, consolidated basis, or both.	,,, u			
	Separate basis Consolidated basis Both consolidated and separate basis				12.0
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	ht of			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	V	
	If the organization changed either its oversight process or selection process during the tax year, explain			3 24	50
	Schedule O.		\$14 °C	1	
За	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	V	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			/	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3 .	3b	V	L
			Forn	n 990	(2019)

Page **12**

· SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

	Better Co	may unit	y Develop	ment	Inc.	58-1807	767	
Par				complé	te this pa	art.) See instructio	ns.	
he o	rganization is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only on	e box.)		
	☐ A church, convention of church						1	
2	☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3								
4								
_	hospital's name, city, and state							
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	ownea o	r operate	d by a government	ai unii described i	
6 7								
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)				
9	An agricultural research organi or university or a non-land-grauniversity:							
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur income and unr	nctions—subject to co related business taxat	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	า 33¹/₃% of its	
11	☐ An organization organized and	operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).		
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organizatioi	ns described in secti	on 509(a)(1) or s e	ection 509(a)(2). See	e section 509(a)(3	
_		_	· ·					
а	Type I. A supporting organ the supported organization	(s) the power to	regularly appoint or e	lect a ma	jority of t			
	supporting organization. Yo	•	•				(a) hla a	
b	Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same				
С	Type III functionally integ						ally integrated with	
d	Type III non-functionally into that is not functionally into requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	- '	
е	Check this box if the organ functionally integrated, or 1						e II, Type III	
f	Enter the number of supported of	organizations .						
g	Provide the following information	n about the supp	orted organization(s).					
	(i) Name of supported organization	(n) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
(A)								
(B)								
(C)		-						
(D)					-			
(E)								
Tota								

•	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	on A. Public Support	y quality arrac	51 1110 10010 III	red Bolott, p	loude comple		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						9,476,839
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,,,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	,,,,,,	, = , , , , ,		,
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,992,950	1,943,849	1,851,710	1,879,798	1,808,532	9,476,839
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	2118-7-257	.0200		2. 4 4.55		7,4-16,83
	on B. Total Support	14 **	- W		To ake		11, 110,03
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,992,950	1,943,849	1.851.710	1,879,798	1.808.532	9,4-76,839
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						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, secon				
Secti	on C. Computation of Public Suppo	rt Percentag	e				
14	Public support percentage for 2019 (line			1, column (f))		14	100%
15 16a b	Public support percentage from 2018 Sc 331/3% support test—2019. If the organ box and stop here. The organization qua 331/3% support test—2018. If the organ	hedule A, Part ization did not alifies as a publ	II, line 14 check the boolicly supported	 x on line 13, ai l organization	 nd line 14 is 33		/ 0 0 % check this ▶ □
D	this box and stop here. The organization						> 🗀
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization meets the Part VI how the organization meets the organization	019. If the org	anization did r -and-circumst	not check a bo ances" test, cl	ox on line 13, 1 heck this box	and stop here	d line 14 is . Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets th	ne "facts-and- ts-and-circum	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization Community Development, Inc Organizations Maintaining Donor Adviséd Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) . 2 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items \$_____ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Part	III Organizations Maintaining	Collections of A	rt, Hist	torical T	reasures,	or Oth	ner Similar <i>F</i>	Assets (co	ontinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and othe	er recor	ds, chec	k any of the	follow	ing that make	significan	t use of its
а	☐ Public exhibition		d	🗌 Loan (or exchange	e progra	am		
b	☐ Scholarly research		e	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	non's collections an	d expla	ain how th	ney further t	the orga	anızatıon's ex	empt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be maintain							es 🗌 No
Part	Complete if the organization 990, Part X, line 21.	•	on For	m 990, F	Part IV, line	9, or r	reported an a	amount or	n Form
	Is the organization an agent, trustee, included on Form 990, Part X?								es 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and complete	e the fo	ilowing ta	able:		<u> </u>	Amount	
С	Beginning balance					1c	, i		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amour								
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the ex	kplanation	n has been	provide	d on Part XIII		
Part									
	Complete if the organization								
		(a) Current year	(b) Pro	or year	(c) Two years	s back	(d) Three years ba	ack (e) Fou	r years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships				-				
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t			e (line 1g	, column (a))) held a	ıs:		
а	Board designated or quasi-endowmer	nt ▶	%						
b	Permanent endowment ▶	%							
С	Term endowment ▶%								
	The percentages on lines 2a, 2b, and	2c should equal 100	0%.						
3a	Are there endowment funds not in the	e possession of the	organi	zation tha	at are held a	and adr	ministered for	the	
	organization by:								Yes No
	(i) Unrelated organizations							. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganızations listed a	ıs requi	red on So	chedule R?			. 3b	
4	Describe in Part XIII the intended uses	<u> </u>	's endo	wment fu	unds.				
Part	VI Land, Buildings, and Equip Complete if the organization		on For	m 990, F	Part IV, line	e 11a. S	See Form 99	0, Part X,	line 10.
	Description of property	(a) Cost or othe (investmen			or other basis ther)		Accumulated preciation	(d) Bo	ok value
1a	Land	360,6	62					360	662
b	Buildings	4.862.2	77			97	9,667	3.88	2.710
C	Leasehold improvements						•,	7	
d e	Equipment	121,7	90			12	1,790)
	Add lines 1a through 1e. (Column (d) n	nust equal Form 990). Part 2	X. column	(B), line 10)c).		424	3372

Part		-	Return.	
	Complete if the organization answered "Yes" on Form 990, I		110	0.7.5
1	Total revenue, gains, and other support per audited financial statements		1,2	08,532
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا	3	
a	Net unrealized gains (losses) on investments	2a	-	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants		_ !2	
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5 1,80	8,53Z
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses p	er Return.	-
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1 2,09	6,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c	1	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	\	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
-	·			
c	Add lines 4a and 4h		4c	
С 5			4c 5 7 0 9	96 767
5 Part	Add lines 4a and 4b	e 18.)	5 2,0	76, 767 , Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5 Z , 0 9 b; Part V, line 4	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 Z , 0 9 b; Part V, line 4	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 Z , 0 9 b; Part V, line 4	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 Z , 0 9 b; Part V, line 4	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 Z , 0 9 b; Part V, line 4	
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 Z , 0 9 b; Part V, line 4	

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.

OMB No. 1545-0047

▶ Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Better Community Development, Inc. 5	8-1807967
Part VI - Line 11(6)	
Form 990 reviewed and discu	115 e d
during board meetings	
Part VI - Line 12 (e)	
Copy of policy given to employ	vees.
Monitoring conducted during group	Meatings
Copy of policy given to employ Monitoring conducted during group and interviews.	<i>O</i>
Part VI - Line 15	
Compensation compered with	similar_
Compensation compered with positions in similar organizations.	3
Payt VI - Line 19	
Documents and Financial State	meats
maintained on File at home of-	
Files maintained and made availab	
publie upoa request.	

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