DLN: 93493208004386

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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 <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

		2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-20:	15	— — .			
	heck if app	EAST BAKER HISTORICAL AND TWENTY- F		D Emple	oyer idei	ntification number	
Ad	ddress cha	CENTURY COMMUNITY CORPORATION INC			01-0677281		
_ N	ame chan	Doing business as					
$ _{ m In}$	ıtıal return						
Final		Number and street (or P O box if mail is not delivered to street address) Room/suite		E Teleph	E Telephone number		
return/terminated		nated PO BOX 738	9 BOX 738		(229)734-7075		
— _{Ar}	mended re	ded return City or town, state or province, country, and ZIP or foreign postal code					
— Application pend		NEWTON, GA 398700738		G Gross	receipts \$	102,443	
, , ,	opileation [
		F Name and address of principal officer DAVIE COWART		this a group			
		406 S HARDING		bordinates?		□Yes □No □Yes □No	
		ALBANY,GA 31707	1	e all subord cluded?	inates	j Yesi No	
					n a list	(see instructions)	
Tax-exempt st		t status	H(c) G	roup exemp	nber ►		
J V	Vebsite:	► WWW EASTBAKER NET]				
				f formation 2	002 M	State of legal domicile GA	
		Summary					
		1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION'S MISSION IS TO PROVIDE SERVICES, OPPORTUNITIES, RESOURCES AND FACILITIES TO LOW					
		ORGANIZATION'S MISSION IS TO PROVIDE SERVICES, OPPORTUNITIES, RESOURCES AND FACILITIES TO LOW OME RESIDENTS OF BAKER AND SURROUNDING COUNTIES THAT WILL RESULT IN AN IMPROVED QUALITY OF LIFE					
ဗ		00112 N20192N10001 SANAZKAMD 00 NNO 00 00 N120 11111 W222 N20021 11111 NO 120 QUALLET OF 2212					
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e.	_						
Governance	2 CI	neck this box 🔰 if the organization discontinued its operations or disposed o	of more than	n 25% of its	net as:	sets	
	1				з		
Activities &	1	3 Number of voting members of the governing body (Part VI, line 1a)				15	
	1	4 Number of independent voting members of the governing body (Part VI, line 1b)			4	15	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)				5	2	
					6	2.5	
	1	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0	
	b Net	t unrelated business taxable income from Form 990-T, line 34			7b		
Revenue			P	Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)		11,940		53,445	
	9	Program service revenue (Part VIII, line 2g)		16,025		19,904	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		757 27,479 56,201		711	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				28,383	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	е			102.442	
		12)		50,	,201	102,443	
	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)		10,880		0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines				14,068	
\$		5-10)					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0	
ਡੋ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0					
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		95,201 106,081		95,715	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)				109,783	
	19	Revenue less expenses Subtract line 18 from line 12	-49,880		,880	-7,340	
Net Assets or Fand Balances			Reginnin	Beginning of Current Year		End of Year	
			Degiiiiii			Life of real	
	20	Total assets (Part X, line 16)	. 2,383 319,724			312,016	
	21	Total liabilities (Part X, line 26)			,383	288	
zZ	22	Net assets or fund balances Subtract line 21 from line 20			,724	311,728	
	rt II	Signature Block					
ny l	knowledg	ties of perjury, I declare that I have examined this return, including accompar ge and belief, it is true, correct, and complete Declaration of preparer (other the any knowledge					

Sign Here		Signature of officer		Date			
		MATTIE VAUGHN TREASURER					
		Type or print name and title					

Preparer's signature DANIEL S WILLIS CPA

Firm's name TAYLORCHANDLER LLC

Firm's address ► 2421 WESTGATE DR STE B

May the IRS discuss this return with the preparer shown above? (see instructions)

Print/Type preparer's name DANIEL S WILLIS CPA

Paid

Preparer

Use Only

Check

Firm's EIN 🟲 20-0070701

Phone no (229) 439-0064

Date 2016-06-29 PTIN P01281587

. ▼Yes □No