SCANNED OCT 1 9 2016

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A For the 20	15 calendar year, or tax year beginning , and or	nding	
B Check if appl	cable C Name of organization The Point Community Development Corporation	Inc D Employer Identification	on number
Address char			
Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite	13-3765140	
Initial return	940 Garrison Avenue	E Telephone number	
initial return	City or town State ZIP code Bronx NY 10474	(718) 542-4139	
Final return/term	inated Foreign country name Foreign province/state/county Foreign postal	code	
Amended ret		G Gross receipts \$	1,113,882
Application p	ending F Name and address of principal officer		
	Maria Torres, President 940 Garrison Avenue, Bronx, NY 10474	H(a) is this a group return for subordinate	===
		H(b) Are all subordinates included?	
Tax-exempt s		if "No," attach a list (see instru	uctions)
Website:	thepoint org	H(c) Group exemption number	<del> </del>
Form of organ	nization X Corporation Trust Association Other ► L.Yea	r of formation 1994 M State	of legal domicile NY
Part I	Summary		<u></u>
1 Br	· · · · · · · · · · · · · · · · · · ·	Organization is a community	based non
	ofit organization dedicated to youth development and the cultural and econom		***************************************
re re	vitalization of the Hunts Point section of the Bronx, NY, through combining tale		
2 CI	neck this box • If the organization discontinued its operations or disposed		t accete
5 3 Ni	umber of voting members of the governing body (Part VI, line 1a)		7 (assets
8 4 N	umber of independent voting members of the governing body (Part VI, line 1b)		7
8   5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a).	5	26
. 6 ±0	otal number of volunteers (estimate if necessary)	6	
₹   7a To	otal unrelated business revenue from Part VIII, column (CE) in E2IVED	7a	(
.	et unrelated business taxable income from Form 990-T, line 34	Ø 7b	
· · · ·		Prior Year	Current Year
a 8 C	ontributions and grants (Part VIII, line 1h) SEP 3 0 2016		1,032,177
2 9 Pi	rogram service revenue (Part VIII line 20)	963,660 8,979	7,002,117
Revenue 6 10 10 10 10 10 10 10 10 10 10 10 10 10	vestment income (Part VIII, column (A), lines 3, 4, and and DEN. U.T	106	375
م الم	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c (3c) and 11e)	77,966	81,330
	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,050,711	1,113,882
	rants and similar amounts paid (Part IX, column (A), lines 1–3)	0	(
	enefits paid to or for members (Part IX, column (A), line 4)	o	(
14- 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	700,817	662,490
<b>•</b> 1	rofessional fundraising fees (Part IX, column (A), line 11e)	0	(
B b To	otal fundraising expenses (Part IX, column (D), line 25) ▶ 48,877	· ·	٠, ،
ພີ 17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	369,357	477,206
18 To	otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25) .	1,070,174	1,139,696
19 R	evenue less expenses. Subtract line 18 from line 12	-19,463	-25,814
5 8 S		Beginning of Current Year	End of Year
왕투 20 T	otal assets (Part X, line 16)	673,196	<b>651,6</b> 50
21 T	otal liabilities (Part X, line 26)	362,155	366,423
<sup>포</sup> 훈 22 <u>N</u>	et assets or fund balances. Subtract line 21 from line 20	311,041	285,227
Part II	Signature Block	<u> </u>	
	of perjury, I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the best of my knowledg	8
and belief, it is ti	ue, correct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer has any knowledge.	<del></del>
Sign	Mana		
Here	Signature of officer		
	Maria Torres President i coo		
	Type or print name and title		
	Print/Type preparer's name Preparer's sign		
Paid	Paul Soobryan, CPA		
Preparer			
Use Only	Firm's name Paul Soobryan, CPA		
use Uniy	Firm's address PO Box 389, New York, NY 1011		

For Paperwork Reduction Act Notice, see the separate instructions.

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

	90 (2015)		<u> 13-3765140</u>	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		. 🗆
1	Briefly	describe the organization's mission:	<del>-</del>	
•				
	Title O	tganization is a community based non-profit organization dedicated to youth		
	geveic	opment and the cultural and economic revitalization of the Hunts Point section of the		
	Bronx,	NY, through combining talents of area residents, organization and the art community		
2		e organization undertake any significant program services during the year which were not listed on	_	
		or Form 990 or 990-EZ?	Yes	X No
	If "Yes	s," describe these new services on Schedule O.		
3	Did the	e organization cease conducting, or make significant changes in how it conducts, any program		
	service	es?	T Yes	X No
		s," describe these changes on Schedule O		٠٠٠٠
4		be the organization's program service accomplishments for each of its three largest program servi		l hu
7				
		ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to otr	iers,
	tne tot	al expenses, and revenue, if any, for each program service reported.		
4a	(Code	······································	e\$	)
	Youth	and After School - the Organization provides youth leadership development programs through		
	variou	s activities, such as after school activities, summer camps, etc. to strengthen both		
	acade	mic performance and character building for youths in the neighborhood		
4b	(Code		ıe\$	)
	Arts a	nd Others - the Organization employs media arts and entrepreneurship to excite and energize		
	at risk	youths and other neighborhood residents to empower themselves with the skills necessary to		
	remak	e their community and bring new energy, vibrancy and economic growth to the community		
		***************************************		
		***************************************		
		*,		
4c	(Code	) (Expenses \$ including grants of \$ ) (Revenue)	ıe \$	)
		***************************************		
		***************************************		
4 -		(Describe in Cabatha CO)		
4d		program services (Describe in Schedule O.) nses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	

#### Form 990 (2015) The Point Community Development Corporation, Inc. 13-3765140 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 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, 5 Χ 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 6 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 . . . . . Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V . . . 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b Х c 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 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 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.

