Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

6

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Fo

Inte	mal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the	e lates	t information.		Inspection		
Α	For the	e 2022 calend	dar year, or tax year beginning , 2022, an	nd end	ing		, 20		
в	Check i	f applicable:	C Name of organization Christian Community Developme	ent A	Association	D Emple	oyer identification number		
	Address	s change	Doing business as			41-22	227656		
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number			
	Initial re	eturn	3827 W Ogden Avenue			(773)475-7370		
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende	ed return	Chicago, IL 60623				receipts \$ 827,825.		
	Applicat	tion pending	F Name and address of principal officer:				or subordinates? 🗌 Yes 🛛 No		
			0623 H(b) Are all su	ubordinat	es included? 🗌 Yes 🗌 No				
I	Tax-exe	empt status:	▼ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," a	ittach a li	st. See instructions.		
J	Website	=,, ==			H(c) Group ex				
-				ar of form	mation: 2007	M State	of legal domicile: IL		
P	art I	Summa							
	1		cribe the organization's mission or most significant activities:			t Christi	ans who seek to bear witness to		
ЭС		the Kin	gdom of God by reclaiming and restoring u	Inder	-resourced				
Activities & Governance		communi							
vel	2		box \Box if the organization discontinued its operations or disp			1 1			
ğ	3		voting members of the governing body (Part VI, line 1a) independent voting members of the governing body (Part VI,			3	24		
ς δ	4		,	4	23				
itie	5			5	5				
ctiv	6		ber of volunteers (estimate if necessary)	6	200				
Ā	7a				7a	0.			
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11			7b	0.		
		.			Prior Year		Current Year		
ne	8		ons and grants (Part VIII, line 1h)			347.	239,197.		
Revenue	9	•	ervice revenue (Part VIII, line 2g)		468,	185.	583,585.		
Re	10		income (Part VIII, column (A), lines 3, 4, and 7d)				5,043.		
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).						
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), lin		/85,	532.	827,825.		
	13 14		I similar amounts paid (Part IX, column (A), lines 1–3)						
	14		aid to or for members (Part IX, column (A), line 4)		204	000	272 740		
ses			al fundraising fees (Part IX, column (A), line 11e)	,	384,	096.	272,740.		
Expenses	16a b			 374.					
Ä	17				445	723.	473,843.		
	18	-	enses (Part IX, column (A), lines 11a–11d, 11f–24e) nses. Add lines 13–17 (must equal Part IX, column (A), line 25			819.			
	19	•		·			746,583.		
- 8			ess expenses. Subtract line 18 from line 12		Beginning of Curr	287.	81,242. End of Year		
Net Assets or Fund Balances	20	Total accort	s (Part X, line 16)			154.			
Asse Bala	20		ties (Part X, line 26)	• •		174.			
Net /	21			• •		020.			
- 11		11001 035015	or fund balances. Subtract line 21 from line 20	• •	-3/,	020.			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

				09	/19/2023					
Sign	Signature of officer			Date	•					
Here	Lorenzo A Watson, President/CEO									
	Type or print name and title				-					
Paid	Print/Type preparer's name	Preparer's signature	Date		Check 🗌 if	PTIN				
Preparer	Tammy Calhoun	Tammy Calhoun	09/21/2	023	self-employed	P00748655				
Use Only			Firm's EIN 38-3244321							
	Firm's address 1040 Creekwood		Phone no. (810)743-5000							
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions									

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Form 99	0 (2022) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To inspire, train, and connect Christians who seek to bear witness to
	the Kingdom of God by reclaiming and restoring under-resourced
	communities
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
U	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$621,802. including grants of \$0.) (Revenue \$583,585.)
	Events and Gatherings:
	Christian Community Development Association (CCDA) hosts a National
	Conference each year, drawing thousands of people to share in best practices of Christian Community Development. Includes lectures and
	workshops from experts and scholars.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
чы	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
чu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 621,802.
	REV 05/17/23 PRO Form 990 (2022)

