COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** Public Disclosure Copy **

(Rev. January 2020) Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

		do to www.iis.gov/i orinisso for iii					•						
		e 2019 calendar year, or tax year beginning	and	d ending	1								
B c	heck if pplicabl	C Name of organization			D Emp	oloyer identifi	cation number						
_		Christian Community Development											
	Addre:												
	Name chang	Doing business as	2227656										
]Initial _return	Number and street (or P.O. box if mail is not delivered to street ad	dress)	Room/suite	E Tele	phone numbe	r						
	Final return	3827 W Ogden Avenue	· · · · · · · · · · · · · · · · · · ·										
	termin ated	City or town, state or province, country, and ZIP or foreign p	ostal code	•	G Gross	receipts \$	741,883.						
	Ameno				H(a) Is	this a group re	eturn						
	Applic		on		7	subordinates							
	pendir	same as C above			1		ncluded? Yes No						
	27-67	empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no.)	4947(a)(1)	or 527	1		list. (see instructions)						
		e: www.ccda.org	10 17 (α)(1)	7 01 021	1	oup exemption							
			Other >	I Vaar		<u> </u>	1 State of legal domicile: IL						
	rt I	Summary	Other P	L 1 6a1	UI IUIIIIaui	UII. 2007 N	1 State of legal dofficile, 11						
ГС			ur me des			d							
9		Briefly describe the organization's mission or most significant activ	rities: To Ins	spire, tra	iin, and	d connect							
a	l	Christians in under-resourced communities.											
Governance		Check this box if the organization discontinued its operation					1						
Š		Number of voting members of the governing body (Part VI, line 1a)					16						
ø		Number of independent voting members of the governing body (P					16						
es		Total number of individuals employed in calendar year 2019 (Part '					14						
ΞĒ	6	Total number of volunteers (estimate if necessary)				6	250						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	2			7a	0.						
_	b	Net unrelated business taxable income from Form 990-T, line 39				7b	0.						
			r Year	Current Year									
Φ	8	Contributions and grants (Part VIII, line 1h)				861,619.	300,597.						
Revenue		Program service revenue (Part VIII, line 2g)			1,060,931.	433,134.							
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				72.	24.						
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1			3,318.	8,128.							
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, colum				1,925,940.	741,883.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				, ,	0.						
	l	D 51 111 6 1 (D 11)(1 (A) 11 A)			0.	0.							
"	l .	Salaries, other compensation, employee benefits (Part IX, column	(Δ) lines 5-10)			724,630.	452,510.						
Se		Professional fundraising fees (Part IX, column (A), line 11e)				0.	0.						
Expenses		Total fundraising expenses (Part IX, column (A), line 25)		,136.		٠.	٠,						
Ä						1,026,884.	445,474.						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				1,751,514.	897,984.						
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), l				<u> </u>	, , , , , , , , , , , , , , , , , , ,						
_ s	19	Revenue less expenses. Subtract line 18 from line 12				174,426.	-156,101.						
Net Assets or Fund Balances				Be	ginning o	f Current Year	End of Year						
sse Bala	l	Total assets (Part X, line 16)				505,252.	238,217.						
et A nd	l	Total liabilities (Part X, line 26)				208,361.	97,427.						
		Net assets or fund balances. Subtract line 21 from line 20				296,891.	140,790.						
	ırt II	Signature Block											
		lties of perjury, I declare that I have examined this return, including accomp					y knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all	information of v	vhich preparer	has any k	nowledge.							
						-							
Sign	า	Signature of officer				Date							
Here		Dr. Mary K. Nelson, Interim CEO & President											
		Type or print name and title											
		Print/Type preparer's name Preparer's signa;	ture ,		Date	Check	PTIN						
Paid	l	Sara Tibbott	ssa Mil	Short	5/8/2020	if self-employe	ed P01486965						
Prep	arer	Firm's name Capin Crouse, LLP		Firm's EIN									
Use	Only	Firm's address 55 Shuman Blvd, Suite 300											
		Naperville, IL 60563				Phone no.630	-682-9797						
May	the IF	RS discuss this return with the preparer shown above? (see instruc	ctions)		I		Yes No						