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 

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 . . . .

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)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

14b

15

Х

Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		<u>X</u>
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		X
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	X	<u></u>
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			
1.	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>X</u>
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 "Year" complete Schodule I. Part I.	25-		
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
D	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		1
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<del>-</del> -		<del>  ^`</del>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Ιx
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			A.W.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>  X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			١.,
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
٥	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	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	251		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b	-	<del>                                     </del>
36	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<del>                                     </del>	+^
J1	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	T	t	<del>  ^``</del>
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	
				(2015)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return. 26 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b 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 Х 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?. С If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . . . . . . . . . . . . . 5c 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?.. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12. . . . . . . . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . . . . . . 13b 13c С Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . . If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b

Part VI Gov

Sect	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 7			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with			
	any other officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or und				
	supervision of officers, directors, or trustees, or key employees to a management company or o		3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		_X_
6	Did the organization have members or stockholders?		6		_X_
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers,	1		
_	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions underta	aken during			
_	the year by the following The governing hedu?				
a b	The governing body?		8a	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		8b		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		Х
Sect	on B. Policies (This Section B requests information about policies not required by the I		•		
	on 2.1 energy (The econom 2 requests information about policies not required by the i	internal Nevenue O	Jue.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters.	1.55		-
	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ū			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х	
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		
13	Did the organization have a written whistleblower policy?		13	_X_	
14	Did the organization have a written document retention and destruction policy?		14	_X_	
15	Did the process for determining compensation of the following persons include a review and ap				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion and decision?	4.5		
a	The organization's CEO, Executive Director, or top management official		15a	_X_	
b	Other officers or key employees of the organization		15b	_X_	
16a		t			
Iva	with a taxable entity during the year?	angement	160		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to every	· · · · · · · · · · · · · · · · · · ·	16a		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to s		1		
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure	· · · · · · · · · · · · · · · · · · ·	1.00		1
17	List the states with which a copy of this Form 990 is required to be filed ► NY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501(	c)(3)s	only)	 I
	available for public inspection. Indicate how you made these available Check all that apply.	,	, , ·	,	
	Own website X Another's website X Upon request Other (e.	xplain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	ts, conflict of interest	policy	, and	1
	financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization				
	The Point Community Development Corporation	(718) 542-4139	!		·
	940 Garrison Avenue, Bronx, NY 10474				

. :											
Form 990 (2015)	The Point Community Developme	nt Corporation,	Inc							13-37651	40 Page <b>7</b>
Part VII	Compensation of Officers, Dire			еу	Em	plc	yees	s, H	lighest Comp		
	Employees, and Independent C										_
	Check if Schedule O contains a re						_				
Section A. ,	Officers, Directors, Trustees, Key I										
1a Complete organization's	this table for all persons required to be tax year.	e listed. Report	comp	ens	atio	n fo	or the	cal	endar year endı	ng with or within	the
• List all	of the organization's <b>current</b> officers,	directors, truste	es (w	heti	ner	indi	vidua	ls o	r organizations)	regardless of a	mount
of compensat	ion Enter -0- in columns (D), (E), and of the organization's <b>current</b> key empl	(F) if no compe	nsati	on v	vas	pai	d.				mount
<ul><li>List the</li></ul>	organization's five current highest co	mpensated emp	oloye	es (	othe	er th	nan a	n of	ficer, director, tr	ustee, or key en	nployee)
who received organization a	reportable compensation (Box 5 of Foundary related organizations.	orm W-2 and/or	Box 7	of of	For	m 1	099-1	MIS	C) of more than	\$100,000 from 1	the
\$100,000 of re	of the organization's <b>former</b> officers, k eportable compensation from the orga	nization and an	y rela	ited	org	anı	zatior	ıs.			
List all organization	of the organization's <b>former directors</b> more than \$10,000 of reportable comp	or trustees the	at rec	eive	ed, i	n th	e cap	aci	ty as a former d	rector or trustee	of the
	n the following order: individual trustee										
compensated	employees, and former such persons								ore, ney empley	ooo, mgmoot	
Check thi	s box if neither the organization nor a	ny related organ	izatıc	n c	omp	en:	sated	an	y current officer,	director, or trus	tee
		-	i.		((	C)					
	(A)	(B)	(do n	not ch		ation	e than o	nne.	(D)	(E)	(F)
	Name and Title	Average	box, unless person is both an officer and a director/trustee)				is both	an	Reportable	Reportable	Estimated
		hours per week (list any	Office	erane					compensation from	compensation from related	amount of other
		hours for related	dir.	nst t	Officer	Keye	ighe.	Forme	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	Individual trustee or director	Institutional	=	employee	st co	"	(W-2/1099-MISC)	(**-2/1099-14113C)	organization
		below dotted line)	T tug	a 코	1	) yee	mp				and related organizations
			8	trustee			Highest compensated employee				•
<u></u>					_		8				
(1) Michae	l Glazebrook	2 00	1				ļ				
Chairman	- Dadwar	2.50	X		_		<b></b>				
(2) Barbara Secretary	a Berliner	0 50	1								
(3) R. Edw	ard Lee	0 50	_X_	$\vdash$							
Board member		<u>0.90</u>	Х								
(4) Sarah (		0 50					1				
Board member	er		Х								
(5) Karen \		0.50	1								<del></del>
Board member			X	_				L_			
	Vırella	0.50	1								
Treasurer	n Muntos	0.50	X		├			-			
Board member	n Wynter	0 50	х								
	Mickie	0 50			╁		<del> </del> -	-			
Board member			Х								
(9) Maria T		35.00	_	<u> </u>							
President			<u></u>		х			L	57,263		11,921
	erry-Sepulveda	35.00									•
Executive Dire				<u> </u>		<u> </u>		X	39,456		8,940
(1.1)			-								
(12)		_	-		$\vdash$	-		$\vdash$			
		1	1		1		T	1	_		<del></del>

P	rt VII Section A. Officers, Directors, Ti	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employee	s (cor	ntinue	d)	
	(A) Name and title	(B) Average hours per	box, office	unles er and	eck s pe d a d	ition more rson irect	than on the street that the st	an ee)	(D) Reportable compensation	(E) Reportab compensar	ation amount ted other		timated lount o	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relat organizatio (W-2/1099-N	ons	comp fro orga and	otner bensati om the anizatio I relate nizatio	on ed
(15)														
(16)										*				
(17)								<u> </u>						
(18)			-											
(19)			-			-				· · · · ·				
(20)				-										
(21)			-											
(22)					-		-							
(23)														
(24)			-		-			-					_	
(25)			-											
1b c	Sub-total	Section A							96,719		0		20	,861 0
d								•	96,719	<del></del>	0		20	,861
2	Total number of individuals (including but not reportable compensation from the organization		liste	d ab	ove 0	e) w	ho re	cen	ved more than \$	100,000 of	:			
		<u> </u>	ما د					hiah					Yes	No
3	Did the organization list any <b>former</b> officer, di employee on line 1a? <i>If</i> "Yes," complete Sche					руе	e, or i	ngi	est compensati			3	X	
4	For any individual listed on line 1a, is the sum	•							•					
	the organization and related organizations grandvidual	eater than \$150				-	•		Schedule J for	such		4		
5	Did any person listed on line 1a receive or action for services rendered to the organization? If '	crue compensa	tion f	rom	an	y ur	relat	ed (				5		Х
Sec	tion B. Independent Contractors	res, complete	Och	dun	<u> </u>	101	<u>suci i</u>	per	3011	<u> </u>	<u>·</u>	<u> </u>		
1	Complete this table for your five highest com- compensation from the organization. Report year											n's ta	x	
	(A) Name and business ad	dress							(B) Description of se	rvices	(	(C Comper		
Nor	е							igspace						
		· · · · · · · · · · · · · · · · · · ·						+-	<del> </del>					
														(
2	Total number of independent contractors (inc	luding but not li	mited	l to	tho	se li	sted	abo	ove) who receive	ed				
	more than \$100,000 of compensation from the		<b>&gt;</b>			••	1							

Form 990 (2015)