Form 99	0 (2022)		F	Page 3
Part	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
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? <i>If "Yes," complete Schedule C, Part II</i> .	4		×
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		×
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? <i>If "Yes," complete Schedule D, Part I</i>	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		×
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		×
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>			
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b		×
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	15		×
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	16 17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	17		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	10		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

Form 99	90 (2022)			Page 4
Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
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	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		×
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? <i>If "Yes," complete Schedule L, Part I</i> .	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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	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? <i>If "Yes," complete Schedule L, Part III</i>	27		×
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		×
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
33	complete Schedule N, Part II	32		×
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	33		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	36		×
37	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		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable110Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable110Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?10	-	Yes	No

Form 990 (2022) Pag								
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 5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	<u> </u>				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×				
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		~				
h	If "Yes," enter the name of the foreign country	4a		×				
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×				
c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	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?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_						
	required to file Form 8282?	7c		×				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		××				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>^</u>				
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 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:							
а	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 . 10b							
11	Section 501(c)(12) organizations. Enter:							
a h	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	against amounts due or received from them.)	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	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							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
b	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?			~				
	excess parachute payment(s) during the year?	15		×				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10		~				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		×				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		1				
	If "Yes," complete Form 6069.							
	······································							

Form 99	90 (2022)				Page 6
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI				e instruc	ctions.
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.	1a	24		
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business	1b relationship	23 with		
	any other officer, director, trustee, or key employee?			2	×
2	Did the examination delegate control over menagement duties overemently netfermed by ex	under the c	direct		

	committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	23					
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?			2		×		
3	Did the organization delegate control over management duties customarily performed by or	unde	r the direct					
	supervision of officers, directors, trustees, or key employees to a management company or o	ther p	erson?.	3		×		
4	Did the organization make any significant changes to its governing documents since the prior For	m 990) was filed?	4		×		
5	5 5 5 5							
6	5							
7a	one or more members of the governing body?							
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а								
b	Each committee with authority to act on behalf of the governing body?			8a 8b	××			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O							
Secti	on B. Policies (This Section B requests information about policies not required by th	e Inte	ernal Reven	ue Co	ode.)			
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		×		
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exert			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filir	ng the form?	11a	×			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990).						
12a				12a	×			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			12b	×			
С	Did the organization regularly and consistently monitor and enforce compliance with the							
	describe on Schedule O how this was done.			12c	×			
13	Did the organization have a written whistleblower policy?			13	×			
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a			14	×			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and	decision?					
a	The organization's CEO, Executive Director, or top management official			15a	×			
b	Other officers or key employees of the organization			15b		×		
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?							
b								
	participation in joint venture arrangements under applicable federal tax law, and take steps							
<u> </u>	organization's exempt status with respect to such arrangements?			16b				

- 17 List the states with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website Another's website Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Mark Judkins, 3827 W Ogden Avenue, Chicago, IL 60623 (773)475-7370

	F	Page 6
,	а	"No"

Part VI	Gov

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

		(C)								
(A)	(B)	Position			(D)	(E)	(F)			
Name and title	Average		ot check more than o unless person is both					Reportable	Reportable	Estimated amount
	hours	office	er and			or/trust		compensation	compensation	of other
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Lorenzo Watson	40.00									
President/CEO				×				69 , 577.	0.	0.
(2) Mayra Macedo-Nolan	1.00									
Chair		×		×				0.	0.	0.
(3) Dina GonzÃilez-Piña	1.00									
Secretary		×		×				0.	0.	0.
(4)Dr. Mary Nelson	1.00									
Treasurer		×		×				0.	0.	0.
(5) Rev. Sandra Maria Van Opstal Vice Chair	1.00	×		×				0.	0.	0.
(6) Rev. Dr. Wayne Gordon	1.00									
President Emeritus		×		×				0.	0.	0.
(7) Dr. John M. Perkins Chair Emeritus	1.00	×		×				0.	0.	0.
(8) John Booy	1.00									
Gov. Committee Chair		×		×				0.	0.	0.
(9) Rev. Jonathan Brooks Board Member	1.00	×						0.	0.	0.
(10) Rev. Dr. Gerald Davis	1.00									
Board Member		×						0.	0.	0.
(11)Darryl Answer Board Member	1.00	×						0.	0.	0.
(12) Jerome L. Garciano	1.00									
Board Member		×						0.	0.	0.
(13) Bethany Rivera Molinar	1.00									
Board Member		×						0.	0.	0.
(14)Nilwona Nowlin	1.00									
Board Member		×						0.	0.	0.