4b	(Code:) (Expenses \$ 150,594. including grants of \$) (Revenue \$)									
	Biblical Justice - Public Policy:											
	CCDA has a long-standing commitment to the confrontation of injust	ice.										
	Living and working in our communities gives us a unique lens to the											
	pain and systemic injustices that impact those we care about. Sharing											
	Jesus' compassion and His commitment to kingdom justice is the origin											
	of our advocacy and organizing. While we recognize that there are many											
	injustices that need confrontation and are supporting those issues in											
	an active way, as an association we are strategically working on t	he										
	following three platform issues: immigration, mass incarceration a	and										
	education reforms.											
4c	(Code:) (Expenses \$142,056. including grants of \$ Resources and Training:) (Revenue \$	17,396.									
	CCDA practitioners teach a variety of classes and workshops. These											
	include Immersion, Intensives, Cafes, and more.											
	include immersion, incensives, cares, and more.											
	-											
4d	Other program services (Describe on Schedule O.)											
	(Expenses \$ 39,854. including grants of \$)	(Revenue \$)									
4e	Total program service expenses ► 649,845.											
			Form 990 (2019)									

Form 990 (2019) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	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, Part III	5		х
6	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 "Yes," complete Schedule D, Part I	6		х
7	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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		Α
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, 1 , , ,	14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	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	16		Х
17	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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	٠,		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Association 41-2227656 Form 990 (2019) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Х 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 24b through 24d and complete Schedule K. If "No," go to line 25a Х **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 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 Х 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V. line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х b 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 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?			1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 14								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	За		х					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	, , , , , , , , , , , , , , , , , , , ,								
4a	a 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 account)?								
b	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 (FBAR).								
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		, .					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CI-							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	- -		х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
С	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
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							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a							
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa							
h	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								
c	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
	If "Yes," complete Form 4720, Schedule O.								

41-2227656 Form 990 (2019) Association

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Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-	a "No" r	espon	se			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule 0	D. See instructions.			_			
	Check if Schedule O contains a response or note to any line in this Part VI				Х			
Sec	tion A. Governing Body and Management							
		1 1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a = -	. 6					
	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 on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent		. 6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other						
	officer, director, trustee, or key employee?		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?				X			
4	Did the organization make any significant changes to its governing documents since the prior Form				X			
5	Did the organization become aware during the year of a significant diversion of the organization's as				X			
6	Did the organization have members or stockholders?		6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
_	more members of the governing body?		7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		l		l .,			
_	persons other than the governing body?		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			.,,				
a	The governing body?		8a	X				
	Each committee with authority to act on behalf of the governing body?		8b	Λ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable to the provide the grant of the provide the provi	icned at the	9		x			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the Internal R	overve Code l	<u> </u>		Δ.			
360	tion B. Folicies (This Section B requests information about policies not required by the internal h	evenue Code.)		Yes	N _a			
102	Did the organization have local chapters, branches, or affiliates?		10a	163	No X			
	If "Yes," did the organization have written policies and procedures governing the activities of such c		104					
b	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b					
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body		11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly before iming the form:	114					
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		12.5					
·	in Schedule O how this was done		12c	х				
13	Did the organization have a written whistleblower policy?		13	Х				
14	Did the organization have a written document retention and destruction policy?			Х				
15	Did the process for determining compensation of the following persons include a review and approve							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		15a	х				
	Other officers or key employees of the organization				х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a						
	taxable entity during the year?		16a		х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's						
	exempt status with respect to such arrangements?		16b					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶IL							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501(c)	(3)s only	/) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain	on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	and finai	ncial				
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records						

Form **990** (2019)

