Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

For the 2016 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change Community Development Corporation Name change Number and street (or PO box, if mail is not delivered to street address) Room/suite 62-1765405 E Telephone number Initial return 1067 EAST RAINES RD ZIP code Final return/terminated City or town State 901-332-2555 Amended return MEMPHIS TN38116-F Group Exemption Foreign country name Foreign province/state/county Application pending Foreign postal code Number ▶ Cash X Accrual H Check ► if the organization is Accounting Method Other (specify) Website: ▶ not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Tax-exempt status (check only one) — X 501(c)(3) 501(c) (4947(a)(1) or) (insert no) Form of organization X Corporation Trust Association Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 350. (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 5a_ 5a Gross amount from sale of assets other than inventory . . . c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less. direct expenses from gaming and fundraising events. . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 7a Gross sales of inventory, less returns and allowances . . . 7a 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). Other revenue (describe in Schedule O) 8 8 350 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 9 Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors . 1 ... 13 13 14 14 Printing, publications, postage, and shipping 15 15 350. 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 599 Other changes in net assets or fund balances (explain in Schedule O) 20

Net assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2016)

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| R HAROLD ROLLINSON OARD MEMBER Hr/WK Hr/WK Hr/WK Hr/WK | Part IV List of Officers Check if the org (a) Name OBERT J SMITH N HAIRMAN R BOOKER T CAMI ICE CHAIRMAN VETTE CAMPER ECRETARY P GIBSON DDS OARD MEMBER LIVER HARDY MD OARD MEMBER | e, Directors, Trustees, and I panization used Schedule O to the and title MD PER JR | Key Employ to respond to (b) A hours i devoted Hr/WK Hr/WK Hr/WK | verage per week to position 10 15 10 | one even if not comp in this Part IV . (c) Reportable compensation (Forms W-2/1099-MIS | censated—see the contribution employee beneared deferred contribution contribution employee beneared deferred contribution contribution employee beneared contribution contribution employee beneared contribution co | e instruct | tions for Part IV) |
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Form **990-EZ** (2016)

| | instructions for Part V) Check if the organization used Schedule O to respond to any question in the | io rai | | <u>_</u> |
|----------|---|----------|--------------|---------------|
| 22 | Did the experience engage in any significant activity and applicable and the IDCO ISING A second | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | Х |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | 33 | | - 1 |
| - | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| | change on Schedule O (see instructions) | 34 | | Х |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | - | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | l | Χ |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | _ |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | Χ |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | ļ | | |
| _ | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved | 4 | İ | |
| 39 | Section 501(c)(7) organizations Enter: | 1 | | |
| | Initiation fees and capital contributions included on line 9 | 1 | | |
| | Gross receipts, included on line 9, for public use of club facilities | 1 | | |
| 40 a | section 4911 ► | | | |
| h | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | [: | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | \ | Х |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | 1 | | |
| | on organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | |] | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | | |
| | 40c reimbursed by the organization | | | ļ |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | <u> </u> | X |
| 41 | List the states with which a copy of this return is filed. | | | |
| 42 a | The organization's books are in care of ► BOOKER CAMPER CPA Telephone no ► 90 | 1-33 | 2-25 | 555 |
| | Located at ► 1067 EAST RA City MEMPHIS ST TN ZIP+4 ► 38 | 116- | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | Х |
| | If "Yes," enter the name of the foreign country: | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | |
| | Financial Accounts (FBAR) | | | |
| C | At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | <u> </u> | Χ |
| | If "Yes," enter the name of the foreign country. ▶ | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | , | ▶ _ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes | No |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44a | <u> </u> | Х |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44b | ļ | Х |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | ļ | X |
| d | | | | - |
| | explanation in Schedule O | 44d | <u> </u> | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| 45 b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | J | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-FZ (see instructions) | 45b | | -v- |
| | TOTAL 22014 120 H30000131 | (1C++) | 1 | 1 (1 |

| 62-1 | .76 | | Yes | No X |
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| e tax | | 47 | Yes | No_X |
| | • | 48 49a | | X |
| rectors, truste s none, enter ' | | 49b and k | еу | |
| Health benefits, outlons to employee plans, and deferred | (e |) Estim | ated amo | |
| compensation | | | | |
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Form 990-EZ (2016) Community Development Corporation Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in op-Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and comp 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the vear? If "Yes." complete Schedule C. Part II ΔR Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization?. . . . **b** If "Yes," was the related organization a section 527 organization? . . . Complete this table for the organization's five highest compensated employees (other than officers, or employees) who each received more than \$100,000 of compensation from the organization. If there (b) Average (c) Reportable (a) Name and title of each employee hours per week compensation (Forms W-2/1099-MISC) devoted to position Hr/MK Name Hr/WK Hr/WK HrΛΛΚ Name Total number of other employees paid over \$100.000 Complete this table for the organization's five highest compensated independent contractors who ea \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service Name NONE City ST Name Str ST Name Str ST ZIP Str ST Str ST ZIP City d Total number of other independent contractors each receiving over \$100,000. Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Under penalties of penury, 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 Signature of officer Date BOOKER T CAMPER Here VICE CHAIRMAN

Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if self-employed Paid BOOKER T CAMPER JR BOOKER T CAMPER JR P00846104 **Preparer** Firm's EIN ▶62-1111798 ▶ BOOKER T CAMPER JR CPA **Use Only** Firm's address MEMPHEASTNRABNES-RD 901-831-2988 Phone no May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes