) JOSC	•
<b>423219865</b> APR 2 4 2021	OCCURRED JAIN

Forr	. 99	0	Return of Orga	anization Ex	cempt From	Incom	e Tax	<i>δ</i> /, Γ	OMB No. 1545-0047		
	January	2020)	Under section 501(c), 527, or 49	47(a)(1) of the inter	rnai Revenue Code (e	except priv	vate found	lations	2019		
		the Treasury	► Do not enter social :					$\sim \alpha -$	Open to Public		
	nal Revenu		► Go to www.irs.go					VI V	Inspection		
A	For the 2	2019 calend	dar year, or tax year beginning	January 1	, 2019, and end	ding	Decembe	r 31 ,	<b>20</b> 19		
В	Check if a	pplicable	C Name of organization Greater Cle	eveland Community	Credit Union, Inc				dentification number		
	Address c	· ·	Doing business as					34-0709014			
$\vdash$	Name cha	•	Number and street (or P O box if n	nail is not delivered to	street address)	Room/suit		Telephone n			
$\vdash$	Initial retur	m n/terminated	601 Lakeside Ave  City or town, state or province, cou	inter and ZID effects		3		216-664-2217			
H	Amended		Cleveland OH 44114	inly, and ZIP onoreig	n postal code		- 1,	Gross recei	ots \$ 815,444 00		
$\equiv$	Application	1	F Name and address of principal offic	er Gregory Perryma	an, President	( H/a		p return for subor			
	. 46	parang	601 Lakeside Ave #3, Cleveland	= -		. []	-		luded? Yes No		
Ī	Tax-exem	pt status:	501(c)(3) S01(c) ( 14	) ◀ (insert no)	4947(a)(1) or 52	<b>'</b>			e instructions		
<u></u>	Website:	▶ www green	aterclevcu com			H(c)		mption numb	11/71/71 1		
К		ganization 🔽	Corporation Trust Association	on ☐ Other ►	L Year of for	mation		M State of leg	al domicile		
Р	art I	Summai	F	<del></del>							
•	ı		cribe the organization's missio	n or most signific	ant activities: GCC	CU is a cre	edit union	that provide	s financial		
Governance		services to i	ts owner/members	·				•••••			
Ĕ	2 (	Check this	box ▶ ☐ If the organization d	lecontinued te or	perations or disposi	ed of mor	o than 2	50% of #c n			
Š	l .		voting members of the govern	-	-			3/	12		
≪			independent voting members		•	 1b)	• •	4	12		
Activities			er of individuals employed in				. /	5	6		
ĭţi	6 7	Fotal numb	er of volunteers (estimate if ne	ecessary)			<b>./</b> .	6	3		
Ă	7a 1	Total unrela	ated business revenue from Pa	7a							
	1 d	Net unrelat	ed business taxable income fr	om Form 990-T,		/		7b			
		<b></b>			RECEIVE		nor Year		Current Year		
Ë			ns and grants (Part VIII, line 1)	1001		718	7.5	0.040	700.040		
Revenue	i .	-	ervice revenue (Part VIII, line 2) income (Part VIII, column (A),		; JAN:11 202			2,342 7,617	783,249		
æ	,		nue (Part VIII, column (A), lines			- <del>  그 열</del>		7,017	32,195		
3			ue-add lines 8 through 11 (mu			1177	77	9,959	815,444		
			sımılar amounts paid (Part IX,								
•	1		ud to or for members (Part IX,	, ,,	•		3	3,576	41,268		
es			ner compensation, employee be				28	4,700	316,194		
penses			al fundraising fees (Part IX, col		)						
Exp			aising expenses (Part IX, colur		· · · · · · · · · · · · · · · · · · ·						
	1		nses (Part IX, column (A), lines nses. Add lines 13–17 (must ed		•	<u> </u>		6,905	456,678		
	ı	-	ss expenses. Subtract line 18	•	rin (A), line 25) .	<del></del>		5,181 4,778	814,140 1,304		
e o		10 401100 10	be expenses. Cubitact line 10	monnine 12 .	<u>ш</u> Е2	Beginnin	g of Curren		End of Year		
Net Assets or Fund Balances	20 T	Total asset	s (Part X, line 16)		#39 · · ·	-		2,959	7,066,574		
t Age	21 T	Total liabilit	ies (Part X, line 26)				5,79	7,577	5,779,888		
_			or fund balances Subtract line	e 21 from line 26	B 0 4 2021		1,28	5,382	1,286,686		
_	art II	<del>-</del>	re Block								
Un	der penalti	es of perjury,	I declare that I have examined this ret e. Declaration of preparer (other than of	um, including accomp	anying-schedules and st	atements, a	nd to the b	est of my kno	wledge and belief, it is		
		<b>1</b>	<del></del>	moer) is başequical in		aici iias aily	- I	<del>-1-1-</del>	<del></del>		
Sig	ın İ	Signati	ire of officer	·			Date	6/5/20	<u>σ</u>		
He				<b>F</b> o			Date				
		Type or	print name and title	1 0					<del></del>		
<u> </u>	 :al	<del>'</del>	·	Preparer's signature		Date	16	heck nf	PTIN		
Pa				2				elf-employed			
	eparer e Only	C	ne <b>&gt;</b>				Firm's E	IN ►	·		
		Firm's add					Phone n				
Ma	y the IRS	discuss t	his return with the preparer sh	own above? (see	instructions)				☐ Yes ☐ No		
E	Danamus	sale Danissali	on Act Notice are the consucts						- 000		