Mark Judkins - 773-475-7370

3827 W Ogden Avenue, Chicago, IL 60623

Form 990 (2019) Association

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Page 7

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	er lustitutional trustee	Officer po		Highest compensated xxt/vc		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Ava Steaffens	40.00									
CEO & Interim President (part year)				Х				90,921.	0.	12,643.
(2) Dr. Mary K. Nelson, Dir. (part	1.00									
year), Interim CEO & President		Х		Х				1,500.	0.	0.
(3) Wayne Gordon	1.00									
Board President Emeritus		Х		Х				0.	0.	0.
(4) Mayra Macedo-Nolan	1.00									
Board Chair		Х		Х				0.	0.	0.
(5) Sandra Van Opstal	1.00									
Vice Chair		Х		Х				0.	0.	0.
(6) Steve Park	1.00									
Director, Interim Treasurer		Х		Х				0.	0.	0.
(7) Harold Spooner	1.00									
Treasurer (part year)		Х		Х				0.	0.	0.
(8) Joyce del Rosario	1.00									
Secretary		Х		Х				0.	0.	0.
(9) John Liotti	1.00									
Director		Х						0.	0.	0.
(10) Kit Danley	1.00									
Director		Х						0.	0.	0.
(11) Dina Gonzalez-Pina	1.00									
Director		Х						0.	0.	0.
(12) Althea Taylor	1.00									
Director		Х						0.	0.	0.
(13) Dominique Gilliard	1.00									
Director		Х						0.	0.	0.
(14) John Booy	1.00									
Director		Х						0.	0.	0.
(15) Gerald Davis	1.00									
Director		х						0.	0.	0.
(16) Michael Mata	1.00									
Director		х						0.	0.	0.
(17) Michelle Goudeaux	1.00									
Director		Х						0.	0.	0.

932007 01-20-20 Form **990** (2019)

Form 990 (2019) Association									41-22276	56		Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	I (do not check more than one					th an		(E) Reportable compensation from related			(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	fr org an	ipensa rom th janizat d relat anizati	ie tion ted
(18) Jerome Garciano	1.00	,,								0.			0
Director (19) Katherine Dudley	1.00	Х						0.		-			0.
Director		х						0.		0.			0.
(20) Rudy Carrasco	1.00												0
Director (part year) (21) Resheeda Washington	1.00	Х						0.		0.			0.
Director (part year)	1.00	х						0.		0.			0.
										\dashv			
										-			
										一			
dh Oshadal							Ļ	02.421		0.		1.2	612
1b Subtotal c Total from continuation sheets to Part VI								92,421.		0.			,643. 0.
d Total (add lines 1b and 1c)							<u> </u>	92,421.		0.		12	,643.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	bove	e) wł	ho r	received more than \$100	0,000 of reportable				•
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу (empl	loye	e, o	r hiç	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a									idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch į	pers	son .					5		Х
Section B. Independent Contractors									*				
 Complete this table for your five highest co the organization. Report compensation for 	=	-							· · · · · · · · · · · · · · · · · · ·	ensa	ation 1	rom	
(A)	•	-		<u>g</u>		<u> </u>		(B)			(()	
Name and business	address	NO	NE					Description of s	services	C	ompe	nsatio	n
							\dashv						
2 Total number of independent contractors (i	•	ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	∠ali∪i1 >					J					Га	990	(2010)

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Form 990 (2019)

Association

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 145,600. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 154,997. 1f g Noncash contributions included in lines 1a-1f 1g |\$ 300,597 h Total. Add lines 1a-1f **Business Code** 415,738. 415,738 Program Service Revenue 2 a National conference 900099 900099 17,396 b Resources & training 17,396 С f All other program service revenue 433,134. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 24 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a 900099 8,128. 8,128. d All other revenue 8,128 e Total. Add lines 11a-11d Total revenue. See instructions 741,883. 441,262 12

Association

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	rotai expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 064	20 542	30 052	27 570
^	trustees, and key employees	105,064.	28,542.	38,952.	37,570.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		291,917.	257,103.	34,814.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	271,711.	257,105.	24,014.	
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	23,546.	16,931.	4,378.	2,237.
10	Payroll taxes	31,983.	22,998.	5,947.	3,038.
11	Fees for services (nonemployees):			7	
b		1,202.		1,202.	
	Accounting	15,236.		15,236.	
	Lobbying	·		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	44,919.	37,908.	7,011.	
12	Advertising and promotion				
13	Office expenses	52,965.	3,404.	49,561.	
14	Information technology	42,419.	36,886.	2,729.	2,804.
15	Royalties				
16	Occupancy	2,580.		2,580.	
17	Travel	73,003.	58,094.	13,621.	1,288.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	161,298.	147,516.	13,782.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 250		4 250	
23	Other expenses. Itemize expenses not covered	4,358.		4,358.	
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	Music and Arts	26,287.	25,622.	665.	
b	Food and Beverage	10,384.	10,384.		
С	Staff/Volunteer Expense	7,649.	1,333.	6,117.	199.
d					
е	All other expenses	3,174.	3,124.	50.	
25	Total functional expenses. Add lines 1 through 24e	897,984.	649,845.	201,003.	47,136.
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 following SOP 98-2 (ASC 958-720)				F 000 (0040)