Part VII Section A. Officers, Directors,	Trustees,	Key I	Emj	ploy	yee	s, an	d H	lighest Compe	nsated Emplo	yees (contin	ued)
				(C)							
(A)	(B)				ition			(D)	(E)		(F)	
Name and title	Average					e than c is both		Reportable	Reportable		ated am	ount
	hours per week					or/trust		compensation from the	compensation from related	-	f other pensati	
	(list any	or of	Ins	Officer	Ke	em	For	organization (W-2/	organizations (W-2/		om the	JII
	hours for	Individual trustee or director	lituti	Cer	Key employee	hest	Former	1099-MISC/	1099-MISC/		ization	
	related organizations	tor al t	iona		oldt	ee		1099-NEC)	1099-NEC)	related	organiza	ations
	below	rust	tru		yee	npe						
	dotted line)	ee	Institutional trustee			Highest compensated employee						
(15)Lesa Engelthaler	1.00		-			ğ						
Board Member	1.00	×						0.	0.			0.
(16) Kather Dudlar	1.00							0.	0.			0.
Board Member	1.00	×						0.	0.			0.
(17) Michael A Mate	1.00							0.	0.			0.
Board Member		×						0.	0.			0.
(18) Joseph Tucker	1.00											
Board member		×						0.	0.			0.
(19)		-										
(20)		-										
(21)		-										
(22)												
(00)												
(23)	+	-										
(24)		-										
(25)												
1b Subtotal						• •		69,577.	0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								69,577.	0.			0.
2 Total number of individuals (including bu	t not limited	to th	10SE	e list	ted	 above	e) w			of		0.
reportable compensation from the organ	ization										1	
• Did the energie i' i' i i f	- (()										Yes	No
3 Did the organization list any former employee on line 1a? If "Yes," complete												
employee on line rar in res, complete	Scriedule J	IUT SI	ucn	ma	via	uai	• •			3		

- employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization	o those listed above) who	

REV 05/17/23 PRO

×

×

4

5

Part VIII Statement of Revenue

Part	. VIII	Check if Schedule			spon	se or note to an	v line in this Pa	art VIII....		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, ts	1a	Federated campaig			1a					
ran oun	b	Membership dues			1b	186,168.				
¶, G	C	Fundraising events			1c					
ar /	d	Related organization			1d					
s, G	e f	Government grants All other contribution			1e					
tion Sr S	·	and similar amounts no			1f	53,029.				
ibut Othe	g	Noncash contributio	ons in	cluded in		55,025.				
Contributions, Gifts, Grants, and Other Similar Amounts	_	lines 1a-1f			1g	\$				
ar O	h	Total. Add lines 1a-	-1f.				239,197.			
~						Business Code				
/ice	2a	NATIONAL CONF	EREN	ICE		900099	583,585.	583,585.	0.	0.
Jram Ser Revenue	b									
те Кел	c d									
gra Re	e									
Program Service Revenue	f	All other program se								
	g	Total. Add lines 2a-	-2f.				583,585.			
	3	Investment income								
		other similar amoun					5,043.	5,043.	0.	0.
	4	Income from investn								
	5	Royalties		(i) Real		(ii) Personal				
	6a	Gross rents	6a	(,) 1.64						
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income o	r (los	s)						
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets	_							
	h	other than inventory Less: cost or other basis	7a							
une	b	and sales expenses .	7b							
evenue	с		7c							
Other R	8a	Gross income from								
Ò		events (not including								
		of contributions rep								
	h .	1c). See Part IV, line			8a					
	b C	Less: direct expense Net income or (loss)			8b	nte				
	9a	Gross income f								
		activities. See Part I			9a					
	b	Less: direct expense	es .		9b					
	С	Net income or (loss)			ctivitie	es				
	10a			•						
	h .	returns and allowan			10a					
	b c	Less: cost of goods Net income or (loss)			10b					
<i>s</i>			1011		vont	Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
sell: eve	с									
Alisc R	d	All other revenue								
2	е	Total. Add lines 11a								
	12	Total revenue. See	instr	uctions .			827,825.	588,628.	0.	0.