Part VIII

		Check if Schedule O contains a response o	r note to any line	in this Part VIII.			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ध ध	1a	Federated campaigns 1a	$\overline{}$		ļ		{
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1t	0				
عَ وَا	С	Fundraising events	0		İ		
ifts ar A		Related organizations	0				
S, E		Government grants (contributions) 16	<del></del>				.] (
Sign		All other contributions, gifts, grants, and	120,000				
but The	•	similar amounts not included above .	. 011 674				1
풀	_		<del></del>		)		
a S	9		0	1 000 177			i
	<u>n</u>	Total. Add lines 1a-1f		1,032,177			
e e			Business Code				
e l	2a			0			
Se	b			0			
<u>3</u>	C			0	· <u></u>		
Š	d			0			<u> </u>
S E	е			ō			<del>-</del>
Program Service Revenue	f	All other program service revenue		0			<del> </del>
ē	a a	Total. Add lines 2a–2f	<b>•</b>	0			
	3	Investment income (including dividends, intere		~		<del></del>	+
	3		I	275			275
		· ·	}	375			375
	4	Income from investment of tax-exempt bond p	roceeds	0			<del></del>
	5	Royalties	<u> </u>	0		<del></del>	
		(i) Real	(II) Personal				
	6a	Gross rents	7				,
	b	Less: rental expenses					;
	С	Rental income or (loss) . 72,70	7 0				
	d	Net rental income or (loss)		72,707	72,707		
	7a	Gross amount from sales of (i) Securities	(II) Other		<u>,,,</u>		1
			0 0				
	ь	Less: cost or other basis	<del> </del>				
			ol ol				
	_		0 0				
	C	Sail 51 (1888) 1 1 1 1 1 1	<u>0</u>				
	d	Net gain or (loss)	· · · · · · · ·	0			<del></del>
Other Revenue	8a	Gross income from fundraising events (not including \$0 of contributions reported on line 1c).  See Part IV, line 18	0				
the	b	Less: direct expenses					
Õ		Net income or (loss) from fundraising events .		0			
		Gross income from gaming activities. See Part IV, line 19					
	ь		0				
		Net income or (loss) from gaming activities .		0	······································		
		Gross sales of inventory, less					
	''"	returns and allowances				ļ	
	\ <u>.</u>					1	-
	I	•	·0				
	<u>c</u>	Net income or (loss) from sales of inventory .		0		<u> </u>	-
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a	Others	900099	8,623			
	b			0			
	С			0			
	d	All other revenue		0			
	e	Total. Add lines 11a–11d		8,623			
	12	Total revenue. See instructions		1.113.882			0 375

Part IX

Section	on 501(c)(3) and 501(c)(4) organizations must complete al			t complete column (	<u>A).</u>
	Check if Schedule O contains a response or note			<del> <u>.</u></del>	<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, 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				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	96,719	73,430	9,672	13,617
6	Compensation not included above, to disqualified				_
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	454,867	346,688	81,101	27,078
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	48,788	37,160	8,029	3,599
10	Payroll taxes	62,116	47,311	10,222	4,583
11	Fees for services (non-employees).				
а	Management	0			
b	Legal	0			
С	Accounting	14,000		14,000	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			<u> </u>
9	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	98,269	81,133	17,136	
12	Advertising and promotion	0			
13	Office expenses	39,548	35,593	3,955	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	58,149	49,427	8,722	
17	Travel	3,087	3,087		
18	Payments of travel or entertainment expenses			İ	
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	20,132	17,112	3,020	
21	Payments to affiliates	0	0.4.500		
22	Depreciation, depletion, and amortization	37,157	31,583	5,574	
23	Insurance	29,012	24,660	4,352	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Stipends and performers / events / performances	107,515			
b	Repair and maintenance	25,270			
C	Telephone and online service	13,934			
d	Equipment rental	24,954			
e	All other expenses Dues and fees, postage, misc	6,179		6,179	
25	Total functional expenses. Add lines 1 through 24e.	1,139,696	909,234	181,585	48,877
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and			[	
	fundraising solicitation. Check here if	[		ŀ	
	following SOP 98-2 (ASC 958-720)	1		l i	

		Check if Schedule O contains a response or note to any line in this Part X			
		,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	126,903	1	174,715
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	58,570	3	39,866
	4	Accounts receivable, net	15,889	4	2,391
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		- [	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			<u> </u>
Assets		organizations (see instructions) Complete Part II of Schedule L		6	
SSE	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 1,204,716			
	b	Less. accumulated depreciation 10b 770,038	471,834	10c	434,678
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	. 0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	673,196	16	651,650
	17	Accounts payable and accrued expenses	44,610		41,473
	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	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ξ		trustees, key employees, highest compensated employees, and			
ia		disqualified persons Complete Part II of Schedule L	000.040	22	005.047
_	23 24	Secured mortgages and notes payable to unrelated third parties	292,612	23	285,017
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	16,808	24	31,808
	23	parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D	8,125	25	8,125
	26	Total liabilities. Add lines 17 through 25	362,155		366,423
			002,100		500,720
S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	!		
ĕ		· -			440.007
ala	27	Unrestricted net assets	194,791		140,227
8	28 29	Temporarily restricted net assets	116,250	28 29	145,000
or Fund Balances	29	Permanently restricted net assets		25	<u> </u>
Ĭ.		Organizations that do not follow SFAS 117 (ASC958), check here			
S O		complete lines 30 through 34.			
Net Assets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	311,041		285,227
	34	Total liabilities and net assets/fund balances	673,196	34	651,650

Form	990 (2015) The Point Community Development Corporation, Inc	13-	3765140	Pag	ge <b>12</b>
Par			· · · · ·		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenuè (must equal Part VIII, column (A), line 12)	1		1,113	3,882
2	Total expenses (must equal Part IX, column (A), line 25)	2			,696
3	Revenue less expenses. Subtract line 2 from line 1	3		_	5,814
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		311	,041
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		285	5,227
Par	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
_	Schedule O				اــــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				l i
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	ıt of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain i	n .	1		
	Schedule O.				
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<b>.</b>	3b		
			Form	990	(2015)

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### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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.

