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## Form 990-E4 **KETURN OF URGANIZATION EXEMPT From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

Department of the Treasury at the end of the year may use this form. Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the	2012 calend	ar year, or tax year beginning , 2012, ar	nd ending		, 20
ВС	heck if ap	eplicable:	C Name of organization			lentification number
<b>□</b> '	Address ct	hange	Community Construct Inc.		27-25	501845
=	Name char	_		Room/suite	E Telephone n	
=	Instal retur Terminated		3600 Julie Ann Dr		989-6	15-2754
_	Amended :	-	City or town, state or country, and ZIP + 4	I	F Group Exe	emption
	Application	n pending	Midland Mi. 48642		Number I	<u> </u>
G /	Accounti	ing Method:	☐ Cash ☐ Accrual Other (specify) ►	н с	Check 🕨 🔲	if the organization is not
	<b>Nebsit</b>			<del></del>	•	ach Schedule B
JT	ах-ехеп		eck only one) — 🔀 501(c)(3) 🔲 501(c)( ) ◀ (insert no.) 🗌 4947(a)(1) or			0-EZ, or 990-PF).
	Check 🕨		e organization is not a section 509(a)(3) supporting organization or a section 52	-	_	-
			10. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p	oostcard) may	be required	(see instructions). But if
	-		oses to file a return, be sure to file a complete return.  b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	of tested according	(Deet 1)	
			by to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or by) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ii totai assets	(Part II,	
						for Dord D
ď	art I		e, Expenses, and Changes in Net Assets or Fund Balance	•		s for Part I)
	T 4		the organization used Schedule O to respond to any question in	this Part I		· · · · · L
	1 2		ons, gifts, grants, and similar amounts received		1	0
	3	-	ervice revenue including government fees and contracts		2	0
	4	Investment			4	<del>- X</del>
	5a		ount from sale of assets other than inventory 5a		200	
	Ь		or other basis and sales expenses	<del></del>		
	c		ss) from sale of assets other than inventory (Subtract line 5b from line	e 5a)	5c	O
	6	Gaming an		STATUTE UNI- RECEIVED		
	a	Gross inc		RECEIVED		
9		\$15,000) .	$\cdot \cdot $			JUN 0 3 2014
ē	ь	Gross inco	ome from fundraising events (not inotating \$ of c	contributions	s S	
Revenue	1		aising events reported on line Mattach Schedule G if the		2	TPR BRANCH
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b			OGDEN
	С		ct expenses from garning and fundraising events 6c			
	d		e or (loss) from parting and fundraising events (add lines 6a and	6b and sub	tract	
		line 6c) .	$\cdots \cdots \nearrow \cdots \nearrow \cdots \bigcirc \cdots $		· · 6d	0
	7a		s of inventory, less petural and allowances			
	Ь		of goods sold . (.). \			_
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a) .		7c	0
	8		nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. • 9		
Expenses	10 11		d similar amounts paid (list in Schedule O)		10	
	12	•	ther compensation, and employee benefits		12	
	13		al fees and other payments to independent contractors		_ <del></del>	
	14	Occupancy, rent, utilities, and maintenance				
	15	Printing, publications, postage, and shipping				
	16	Other expenses (describe in Schedule O)				
	17		enses. Add lines 10 through 16			0
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)	<del></del>	18	
Net Assets	19		s or fund balances at beginning of year (from line 27, column (A)) (			
			ar figure reported on prior year's return)			
	20	Other char	nges in net assets or fund balances (explain in Schedule O)		20	
z	21		or fund balances at end of year. Combine lines 18 through 20 .			0
For	Papen	work Reduct	tion Act Notice, see the separate instructions. Cat. N	lo. 10642I		Form <b>990-EZ</b> (2012)

Pa	rt II	Balance Shee	ets (see the instructi	ons f	or Part II)						
		Check if the or	ganization used Sche	edule	O to respond to ar	ny question in this	Part II .	<u> </u>	• •	<u> </u>	<u> D</u>
						Ĺ	(A) Begin	ning of year		(B) End o	of year
22			vestments			· · · · <u>·</u>	(	<b>P</b>	22	(	<b>D</b>
23		_				· · · · · · · · · · · · · · · · · · ·		<b> </b>	23		I
24		•	e in Schedule O) .					<b> </b>	24		<del> </del>
25 26		al assets .     .    . al lighiliting /dose	ribe in Schedule O)						25 26		<b> </b>
27			palances (line 27 of co			line 21)		,	27		<del></del>
			Program Service Ad		<del></del>		Part III)				
			ganization used Scho	_	•			🗆	(Rem	Expen pred for s	