Part IX Statement of Functional Expenses

following ŠOP 98-2 (ASC 958-720)

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (B) Program service expenses (C) Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1 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, trustees, and key employees 69,599. 0. 69,599. 0. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 136,230. 136,230. 0. 0. Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 33,080. Other employee benefits 9 50,121. 17,041. 0. 10 Payroll taxes 16,790. 11,081. 5,709. 0. 11 Fees for services (nonemployees): Management 18,000. 18,000. 0. а 0. 0. Legal 295. 0. 295. b С Accounting 7,715. 0. 7,715. 0. d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) 141,384. 0. 0. 141,384. 12 Advertising and promotion 2,336. 2,336. 0. 0. 13 34,108. 33,992. 0. 116. Office expenses 14 Information technology 15 Royalties Occupancy 13,560. 13,560. 16 0. 0. Travel 43,066. 40,076. 2,232. 758. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 0. 177,037. 177,037. 0. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 Insurance 5,034. 5,034. 0. 0. Other expenses. Itemize expenses not covered 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.) 0. BANK CHARGES 3,316. 25,758. 22,442. а GRANT UNRECEIVED 0. 5,000. 5,000. 0. b STAFF EXPENSES 550. 0. С 550. 0. d All other expenses е 25 Total functional expenses. Add lines 1 through 24e 746,583. 621,802. 123,907. 874. Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [] if

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

Form 990 (2022)

Par	t X Balance Sheet Check if Schedule O contains a response or note to any line in this Par	tX		
		(A) Beginning of year		(B) End of year
	1 Cash-non-interest-bearing	35,804.	1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	8,350.	3	
	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	
S S	7 Notes and loans receivable, net		7	
Assets	8 Inventories for sale or use		8	
As	9 Prepaid expenses and deferred charges		9	
1	0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
1	1 Investments-publicly traded securities		11	
1	2 Investments-other securities. See Part IV, line 11		12	
	3 Investments—program-related. See Part IV, line 11		13	
	4 Intangible assets		14	
	5 Other assets. See Part IV, line 11		15	
	6 Total assets. Add lines 1 through 15 (must equal line 33)	44,154.	-	
1	7 Accounts payable and accrued expenses	21,074.	17	
	8 Grants payable	,	18	
	9 Deferred revenue		19	
	0 Tax-exempt bond liabilities		20	
	1 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	2 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ab	controlled entity or family member of any of these persons		22	
2	3 Secured mortgages and notes payable to unrelated third parties		23	
	4 Unsecured notes and loans payable to unrelated third parties	60,100.	24	
2	5 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	
2	6 Total liabilities. Add lines 17 through 25	81,174.	26	
	Organizations that follow FASB ASC 958, check here 🔀 and complete lines 27, 28, 32, and 33.	01/1/10	20	
s lar	7 Net assets without donor restrictions	-46,020.	27	
Ba	8 Net assets with donor restrictions	9,000.	-	
Net Assets or Fund Balances	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	5,000.		
2 2	9 Capital stock or trust principal, or current funds		29	
sts	 Paid-in or capital surplus, or land, building, or equipment fund 		30	
SS	1 Retained earnings, endowment, accumulated income, or other funds .		31	
t A	2 Total net assets or fund balances	-37,020.	32	
S S	3 Total liabilities and net assets/fund balances	44,154,	-	

REV 05/17/23 PRO

Form **990** (2022)