16

Form 99	0 (2019) Page,
Part	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
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	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 778,872 including grants of \$ ) (Revenue \$ )  GCCCU makes loans to our owner/members
	·
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 778,872
4e	TOTAL PLOGRAM SOLVING BY LIGHT 110,012

Page 3

Part	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,"			
2	complete Schedule A	2		<i>V</i>
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		V
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		
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		v
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	i	,
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	,	v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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)? If "Yes," complete Schedule D, Part X	11f		,
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		V
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	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		,
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		,
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		~
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 (see instructions)	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? If "Yes," complete Schedule G, Part II	18		,
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	19		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
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	21		آر ا

Part	Checklist of Required Schedules (continued)									
	Distriction of the second second then 05 000 of manches or other applications to or few demonstrating individuals on		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	.22		~						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the									
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J									
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		~						
	\$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		V						
b	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	24b								
С	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?	24d		V						
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								
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 Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26		v						
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? If "Yes," complete Schedule L, Part III	27		~						
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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~						
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~						
С	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	28c		1						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		l							
	conservation contributions? If "Yes," complete Schedule M	30		7						
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31	<u> </u>	-						
32	complete Schedule N, Part II	32		~						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,									
35a	or IV, and Part V, line 1	34 35a	<del> </del>	7						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		Ť						
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		~						
36	<b>Section 501(c)(3) organizations.</b> 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 in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		,						
Part										
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>	Yes	· U						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c								

Part	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 2a			dia.
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	V 100 1	1.05-6
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		學學	<b>班</b>
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? If "No" to line 3b, provide an explanation on Schedule O.	3b		<b>├</b> ──
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)?	4a		
b	If "Yes," enter the name of the foreign country ▶	100	の数点	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			143
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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).	CAL.	Sec.	High
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		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		· Ali	5 200
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u>معمد کند د</u>	V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		t —
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	1	NAME:	10
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			NEW YEAR
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:	1	W.	<b>X</b>
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]			13.5
11	Section 501(c)(12) organizations. Enter:			15
а	Gross income from members or shareholders		OLY:	4
b	Gross income from other sources (Do not net amounts due or paid to other sources		44	
	against amounts due or received from them.)			<b>3.3</b>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	S GATHAGA	E AMENDE
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which		TO SE	2
D	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	JE5 427	C-R 74,000
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		├ <u>-</u>
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		1
	If "Yes," see instructions and file Form 4720, Schedule N.		<b>AND</b>	<b>Eps.</b>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		V
	If "Yes," complete Form 4720, Schedule O.	1000		S. A.

Part	and See in	for a struc	tion <u>s</u> .						
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	. 🔽					
Secti	on A. Governing Body and Management								
40	Enter the number of voting members of the governing body at the end of the tax year   1a   12		Yes	No					
Id	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.								
ь	Enter the number of voting members included on line 1a, above, who are independent . 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
_	any other officer, director, trustee, or key employee?	2		1					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~					
6	Did the organization have members or stockholders?	6	~	<del> </del>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l					
	stockholders, or persons other than the governing body?	7b	~	<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
a	The governing body?	8a	~						
ь	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	<del> </del>					
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	9		V					
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co							
40	Division of the second	100	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 of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		~					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	<u> </u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<del></del>	<b>'</b>					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-							
	describe in Schedule O how this was done	12c	~	-					
13	Did the organization have a written whistleblower policy?	14	~	<u> </u>					
14	Did the organization have a written document retention and destruction policy?								
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	~	-					
b	Other officers or key employees of the organization	15b	<b>/</b>						
	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 arrangement with a taxable entity during the year?	16a		<b>V</b>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T								
	(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)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	f inter	raet r	ooliev					
	and financial statements available to the public during the tax year.			Junuy,					
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	<b>&gt;</b>						

