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Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

## 2015

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning 2015, and ending 2015, and ending 20

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

**C** Name of organization Center For Transforming Communities, Inc  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
258 N Merton Av  
 City or town, state or province, country, and ZIP or foreign postal code  
Memphis, TN 38112

**D** Employer identification number  
62-1769933

**E** Telephone number  
901-324-3005

**F** Name and address of principal officer: Amy Moritz  
258 N Merton Av, Memphis, TN 38112

**G** Gross receipts \$ 266,215

**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)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ www.centerfortransformingcommunities.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1996 **M** State of legal domicile: TN

ENVELOPE  
POSTMARK DATE SEP 12 2019  
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043654672702  
NO STATUTE ON ENSSS1 STATUTE ON

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The organization fosters community change through congregations that re-engage their communities in collaborative approaches. Churches are equipped and energized to move outward and reclaim their roles as anchors in their neighborhoods. Through this strengthened connection, (cont'd - Sch O)</u>		
	2	Check this box <input type="checkbox"/> 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)	<u>3</u>	<u>15</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>15</u>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<u>5</u>	<u>6</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>35</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>
Revenue	8	Contributions and grants (Part VIII, line 1b)	<u>194,525</u>	<u>199,259</u>
	9	Program service revenue (Part VIII, line 3)	<u>73,017</u>	<u>65,712</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>290</u>	<u>372</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10d)	<u>0</u>	<u>872</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>267,832</u>	<u>266,215</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>79,921</u>	<u>160,069</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>58,836</u>	<u>86,068</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>138,757</u>	<u>246,137</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>129,075</u>	<u>20,078</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>783,208</u>	<u>803,898</u>
	21	Total liabilities (Part X, line 26)	<u>40</u>	<u>652</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>783,168</u>	<u>803,246</u>

STATEMENT RECEIVED  
SEP 27 2019

RECEIVED  
B633  
SEP 24 2019  
K.S.O.S.  
ODDEN, ST

010-126

SCANNED OCT 1 0 2019

### 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: Amy C. Moritz Date: 9/13/16  
 Type or print name and title: Amy C. Moritz, Executive Director

**Paid Preparer Use Only**

Preparer's name: Robin Taylor Preparer's signature: Robin Taylor Date: 9/13/16 Check  if self-employed PTIN: P00965406  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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

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