1 To 2 To 3 R 4 N 5 N 6 D 7 In 8 P 9 O 0 N 32 2 art X 1 A If S 2 a W If	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Fotal revenue (must equal Part VIII, column (A), line 12) Fotal expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Onated services and use of facilities Net changes in net assets or fund balances (explain on Schedule O) Other changes in net assets or fund balances (explain on Schedule O) Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII	1 2 3 4 5 6 7 8 9 10	-	44,2	25.
2 To 3 R 4 N 5 N 6 D 7 In 8 P 9 O 0 N 32 2art XI 1 A If S 2a M If	Total revenue (must equal Part VIII, column (A), line 12)	1 2 3 4 5 6 7 8 9 10	-	827,8 746,5 81,2 -37,0	25.
2 To 3 R 4 N 5 N 6 D 7 In 8 P 9 O 0 N 32 2art XI 1 A If S 2a M If	Total expenses (must equal Part IX, column (A), line 25)	2 3 4 5 6 7 8 9 9		246,5 81,2 -37,0	83. 42. 20.
3 R 4 N 5 N 6 D 7 In 8 P 9 O 0 N 32 2art X I A If S 2a W	Revenue less expenses. Subtract line 2 from line 1	3 4 5 6 7 8 9 10		81,2	242.
4 N 5 N 6 D 7 In 8 P 9 O 0 N 3: 2art X 1 A If S 2a W If	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Notestment expenses Investment	4 5 6 7 8 9 10		-37,0	20.
5 N 6 D 7 In 8 P 9 O 0 N 3: 2art XI 1 A If S 2a W If	Net unrealized gains (losses) on investments	5 6 7 8 9			
6 D 7 In 8 P 9 O 0 N 33 2art XI 1 A If S 2a W If	Donated services and use of facilities Important expenses Prior period adjustments Prior period adjustments Definition	6 7 8 9 10			22.
7 In 8 P 9 O 0 N 33 2art XI 1 A If S 2a W If	Prior period adjustments	7 8 9 10		44,2	22.
8 P 9 O 0 N 33 2art XI 1 A If S 2a W If	Prior period adjustments	8 9 10		44,2	22.
9 O 0 N 33 2 art XI 1 A If S 2 a W If	Other changes in net assets or fund balances (explain on Schedule O)	9 10		44,2	22.
0 N 3; 2art XI 1 A If S 2a W If	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) II Financial Statements and Reporting	10		44,2	22.
3; 2art XI 1 A If S 2a W	2, column (B))			44,2	22.
Part X 1 A If 2a W If	II Financial Statements and Reporting			44,2	22.
1 A If S 2a W					
lf S 2a W If	Check if Schedule O contains a response or note to any line in this Part XII				
lf S 2a W If					
lf S 2a W If				Yes	No
S 2a W If	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other				
2a W If	f the organization changed its method of accounting from a prior year or checked "Other," e	xplain c	n		
lf	Schedule O.				
	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	f "Yes," check a box below to indicate whether the financial statements for the year were co	npiled o	or 📃		
re	eviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b W	Vere the organization's financial statements audited by an independent accountant?		2b	×	
	f "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on	a		
	eparate basis, consolidated basis, or both:				
Г	Separate basis Consolidated basis Both consolidated and separate basis				
	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht (of		
	he audit, review, or compilation of its financial statements and selection of an independent account		2c	×	
	f the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
-	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	orth in th	e		
	to a resolution a reast an analia, must no organization required to analongo an addit of addits as set it		3a		x
				+	^
	Jniform Guidance, 2 C.F.R. Part 200, Subpart F?		3b		

SCHE	DULE	Α
(Form	990)	

(D)

(E)

Total

Public Charity Status and Public Support

OMB No. 1545-0047

Departm	ent of	the T	reasun
Internal	Reveni	ID Se	nvice

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.