Wha	t is the	organization's p	rimary exempt purpos	e?	Work with at	-risk youth	en beil	l projects	501(	:)(3) and 5	501(c)(4)
Desc	cribe th	ne organization's	program service acco								and section its; optional
as n	neasur	ed by expenses.	In a clear and concer relevant information	ise m	anner, describe the	services provided	i, the n	umber of		thers.)	пъ, франца
28										<u> </u>	
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	(Gran	ts\$	) If this an	nount	includes foreign gra	ints, check here .		▶ 🗆	28a		
29											
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30	(Gran	12.2	) ii tiis aii		includes foreign gra				29a	<del> </del>	
50									ĺ		
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	(Gran	ts\$	) If this an	nount	includes foreign gra	ints, check here .		▶ □	30a		
31			s (describe in Schedul	le O)							
	(Gran		) If this an	nount	includes foreign gra	nts, check here .	<u> </u>	▶ 🗆	31a		
			e expenses (add lines						32	<u> </u>	
rar	t IV		Directors, Trustees, an ganization used Sche					f (see the in	struct	ions for	Part IV)
		Check ii tile oi	ganization used Schi	euule		(c) Reportable		alth benefits,	<del>``</del>	<del></del>	<u>· · · · · · · · · · · · · · · · · · · </u>
	(a) Name and title			(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	) benef	ons to embloy it plans, and I compensation	0		d amount of pensation	
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					f au ia ammaais	: <del></del>	Yes	No	
<b>46</b> Did	d the organization engage, directly or in candidates for public office? If "Yes," o	idirectiy, in political c complete Schedule C	ampaign activities of Part I	n denait o	or in opposit	ion 46	3.00	E=13	
Part VI	Section 501(c)(3) organizations			<u> </u>		40	<del></del>	<u> </u>	
ure vi	All section 501(c)(3) organization	s must answer que	stions 47-49b and	152, and	complete the	e tables t	or lin	es	
	50 and 51								
	Check if the organization used Sci	nedule O to respond	to any question in	this Part	<u>VI</u>	<u> </u>	η	<u>, D</u>	
	to the second of labeliation			ion in offe	ot during the	+av	Yes	No	
47 Di	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Par	activities or have a :	section 50 I(n) electi	ion in ene	ct during the	. 47		1	
_	the organization a school as described in		i)? If "Yes " complete	Schedule	e F	48	+	1	
	d the organization make any transfers t		. 49a	1					
b If	"Yes," was the related organization a se		. 49b						
	omplete this table for the organization's								
en	nployees) who each received more than	\$100,000 of compe	nsation from the org			e, enter "I	vone.		
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employe benefit plans, and deferre compensation					
No	o employees								
			ļ						
			<del></del>	<del> </del>					
f To	otal number of other employees paid ov	er \$100.000	<u> </u>			L			
<b>51</b> Co	omplete this table for the organization 100,000 of compensation from the orga	's five highest comp	ensated independer	nt contrac	- tors who each	n received	l more	e than	
(a) Nan	ne and address of each independent contractor pa	d more than \$100,000 (b) Type of service		ervice	(c	c) Compensation			
N	o contractors						-		
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			1		1				
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			<b>†</b>						
d To	otal number of other independent contra	actors each receiving	over \$100,000 .	. <b>▶</b>	)				
	d the organization complete Schedule			ns and 494	47(a)(1)	. –		_	
	enexempt charitable trusts must attach		<del></del>		· · · · · · · · · · · · · · · · · · ·	► ☐ Ye		No	
true, correct	Ities of perjury, I declare that I have examined this t, and complete. Declaration of preparer (other that	return, including accompan n officer) is based on all info	lying schedules and stater ormation of which prepare	ments, and to or has any kn	o the best of my kr owledge	nowledge an	d belief	, rtis	
	Jail Jal		<del> </del>	- <del></del> -T	9-10	-17			
Sign	Signature of officer				Date				
Here	<u>Fresident</u>	<del></del>							
	Print/Type preparer's name	Preparer's signature		Date		PTIN			
Paid	Print/Type preparer's name	, ropular a signature	'	Jak:	Check Self-emplo	1 17			
Prepare Use On	1			<del></del>	Firm's EIN ▶	,,,,,,	<del></del>		
UN	Firm's address ▶		Phone no						
May the I	RS discuss this return with the prepare	r shown above? See	instructions	<u> </u>		► 🗌 Ye	s 🗌	No	
						Form <b>9</b> 9	10-EZ	(2012)	