Page **11**

Form 990 (2019) Part X Balance Sheet

	LA	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	62,714.	1	83,959.
	2	Savings and temporary cash investments		2	554.
	3	Pledges and grants receivable, net	422,368.	3	153,704.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	238,217.
	17	Accounts payable and accrued expenses		17	49,975.
	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	
S	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
j	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	47,452.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	97,427.
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	-156,948.	27	-54,941.
Ва	28	Net assets with donor restrictions	453,839.	28	195,731.
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances		32	140,790.
	33	Total liabilities and net assets/fund balances		33	238,217.

Form **990** (2019)

b Were the organization's financial statements audited by an independent accountant?

Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form	990	(2019)

За

Зh

Х

2b X

2c | X

consolidated basis, or both:

Separate basis

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Christian Community Development 41-2227656 Association Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3						
	The portion of total contributions						
3	by each person (other than a						
	governmental unit or publicly						
	. ,						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	etion B. Total Support			1	1	1	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2019 (li	ne 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	: II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies a	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3% support test - 2018. If the o						nis box
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"		•	-	•	•	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-				•	
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						ıs
_	<u>U</u>						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	olow, piedoc comp	note i dit ii.)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	345,105.	386,190.	416,131.	861,619.	300,597.	2,309,642.
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	961,395.	868,260.	803,519.	1,060,931.	433,134.	4,127,239.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,306,500.	1,254,450.	1,219,650.	1,922,550.	733,731.	6,436,881.
7	a Amounts included on lines 1, 2, and						_
	3 received from disqualified persons	41,035.	83,594.	32,542.	21,224.	15,020.	193,415.
ŀ	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			17,764.			17,764.
	Add lines 7a and 7b	41,035.	83,594.	50,306.	21,224.	15,020.	211,179.
	Public support. (Subtract line 7c from line 6.)						6,225,702.
	ction B. Total Support	1					
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1,306,500.	1,254,450.	1,219,650.	1,922,550.	733,731.	6,436,881.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34.	3.	18.	72.	24.	151.
	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	34.	3.	18.	72.	24.	151.
12	Other income. Do not include gain or loss from the sale of capital		2,184.	3,912.	3,318.	8,128.	17,542.
13	assets (Explain in Part VI.)	1,306,534.	1,256,637.	1,223,580.	1,925,940.	741,883.	6,454,574.
	First five years. If the Form 990 is for	the organization's	first, second, third			n 501(c)(3) organiza	ation,
	check this box and stop here			, , , , , , , , , , , , , , , , , , ,			>
Se	ction C. Computation of Publi	c Support Pei	rcentage				
15	Public support percentage for 2019 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	96.45 %
	Public support percentage from 2018					16	93.30 %
Se	ction D. Computation of Inves	tment Income					
17	Investment income percentage for 20	19 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2					18	.00 %
	a 33 1/3% support tests - 2019. If the	•					
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	nd stop here. The	organization qualif	ies as a publicly su	ipported organiza	ition	X
•	line 18 is not more than 33 1/3%, che	•				•	
20	Private foundation. If the organization			•			

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- 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.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.
 - 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.)

		Yes	No
	1		
	2		
	За		
	Sa		
	3b		
	3с		
	4a		
	Iu		
	4b		
	4c		
	5a		
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	7		
	8		
	9a		
	9b		
	9с		
	40-		
	10a		
	10b		
~ o	90 or 90	00_E7	2010

5	Notice of the ELIPERIO			igo o
Ра	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		. 1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	ÍП	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	O1-		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ม		

Schedule A (Form 990 or 990-EZ) 2019 Association

1	1 Lippe III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All			
	other Type III non-functionally integrated supporting organizations must co			, -
Sect	ion 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		
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		
Sect	ion 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supportina ord	janization (see
	instructions).	, 5), ii 9	•

Schedule A (Form 990 or 990-EZ) 2019

	1 Type III Non-1 unctionally integrated 309	(a)(o) Supporting Orgo	arrizations (continued)	
Secti	on D - Distributions		\	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 E, lines 1c, 2a, 2b, 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, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part III, Line 12, Explanation for Other Income:
Other Income
2016 Amount: \$ 2,184.
2017 Amount: \$ 3,912.
2018 Amount: \$ 3,318.
2019 Amount: \$ 8,128.
Schedule A, Part III:
The organization is a public charity under section 509(a)(2) and
completes Schedule A (Form 990), Part III. The organization has
analyzed Schedule A (Form 990), Part II and established that it meets
the 33 1/3% public support requirements under sections 509(a)(1) and
170(b)(1)(A)(vi), thus it qualifies to use the first listed special
rule for Schedule B (Form 990) reporting.