Name of the organization	on
--------------------------	----

2022
Open to Public Inspection

Name of the organization

Name	of the organization					Employer identification	number		
Chr	Christian Community Development Association 41-2227656								
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The o	organization is not a private founda	tion because it i	s: (For lines 1 through	12, chec	ck only or	ne box.)			
1	A church, convention of churc					0(b)(1)(A)(i).			
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	A hospital or a cooperative hospital								
4									
F	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								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local govern		mental unit described	l in sectio	on 170(b)	(1)(A)(v).			
7	An organization that normally	•					the general public		
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)		-		- .		
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	An agricultural research organ								
	or university or a non-land-gra university:	nt college of agr	iculture (see instructio	ons). Ente	er the nan	ne, city, and state of	the college or		
10	An organization that normally	receives (1) more	than 331/2% of its su	pport fro	m contrib	utions membership	fees and gross		
10	receipts from activities related	to its exempt fu	nctions, subject to ce	rtain exce	eptions; a	and (2) no more than	33 ¹ /3% of its		
	support from gross investmen acquired by the organization a	t income and uni fter June 30, 197	related business taxal	ble incom	ne (less se molete Pa	ection 511 tax) from	businesses		
11	An organization organized and		•		•	,			
	An organization organized and	•	•				out the purposes of		
	one or more publicly supported								
	the box on lines 12a through 12	d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.		
а	a 🗌 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization					he directors or trust	ees of the		
	supporting organization. Y	-	-						
b	Type II. A supporting organ control or management of								
	organization(s). You must		•		persons		age the supported		
с		-	-		onnectio	n with, and functiona	ally integrated with.		
•	its supported organization(,		
d	Type III non-functionally i	integrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)		
	that is not functionally integ						d an attentiveness		
	requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.			
е							e II, Type III		
	functionally integrated, or 1				organizat	ion.	[]		
f	Enter the number of supported of Provide the following information	•	· · · · · · · ·						
g	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	L	organization	(v) Amount of monetary	(vi) Amount of		
	(i) Name of supported organization		(described on lines 1–10	listed in you	ur governing	support (see	other support (see		
	above (see instructions)) document? instructions) instructions)						instructions)		
				Yes	No				
(
(A)									
(B)									
(C)									

Part IISupport 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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions 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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support			-	-		•
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	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	•	,			12	
13	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	re					🗌
-	on C. Computation of Public Support					1 1	
14	Public support percentage for 2022 (line					14	%
15	Public support percentage from 2021 Scl	,	·			15	%
16a	33 ¹ / ₃ % support test – 2022. If the organ box and stop here. The organization qua						
b	33 ¹ / ₃ % support test-2021. If the organi	-		-			
D D	this box and stop here . The organization						
17a	10%-facts-and-circumstances test-2	-		-			d line 1/l is
iiu	10% or more, and if the organization m Part VI how the organization meets the organization	neets the facts	and-circumst	ances test, ch	eck this box a	and stop here	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu rcumstances te	mstances test est. The organ	, check this bo	ox and stop he	e re . Explain
18	Private foundation. If the organization instructions						

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.)

Secti	on A. Public Support			, p.e.ee ee		,	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(6) 2010	(0) 2020	(4) 2021	(0) 2022	(i) rotai
-	received. (Do not include any "unusual grants.")	861,619.	300,597.	379,258.	317,347.	239 197	2,098,018.
2	Gross receipts from admissions, merchandise	001,017.	500,557.	5757250.	517,547.	235,157.	2,000,010.
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,060,931.	433,134.	229,690.	468,185.	583,585.	2,775,525.
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	1,922,550.	733,731.	608,948.	785,532.	822,782.	4,873,543.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	15,624.	14,620.	15,456.	31,544.	5,043.	82,287.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		7,139.	12,490.			19,629.
	Add lines 7a and 7b	15,624.	21,759.	27,946.	31,544.	5,043.	101,916.
8	Public support. (Subtract line 7c from line 6.)						4,771,627.
-	on B. Total Support					1	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1,922,550.	733,731.	608,948.	785,532.	822,782.	4,873,543.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	72.	24.	6.			102.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	72.	24.	6.			102.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,318.	8,128.	2,157.	5,440.		19,043.
13	Total support. (Add lines 9, 10c, 11,				•		
14	and 12.)						4,892,688. on 501(c)(3)
	organization, check this box and stop he	ere		· · · · · ·	-		
	on C. Computation of Public Suppo			10 1 (*)			
15	Public support percentage for 2022 (line	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,		15	97.53 %
<u>16</u>	Public support percentage from 2021 Sc					16	96.84 %
	on D. Computation of Investment In		-	uline 10	····· (f)		
17	Investment income percentage for 2022						0 %
18	Investment income percentage from 202					18	0 %
19a	$33^{1}/_{3}\%$ support tests – 2022. If the organ 17 is not more than $33^{1}/_{3}\%$, check this box						
b	331/3% support tests-2021. If the organized	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than a	33 ¹ /3%, and
20	line 18 is not more than 33 ¹ / ₃ %, check this Private foundation . If the organization d	-	-	-			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section C. Type II Supporting Organizations

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).