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

		ie organization				ì	Employer identification	n number				
		nt Community Development Cor					13-376	55140				
Part		Reason for Public Chari	<b>ty Status</b> (All org	anizations must con	nplete th	is part.) 🤄	See instructions					
	rga	anization is not a private foundate										
1	켁	A church, convention of church										
2	닉	A school described in section		•			•					
3 [	╡	A hospital or a cooperative hos										
4 [		A medical research organization hospital's name, city, and state		unction with a hospital	describe	d in secti	on 170(b)(1)(A)(iii). 	Enter the				
5 {	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally r described in section 170(b)(1)			rom a gov	vernmenta	al unit or from the ge	eneral public				
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)							
9		An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt functi income and unrela	ions—subject to certain ated business taxable	in excepti income (l	ons, and ess section	(2) no more than 33 on 511 tax) from bus	1/3% of its				
10		An organization organized and	operated exclusive	ely to test for public sa	fety. See	section	509(a)(4).					
11		An organization organized and of one or more publicly suppor	l operated exclusive ted organizations of	ely for the benefit of, to described in <b>section 5</b>	o perform 09(a)(1) c	the funct	ions of, or to carry on 509(a)(2). See sec	tion 509(a)(3).				
	1	Check the box in lines 11a thro	-	• • • • • • • • • • • • • • • • • • • •			•	-				
а	1	Type I. A supporting organization( organization. You must cor	s) the power to reg	ularly appoint or elect								
b	[	Type II. A supporting organicantrol or management of the organization(s). You must o	ne supporting orga	nization vested in the								
С	[	Type III functionally integrits supported organization(s)	ated. A supporting	organization operate				ntegrated with,				
d	İ	Type III non-functionally in that is not functionally integreguirement (see instruction	ntegrated. A support	orting organization operation generally must s	erated in o	connection stribution	n with its supported requirement and an					
е		Check this box if the organize functionally integrated, or T	zation received a w	ritten determination fr	om the IF	S that it i		Гуре III				
f		Enter the number of supported			ing organ			. 0				
g		Provide the following information	•	rted organization(s).		,						
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in you		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
A)												
B)			<u> </u>		 							
		· · · · · · · · · · · · · · · · · · ·										
C)												
D)												
E)												
Tota								0				

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Tax revenues levied for the organization's	878,637	1,181,304	1,033,038	963,660	1,032,177	5,088,816					
2	benefit and either paid to or expended on its behalf					_	0					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0					
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2%	878,637	1,181,304	1,033,038	963,660	1,032,177	5,088,816					
	of the amount shown on line 11, column (f)					:	879,029					
6	Public support. Subtract line 5 from line 4						4,209,787					
Sec	ction B. Total Support											
Cale	endar year (or fiscal year beginning in) 🕒	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total					
7	Amounts from line 4	878,637	1,181,304	1,033,038	963,660	1,032,177	5,088,816					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	208	157	304	106	375	1,150					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	129,996	70,836	96,970	86,945	81,330	_466,077					
11	Total support. Add lines 7 through 10				V		5,556,043					
12	Gross receipts from related activities, etc. (s	•				12						
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.											
Se	ction C. Computation of Public Su	pport Percenta	ige									
14	Public support percentage for 2015 (line 6, c	• • •	•	<b>(f)</b> ) .		14	75.77%					
15	Public support percentage from 2014 Sched			•		15	78 61%					
16a	a 33 1/3% support test—2015. If the organization qualifies as			, and line 14 is 33 <sup>c</sup>	1/3% or more,		<b>▶</b> X					
ı	o 33 1/3% support test—2014. If the organization dualified box and stop here. The organization qualified				s 33 1/3% or more	e, check this	<b>&gt;</b>					
178	1 10%-facts-and-circumstances test—2015 is 10% or more, and if the organization mee Part VI how the organization meets the "fact organization	ts the "facts-and-c	rcumstances" test,	check this box and	d stop here. Expla	ain in	<b>▶</b> □					
I	10%-facts-and-circumstances test—2014 15 is 10% or more, and if the organization in Part VI how the organization meets the "fact supported organization"	neets the "facts-and	d-circumstances" te	est, check this box	and stop here. E		<b>▶</b>					
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		<b>▶</b> □					

## Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees				1	137	
	received (Do not include any "unusual grants ")				:		C
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the				}		
	organization's tax-exempt purpose						C
3	Gross receipts from activities that are not an			·			
	unrelated trade or business under section 513						C
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						-
	furnished by a governmental unit to the						
	organization without charge	1					C
6	Total. Add lines 1 through 5	0	0	0	0	0	C
7a	Amounts included on lines 1, 2, and 3			-			
	received from disqualified persons .						C
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year .						C
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public support (Subtract line 7c from						
	line 6 ) .						C
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🔻 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 .	0	0	0	0	0	
10a	Gross income from interest, dividends,					İ	
	payments received on securities loans,						
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			<del></del>			
С	Add lines 10a and 10b	0	0	0	0	0	(
11	Net income from unrelated business						
	activities not included in line 10b, whether					İ	
	or not the business is regularly carried on .		·				(
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						(
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	<u> </u>	<u> </u>	(
14	First five years. If the Form 990 is for the org	ganization's first, s	second, third, fourth	n, or fifth tax year	as a section 501(c)	1(3)	. –
	organization, check this box and stop here		•	•	•		▶∟
	ction C. Computation of Public Sup					<del></del>	
15	Public support percentage for 2015 (line 8, co		-	f))	•	15	0 00%
16	Public support percentage from 2014 Schedu					16	0.00%
	ction D. Computation of Investmen					T T	<del></del>
17	Investment income percentage for 2015 (line		•	olumn (f))		17	0 00%
18	Investment income percentage from 2014 Sc					18	0 00%
19a	33 1/3% support tests—2015. If the organiz						
L	not more than 33 1/3%, check this box and s	-	· ·		_		▶ _
O	33 1/3% support tests—2014. If the organize line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n						<b>~</b>
20	Fireate roundation. If the organization did fi	or cliedy a pox ou	mic 14, 198, 01 19	D, CHECK THIS DOX	and see instruction	5	▶ [_

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

sect	ion A. All Supporting Organizations		<u> </u>	
4	Are all of the argenization's comparted associations listed by account the association of the argenizations are all the same of the argenizations are all the argenizations ar		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	İ		
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
2	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			]
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			<del> </del> -
20	organization was described in section 509(a)(1) or (2)	2	<del> </del>	<u> </u>
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		ļ	. <del> </del>
<b>h</b>	(b) and (c) below  Did the experience confirm that each connected experiencial available and a context E04(a)(4) (5) and (6) and (7) and (7) are (8) and (8) are (8) and (9) are (8) and (9) are (8) and (9) are (8) and (9) are (8) and (9) are (8) and (9) are (8) and (9) are (8) are (8) and (9) are (8) and (9) are (8) a	3a	ł	<del>                                     </del>
D	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
_	organization made the determination	3b	-	<del>                                     </del>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			<del> </del>
40	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	<del> </del>	├
44	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		-
b	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a	-	
D	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		<del> </del>
С	Did the organization support any foreign supported organization that does not have an IRS determination	40	-	<u> </u>
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
ou	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN		}	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		<del>-</del>
b		<u> </u>	<del> </del>	
_	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<b></b>	1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	"		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			ĺ
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1		1
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		1	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С				
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2015 The Point Community Development Corporation,	Inc	13-3	765140 Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must co	omple	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

5

5 Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

		oupporting organiza	tione (commod)						
Section	on D - Distributions			Current Year					
1_	Amounts paid to supported organizations to accomplish e	xempt purposes							
2	Amounts paid to perform activity that directly furthers exer								
	organizations, in excess of income from activity								
3_	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	izations						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
	6 Other distributions (describe in Part VI) See instructions								
7	7 Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which								
	(provide details in Part VI). See instructions.								
9_	Distributable amount for 2015 from Section C, line 6	0							
10	Line 8 amount divided by Line 9 amount			_0 000					
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
_1_	Distributable amount for 2015 from Section C, line 6			0					
2	Underdistributions, if any, for years prior to 2015								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2015								
<u>a</u>			<del> </del>						
<u>b</u> _	!								
<u>c</u>									
	From 2013								
	From 2014								
	Total of lines 3a through e	0							
	Applied to underdistributions of prior years		0						
<u>n</u>	Applied to 2015 distributable amount		<del> </del>	0					
<u> </u>	Carryover from 2010 not applied (see instructions)								
	Remainder Subtract lines 3g, 3h, and 3i from 3f.	0							
4	Distributions for 2015 from Section								
	D, line 7 \$ 0								
	Applied to underdistributions of prior years		0						
	Applied to 2015 distributable amount		***************************************	0					
	Remainder Subtract lines 4a and 4b from 4	0							
5	Remaining underdistributions for years prior to 2015, if								
	any Subtract lines 3g and 4a from line 2 (if amount		_						
6	greater than zero, see instructions) Remaining underdistributions for 2015. Subtract lines 3h		0						
•	and 4b from line 1 (if amount greater than zero, see								
	instructions).			_					
7	Excess distributions carryover to 2016. Add lines 3			0					
•	and 4c	0							
8	Breakdown of line 7:	<u> </u>							
<u>о</u> а	DIEGRACOWIT OF HITE 1.								
<u>a</u> b									
	Excess from 2013								
	Excess from 2014 .								
	Excess from 2015	†							
			i e	i					

	orm 990 or 990-EZ) 2015 The Point Community Development Corporation, Inc	13-3765140	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	17a or 17b; Part	
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c;	Part IV, Section	
	B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section		
	3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and	Part V, Section E,	
<del></del> -	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions )		
Part II Sect	ion A Line 10 Other income were mostly derived from rental income from unused		
space			
	••••••		
	***************************************		
	*		
	•••••		
	•••••••••••••••••••••••••••••••••••••••		