Christian Community Development

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2019

41-2227656 Association Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
Christian Community Development
Association
Employer identification number
41-2227656

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
4 	Name, address, and ZIP + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rome, wood oog und all 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Christian Community Development
Association

Employer identification number
41-2227656

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _	

Name of or	ganization			Employer identification number	
	n Community Development				
Part III		tions to organizations described i	2 000tion E01(a)(7) (9) or	41-2227656	
Partin	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line charitable, etc., contributions of \$1,000	entry For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
	-	(e) Transfer of o	jift		
	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
	(e) Trans Transferee's name, address, and ZIP + 4		sfer of gift Relationship of transferor to transferee		
	Transferee 3 flame, address, a		Helationship C	in transfer of to transfer ee	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
		(e) Transfer of (
	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee	
(a) Na			ı		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held	
—					
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee	

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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Christian Community Development

Association

Employer identification number 41-2227656

Form 990, Part III, Line 4d, Other Program Services:
Membership Services:
Organizations register to become part of CCDA's network of Christians
who seek to bear witness to the Kingdom of God by reclaiming and
restoring under-resourced communities. Membership benefits include
event discounts, training discounts, on-line cirriculum, networking
opportunities, strategic consultations and assessments, member forums,
and more.
Expenses \$ 39,854. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section A, line 1:
The Executive Committee shall be presided over by the chair-person of the
board and shall be comprised of the chair-person of standing committees
with up to 3 ad-hoc seats filled by other directors. The Executive
Committee reserves the right to appoint board members to serve on a
specific standing committee according to committee need and in light of the
unique skill set of each board member. The Executive Committee shall be
responsible for the following:
1) Establish the dates of the CCDA board meetings
2) Review the board meeting agenda
3) Meet regularly between meetings of the board for updates and reviews
4) Make time-sensitive decisions when necessary or in emergency situations
at the direction of the full board of directors
5) Consider sensitive issues that impact the organization (ie, personnel
issues, personal matters pertaining to staff or board members, etc.)

Name of the organization Christian Community Development	Employer identification number		
Association	41-2227656		
6) Act as a liason to the chief executive			
7) Help develop a strategic plan			
8) Assume the lead in the search for a new chief executive or delegate the			
responsibility to a task force			
Form 990, Part VI, Section B, line 11b:			
The Form 990 is prepared by an independent CPA firm and reviewed in detail			
by management and presented to the Finance Committee before filing. The			
and management and processes of one remained committees services, the			
Finance Committee, led by the Board Treasurer, is responsible for financial			
oversight of the organization. The board also receives a copy of the Form			
oversight of the organization, the board also receives a copy of the form			
990 before filing with the IRS.			
Form 990, Part VI, Section B, Line 12c:			
The conflict of interest policy is provided to each board member at the			
annual meeting. Members and officers must sign a statement acknowledging			
they've received, read, understand, and agree to comply with the policy.			
The statements are reviewed by the CEO. If new conflicts arise, members			
must promptly disclose. If a true conflict exists (majority vote by board),			
that member would be precluded from discussion and voting on the matter.			
Violations of the policy result in appropriate disciplinary or corrective			
action from the governing board.			
Form 990, Part VI, Section B, Line 15a:			
Compensation for the President and CEO is decided by the board of			
directors. The board is independent, uses comparable market data in the			
·			
determination process, and records its deliberation and decision in the			
board minutes.			