Section 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 on line 2, above, 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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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 that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above, 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 activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

3b

Yes No

Yes No

1

2

1

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	9-
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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):			
а	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 0.015 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 0.035.	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 0.85 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		
_		<u> </u>		

Schedule A (Form 990) 2022

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

REV 05/17/23 PRO

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	1
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish of	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted 2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive 8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1(D
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

REV 05/17/23 PRO

Schedule A (Form 990) 2022

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.)

Pt III Ln 12: Other Income Part III, Line 12 Description: Other 2018: 3318.						
2019: 8128. 2020: 2157. 2021: 5440.						

SCHEDULE D		Supplementa	OMB No. 1545-0047			
(Form 990)		Complete if the organization answered "Yes" on Form 990,				2022
Department of the Treasury		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.				Open to Public
Internal I	Revenue Service	Go to www.irs.gov/Form99	o www.irs.gov/Form990 for instructions and the latest information.			
	f the organization			•	-	entification number
Chr: Par		nunity Development Associa	sed Funds or Other Similar Funds	41 - 2		
Par		ete if the organization answered "		5 01 4	4000	ounts.
	Compi		(a) Donor advised funds		(b) F	unds and other accounts
1	Total number a	at end of year				
2		ue of contributions to (during year) .				
3		ue of grants from (during year)				
4 5		ue at end of year	advisors in writing that the assets held	d in d	lonor	advisad
Э			organization's exclusive legal control?			
6			d donor advisors in writing that grant			
			t of the donor or donor advisor, or for			
				• •	• •	· · · 🗌 Yes 🗌 No
Part		rvation Easements.				
		ete if the organization answered "				
1		conservation easements held by the o of land for public use (for example, recrea		a hist	orica	lly important land area
		of natural habitat				historic structure
		n of open space				
2			d a qualified conservation contribution	in the	form	n of a conservation
		he last day of the tax year.				Held at the End of the Tax Year
а					2a	
b	-	-			2b 2c	
c d			storic structure included in (a)		20	
			· · · · · · · · · · · · · · · · · · ·		2d	
3	Number of con	nservation easements modified, trans	ferred, released, extinguished, or term	inatec	d by t	he organization during the
	tax year					
4 5		tes where property subject to conserv	vation easement is located arching, inspectation inspectively and the periodic monitoring, inspectively arching archin	oction	 har	odling of
5			ements it holds?		, nai	· · · · Yes · No
6	,		ting, handling of violations, and enforcing		rvatio	
Ū				001100	i varie	
7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violations, and enforcing c	onser	vatior	easements during the year
•					470	
8			2(d) above satisfy the requirements of se			
9			onservation easements in its revenue a			
	balance sheet,	and include, if applicable, the text of	the footnote to the organization's finar			
	0	accounting for conservation easemer				
Part			of Art, Historical Treasures, or C)ther	Sim	ilar Assets.
4-		ete if the organization answered "				
1 a			B ASC 958, not to report in its revenue held for public exhibition, education,			
			o its financial statements that describe			
b	If the organiza	tion elected, as permitted under FAS	B ASC 958, to report in its revenue st	ateme	ent ai	nd balance sheet works of
			for public exhibition, education, or rese	earch	in fur	therance of public service,
	•	lowing amounts relating to these item				
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			•	\$
2			historical treasures, or other similar a			
~		unts required to be reported under FA			101	manolar gain, provide the
а						\$
b	Assets include	d in Form 990, Part X	<u> </u>			\$

