

Return of Organization Exempt From Income Tax

2016

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **2016**, 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

G Gross receipts \$ **304,988**

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

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)

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

Part I Summary		Prior Year	Current Year
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)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	150
7a	Total unrelated business revenue from Part VIII, column (A), line 3e	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 31e	7b	0
8	Contributions and grants (Part VIII, line 1h)	199,259	231,184
9	Program service revenue (Part VIII, line 2g)	65,712	71,230
10	Investment income (Part VIII, column (A), lines 3, 4, 5, 6, 7, 8, 9, 10, 11, 12)	372	317
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 11e)	872	2,257
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	266,215	304,988
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	160,069	171,244
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	86,068	91,026
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	246,137	262,270
19	Revenue less expenses. Subtract line 18 from line 12	20,078	42,718
20	Total assets (Part X, line 16)	803,898	848,569
21	Total liabilities (Part X, line 26)	652	1,307
22	Net assets or fund balances. Subtract line 21 from line 20	803,246	847,262

SCANNED OCT 10 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: 6-5-17
 Type or print name and title: Amy C. Moritz

Paid Preparer Use Only
 Preparer's name: Robin Taylor Preparer's signature: Robin Taylor Date: 6/12/17 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

2b