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization Christian Community Development Association	Employer identification number 41-2227656
ASSOCIACION	41-2227636
Form 990, Part VI, Section B, Line 15b:	
The organization does not compensate any other officers or key employees.	
Therefore, this line was answered "no" in accordance with the instructions.	
Form 990, Part VI, Section C, Line 19:	
The organization's governing documents, conflict of interest policy, and	
financial statements are available upon request.	
Form 990, Part XII, Line 2c:	
The organization's finance committee assumes responsibility for	
oversight of the audit of its financial statements and selection of its	
independent accountant. This process has not changed since the prior	
year.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 41-2227656

OMB No. 1545-0047

Open to Public Inspection

Christian Community Development Name of the organization Association

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
CCDA Flourishing Communities - 47-1824867 3827 W. Ogden Ave	Expand CCDA's primary				Christian Community Dev.		
Chicago, IL 60623	purpose 	Illinois	501(c)(3)	Line 7	Association		Х
	_						
	_						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pari III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.
	organizations treated as a particionip during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j	j)	(k)																								
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income							Share of total income	Share of total	Share of total	Share of total	Share of total Sha income end-c	Share of total income		Share of total income	Share of end-of-year assets	l	ortionate tions?	Code V-UBI	Gene	ral or l	Percentage ownership										
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No																									
										Ш																										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr enti	ti) tion b)(13) rolled tity?
		country)		J. 1.25.4		45515		Yes	No
									<u> </u>
								 	
									<u> </u>

Schedule R (Form 990) 2019

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)										
e Loans or loan guarantees by related organization(s)										
f Dividends from related organization(s)										
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)										
i	Exchange of assets with related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
- 1	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11		Х			
	Performance of services or membership or fundraising solicitations by related orga				1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n		Х			
	Sharing of paid employees with related organization(s)				10	Х				
р	Reimbursement paid to related organization(s) for expenses				1p	Х				
	Reimbursement paid by related organization(s) for expenses				1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		Х			
	Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and transaction thresholds.						
	(a)	(b)	(c)	(d)						
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved					
		type (a-s)								
(1)	CCDA Flourishing Communities	0	0.							
		_								
(2)	CCDA Flourishing Communities	P	0.							
(0)										
(3)										
(4)										
<u>(4)</u>										
<i>(</i> 5)										
<u>(5)</u>										
(6)										
93216	3 09-10-19	1	I	Schedule I	R (For	n 990) 2019			
332 10	0 03 10 13			ochedule i	. (. 01)	550	, 2013			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners se	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c)(3) oras.?	total	end-of-year	allocati	ate ons?	amount in box 20 of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	Nο	(Form 1065)	Yes N	
			,	100 110	1		1.00	110	,	10011	-
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).						
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnersh	ips, REMIC	s, and trusts				
nust use	e Form 7004 to request an extension of time to file incom	ne tax retui	rns.						
Гуре or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identification numb	per (TIN)			
orint	Christian Community Development								
"I - I Al	Association								
ile by the lue date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.						
lling your eturn. See	3827 W Ogden Avenue								
nstructions	only, town or poor onless, state, and En code. For a re	oreign add	Iress, see instructions.						
	Chicago, IL 60623								
Inter the	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			. 0 1			
Applicat	ion	Return	Application			Return			
s For		Code	Is For			Code			
orm 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07			
orm 99	0-BL	02	Form 1041-A			08			
orm 47	20 (individual)	03	Form 4720 (other than individual)			09			
orm 99	0-PF	04	Form 5227			10			
orm 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
orm 99	O-T (trust other than above)	06	Form 8870			12			
	Mark Judkins								
	ooks are in the care of > 3827 W Ogden Avenue -	Chicago	, IL 60623						
	hone No. ► 773-475-7370		Fax No.						
	organization does not have an office or place of business								
If this	is for a Group Return, enter the organization's four digit								
oox 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and TINs o	of all memb	ers the extension is	for.			
			16 0000			_			
	equest an automatic 6-month extension of time until			le the exem	npt organization retu	urn for			
	e organization named above. The extension is for the org	anization	s return for:						
	X calendar year 2019 or								
	tax year beginning	, an	d ending		<u> </u>				
•									
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n				
L	Change in accounting period								
3a Ift	his application is for Forms 990-BL, 990-PF, 990-T, 4720.	or 6069	enter the tentative tax less						
	y nonrefundable credits. See instructions.	, 01 0000,	criter the terrative tax, less	3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	v refundable credits and	1 50					
	timated tax payments made. Include any prior year overg			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa			1 22	•				
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
	If you are going to make an electronic funds withdrawal				Ť	or payment			
netructio		,	,		2 20.0 20 10	i,			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)