Schedu	le D (Form 990) 2022						Page	2
Part	III Organizations Maintaining	Collections of	Art, Historica	al Treasures	, or Ot	her Similar As	sets (continued))
3	Using the organization's acquisition, collection items (check all that apply):		her records, cl	neck any of th	e follow	ving that make si	gnificant use of it	íS
а	Public exhibition		d 🗌 Lo	an or exchang	e progr	am		
b	Scholarly research							
c	Preservation for future generations	6						
4	Provide a description of the organiza XIII.		and explain ho	w they further	the org	anization's exem	pt purpose in Pa	rt
5	During the year, did the organization assets to be sold to raise funds rather							
David			amed as part of	the organizati		ollection?	Ves No	<u>с</u>
Part		•	" on Form 00		- 0 - r	reported on an	aunt an Farm	
	Complete if the organization 990, Part X, line 21.					•		
1 a	included on Form 990, Part X?						t 🗌 Yes 🗌 No	D
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the followin	g table:		_		
						Ar	nount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			_
f	Ending balance				1f			_
2a	Did the organization include an amou							0
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the explana	ation has been	provide	ed on Part XIII .	🗆	_
Par			" an Earma 00		- 10			
	Complete if the organization					(0.7)		_
4.	De viewie en effere en hielen es	(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance							_
b	Contributions							_
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							_
g	End of year balance							_
2	Provide the estimated percentage of t	the current year er	nd balance (line	1g, column (a	a)) held a	as:		_
а	Board designated or quasi-endowme	nt	%					
b	Permanent endowment	%						
С	Term endowment%							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	ne organization	that are held	and ad	ministered for the		
	organization by:						Yes No)
	(i) Unrelated organizations						3a(i)	
	.,						3a(ii)	
b	If "Yes" on line 3a(ii), are the related o	-	-				3b	
4 Dort	Describe in Part XIII the intended uses		on's endowmei	nt funds.				_
Part			" on Form 00	0 Dort IV/ lin	0 1 1 0	Saa Farm 000	Dart V lina 10	
	Complete if the organization							_
	Description of property	(a) Cost or of (investm		ost or other basis (other)		Accumulated epreciation	(d) Book value	
1a	Land							_
b	Buildings							_
С	Leasehold improvements							_
d	Equipment							_
е	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, colu	ımn (B), line 10	Эс.).			

Schedule D (Form 990) 2022 Part VII Investments-Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2022				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Staten	nents	With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990	, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	s		1	81,242.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				· · ·
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	81,242.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)		5	81,242.
Part				er Retur	
	Complete if the organization answered "Yes" on Form 990				
1	Total expenses and losses per audited financial statements			1	746,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				,
а	Donated services and use of facilities	2a			
b	Prior year adjustments			-	
c	Other losses	-		-	
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	746,583.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ			,10,0001
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	-		-	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, li</i>			5	746,583.
Part		110 10.)		U	/10/303.
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				

Schedule D (Form 990) 2022 Page					
Part XIII	Supplemental Information (continued)				

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047		
(Form 990)	Form 990 or 990-EZ or to provide any additional information.			
Department of the Treasury				
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number		
0	unity Development Association	41-2227656		
		41-2227030		
Pt VI, Line 11	o: The Form 990 is prepared by an independent CPA fir	m and reviewed		
in detail by ma	anagement and presented to the Finance Committee befo	re filing.		
The Finance Cor	mmittee, led by the Board Treasurer, is responsible f	or financial		
oversight of th	ne organization. The board also receives a copy of th	e Form 990		
before filing v	with the IRS.			
Pt VI, Line 120	c: The conflict of interest policy is provided to eac	h board member		
at the annual r	meeting. Members and officers must sign a statement a	cknowledging		
they've receive	ed, read, understand, and agree to comply with the po	licy. The		
President/CEO	reviews these statements and the Executive Committee	reviews the		
President/CEO's	s statement. If new conflicts arise, members must pro	mptly disclose.		
If a true conf	lict exists (majority vote by board), that member wou	ld be precluded		
from discussion	n and voting on the matter. Violations of the policy	result in		
appropriate dis	sciplinary or corrective action from the governing bo	ard.		
Pt VI, Line 15a	a: Compensation for the President/CEO is decided by t	he board		
of directors.	The board is independent, uses comparable market data	in the determination		
process, and re	ecords its deliberation and decision in the board min	utes.		