### **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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

| Employer identification number

Name	of the organization	o b (i oim ood) and ito motionolis to de www	Employer identification number
The I	Point Community Development Corporation,	Inc	13-3765140
Par	Organizations Maintaining Don	or Advised Funds or Other Similar F	unds or Accounts.
		vered "Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and		
_	funds are the organization's property, subje	<u> </u>	
6	Did the organization inform all grantees, do		
	used only for charitable purposes and not f		
	purpose conferring impermissible private be	enefit?	Yes No
Par		LIN	_
_		vered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e g , rec		n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribu	
_	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements .		2a
b c	Total acreage restricted by conservation ea		
d	Number of conservation easements on a conservation easements include		
u	historic structure listed in the National Regi		a   2d
3	Number of conservation easements modifie		
	the tax year ▶	and the second s	or mater by the organization during
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy	regarding the periodic monitoring, inspecti	ion, handling of
	violations, and enforcement of the conserva-		L Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	conservation easements during the year
7	^	antone transition of south to a contract of the second	
7	Amount of expenses incurred in monitoring, insp  • \$	ecting, handling of violations, and enforcing con-	servation easements during the year
8	Does each conservation easement reporter	d on line 2(d) above satisfy the requiremen	ts of section 170(h)(4)(R)(i)
_	and costion 170/h\/4\/D\/ii\9		
9	In Part XIII, describe how the organization	reports conservation easements in its rever	
	balance sheet, and include, if applicable, the		
	the organization's accounting for conservat	ion easements.	
Par		ections of Art, Historical Treasures,	
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, line 8	8
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other s		
	of public service, provide, in Part XIII, the to		
b	If the organization elected, as permitted un		
	works of art, historical treasures, or other s		cation, or research in furtherance
	of public service, provide the following amo	unis relating to these items:	▶ Φ
	(i) Revenue included on Form 990, Part VI (ii) Assets included in Form 990, Part X	n, me 1	· · · • • • • • • • • • • • • • • • • •
2	If the organization received or held works of	f art historical treasures, or other similar a	seets for financial gain, provide the
-	following amounts required to be reported in		
а	Revenue included on Form 990, Part VIII, I		
b	Assets included in Form 990, Part X		▶ \$ ▶ \$

	ule D (Form 990) 2015 The Point Commu				_		13-3765			Page 2
Par										
3	Using the organization's acquisition,	accession, a	and other reco	ords, check a	any of the follo	wing tha	t are a significa	nt use	of its	
	collection items (check all that apply)						_			
а	,Public exhibition		d	Loan	or exchange	program	S			
b	Scholarly research		е	Other						
С	Preservation for future general	ions		<u>—</u>						
4	Provide a description of the organiza		tions and expl	lain how they	further the o	rnanizati	on's exempt nu	rnose ir	n Part	
	XIII.				,	. 9020.	on o oxompt pu	. pooo		
5	During the year, did the organization	solicit or red	ceive donation	ns of art. hist	orical treasure	es, or oth	er sımilar			
	assets to be sold to raise funds rathe							☐ Ye	es 🗀	No
Part				•				<del></del>		
	Complete if the organization			rm 990. Pa	rt IV. line 9	or repor	ted an amoun	t on Fo	orm	
	990, Part X, line 21.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	or reper	ted an amoun		,,,,,	
1a	Is the organization an agent, trustee,	custodian o	r other interm	ediary for co	entributions or	other as	sets not			
	included on Form 990, Part X?							ΠYe	es 🗀	No
b	If "Yes," explain the arrangement in F					•		ш.,	~	,
	•		•				Α	mount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amou	ınt on Form	990, Part X, I	ine 21, for es	scrow or custo	odial acc	ount liability?	Ye	es X	No
b	If "Yes," explain the arrangement in F						-			j
Part	The state of the s			<u> </u>						<u>'</u>
	Complete if the organization	answered	"Yes" on Fo	rm 990 Pa	rt IV line 10					
		(a) Curren		) Prior year	(c) Two years		i) Three years back	(e) Fo	our years	back
1a	Beginning of year balance		0	0		0		<del></del>		
b	Contributions									
С	Net investment earnings, gains,	•						·		
	and losses									
d	Grants or scholarships							Ì		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses .									
g	End of year balance		0	0	·	0		<u> </u>		0
2	Provide the estimated percentage of		year end bala	nce (line 1g,	column (a)) h	neld as:				
а	Board designated or quasi-endowme		<u>%</u>							
b	Permanent endowment	- <b>-</b> 9	-							
С	Temporarily restricted endowment		<u> </u>							
_	The percentages on lines 2a, 2b, and		•							
3a	Are there endowment funds not in the	e possessio	n of the organ	lization that a	are held and a	administe	ered for the	i		
	organization by							20/3	Yes	No
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations .</li></ul>							3a(i)	<u> </u>	<del>                                     </del>
b	If "Yes" on line 3a(ii), are the related	organization	 ne lietad ae ra	 guired on Sc	hedule P2		•	3a(ii) 3b	<b></b> -	
4	Describe in Part XIII the intended use	•		•				30	<u> </u>	<u> </u>
Part			<u>amzadorio ci</u>	idovinent idi	1145					
i wi	Complete if the organization		"Yes" on Fo	rm 990 Pa	rt IV line 11	a See F	Form 990 Par	t X line	e 10	
	Description of property		Cost or other basi	1	ost or other		cumulated		ook valu	
		'"	(investment)	, , ,	is (other)	, ,	preciation	(u) Di	SON YOU	
1a	Land			0	45,000	100				45,000
b	Buildings			_0	1,052,041		662,363			39,678
С	Leasehold improvements			0	0		0			0
d	Equipment	🗀		_0	107,675		107,675			0
<u>e</u>	Other			0	0		0			0
Tota	I. Add lines 1a through 1e. (Column (c	) must equa	il Form 990, F	Part X, colum	n (B), line 10d	c)	•		43	34,678

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(a) (		<del></del>	Part IV, line 11b See Form	330, 1 art X, iii 12
	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial (	derivatives	0		
(2) Closely-he	eld equity interests	0		
(3) Other				
( <u>B</u> )				
(Ē)				<del> </del>
(F)				
(G) (H)				
	must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relat			
	Complete if the organization an	swered "Yes" on Form 990, F		
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(2)				
(3)				
(4)	<del></del>			
(5)				<del></del>
(6)				
<u>(7)</u> (8)				
(9)				
	nust equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.			······································
	Complete if the organization an	swered "Yes" on Form 990, F	Part IV, line 11d, See Form	990. Part X. line 15.
		a) Description		(b) Book value
(1)				
(2)				
(2)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	on (h) must aqual Form 900. Part V	ool (P) Ino 15)		
(3) (4) (5) (6) (7) (8) (9) Total. (Colum	nn (b) must equal Form 990, Part X, o	col. (B) line 15.)		C
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization an			
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization an line 25.	swered "Yes" on Form 990, F		0 Form 990, Part X,
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization an			
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization an line 25.  (a) Description of liability	swered "Yes" on Form 990, F  (b) Book value  0		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization an line 25.	swered "Yes" on Form 990, F		
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	Other Liabilities. Complete if the organization an line 25.  (a) Description of liability	swered "Yes" on Form 990, F  (b) Book value  0		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) (2) Tenant s (3)	Other Liabilities. Complete if the organization an line 25.  (a) Description of liability	swered "Yes" on Form 990, F  (b) Book value  0		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) (2) Tenant s (3) (4)	Other Liabilities. Complete if the organization an line 25.  (a) Description of liability	swered "Yes" on Form 990, F  (b) Book value  0		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) (2) Tenant s (3) (4) (5)	Other Liabilities. Complete if the organization an line 25.  (a) Description of liability	swered "Yes" on Form 990, F  (b) Book value  0		
(3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) (2) Tenant s (3) (4) (5) (6)	Other Liabilities. Complete if the organization an line 25.  (a) Description of liability	swered "Yes" on Form 990, F  (b) Book value  0		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) (2) Tenant s (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization an line 25.  (a) Description of liability	swered "Yes" on Form 990, F  (b) Book value  0		


#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

The Point Community Development Corporation, Inc.

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**Open to Public** Inspection Employer identification number

13-3765140

Fair	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		163	140
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			
	explain	<u>1b</u>		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a_		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
5 a	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.  The organization?			X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
а	The organization?	6a		Χ
b	Any related organization?.  If "Yes" on line 6a or 6b, describe in Part III	6b		Х
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III.	8	ł	×
		<b> </b>	<del> </del>	<del>  ^-</del>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII. Note: The sum of columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a, applicable column (D) and (E) amounts for that individual

Note: The sum of columns (B)(ı)—(ııı) for e	ach listed	Individual must equa	al the total amount of	Form 990, Part VII,	Section A, line 1a, ap	plicable column (D)	and (E) amounts for t	that individual
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Kellie Terry-Sepulveda  1 Executive Director	(i) (ii)	39,456				8,940	48,396 0	
2	(i) (ii)							
3	(i) (ii)							
4	(i) (ii)							
5	(i) (ii)							
6	(i) (ii)							
7	(i) (ii)							
8	(i) (ii)							
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)							
12	(i) (ii)							
13	(i) (ii)							
14	(i) (ii)							
	(i) (ii)							
15	(i) (ii)							
16	(11)							

#### **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.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Name of the organization Employer identification number The Point Community Development Corporation, Inc. 13-3765140 Form 990, Part VI, Section B, Line 11b: The governing board reviews and approves the Form 990 before it is filed. Form 990, Part VI, Section B, Line 12c The policy is reviewed frequently by all board members at board meetings Form 990, Part VI, Section B, Line 15 a & b: The governing board reviews and approves the salary of the President, Executive Director and key employees using current salary quidelines and other relevant information Form 990, Part VI, Section C, Line 19. All governing documents, conflict of interest policy and financial statements are available upon request.