_			
Form	990	1201	91

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<sub>e</sub> Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	<b>Employees</b>	anc
	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 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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	anız			ompe	ensa	ated any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe	erson direct	e than is bott or/trus	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
·	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee Key employee		organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Gloria McClendon CEO	40				,	,		83,463	0	0
(2) Darren Wilson CFO	40				,			55,735	0	0
(3) Gregory Perryman President		~		~				0	0	0
(4) Paul Mizerak Vice President		~		~				0	0	0
(5) Neida Miller Secretary		~		~				0	0	0
(6) James McManamon Treasurer		,		~				0	0	0
(7) Thomas Antonello  Director		~						0	0	0
(8) Robin Brown Director		~						0	0	0
(9) Russell Brown III  Director		~						О	0	0
(10) Charlett Chatman  Director		,						o	0	0
(11) Ozell Dobbis III  Director		~						0	0	0
(12) Simon Mastroianni Director		V						0	0	0
(13) Lonya Moss-Walker Director		v						0	0	0
(14) Venita Sanders		~						0	0	0

Part	VI Section A. Officers, Directors,	Trustees,	Key	<u>Em</u>	plo	yee	s, ar	nd F	lighest Compe	ensated Emplo	yees (continued)
	(A) Name and title	(B) Average			Pos heck		e than		( <b>D)</b> Réportáble	(E)	(F) Estimated amount
	Name and due	hours per week (list any hours for related organizations below dotted line)	offici or directo	er an			Highest compensated employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(15)											
(16)						_					
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)										-	
1b c	Subtotal	•		•	•	• •	· ·	<b>&gt; &gt; &gt;</b>	139,198 0 139,198	0	0
2	Total number of individuals (including but reportable compensation from the organic						above	e) w	1		
3	Did the organization list any former of employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the	Schedule J sum of re	for si porta	uch ble	<i>indi</i> com	i <i>vidi</i> npei	<i>ual</i> nsatio	n a	nd other compe	 nsation from the	3 2
	organization and related organizations individual										4 V
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or individual	5 1
	on B. Independent Contractors	act comp			: ala		- do nt		etroptore that		than \$100,000 at
1	Complete this table for your five high compensation from the organization. Rep										ization's tax year.
	(A) Name and business add	lress							(B) Description of serv	vices	(C) Compensation
	Total number of independent contractor	ars (includia	na bi	ıt n	ot I	imit	ed to		nee listed above	e) who	
	received more than \$100,000 of compens							, ui	IIIIIG ADUV	J, 111.0	

	90 (201							•		Page 9
Part	t VIII									
		Check if Schedule	O 00	ontains a re	espor	ise or note to a	T	r	· · · · · · · · · · · · · · · · · · ·	<u>,</u>
				`			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaig	ns .		1a		NAME OF THE PARTY	100	<b>通常学校</b>	
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues			1b					
ě, Š	С	Fundraising events			1c					
ar /	d	Related organization			1d					
S, E	e	Government grants			_1e			MO STATE OF	<b>建筑</b>	
ioi	f	All other contribution and similar amounts no			4.5					
Contributions, Gifts, and Other Similar Ar		Noncash contribute			1f	<del></del>				
ËÖ	9				-1g	l <sub>e</sub>				
Contand	h	Total. Add lines 1a-			<u> </u>	Ψ	352.1.1.15.45.15.15.15.15.15.15.15.15.15.15.15.15.15			
		Total Tida Inico Ta	•••	<u> </u>	<u> </u>	Business Code	<b>新新港港港</b>	E. M. C. L. S. C.		
9	2a	Loan interest income					524,696	With ite and the transfer and all	Talura in de en	la bender i die er er ertelt 1
ه څ	b	Loan fee income					129,216			
Program Service Revenue	С	Service fee income					129,337			
	d				<b>-</b>					
	е									
	f	All other program se		revenue						
	g	Total. Add lines 2a-		· · ·			783,249	<b>经过过过程的</b>		AND THE STREET
	3	Investment income	•	_		•				
	١,	other similar amoun	•		-		32,195			,
	4   5	Income from investr			ipt oc	ona proceeas -				
	3	Royalties	<del></del>	(ı) Rea	· ·	(II) Personal	SOCIALISM PROMITOR	ANT HASTELL HOUSE		CHARLES NEWS
	6a	Gross rents	6a	(1) 1100		(ii) i ersonar				
	b	Less: rental expenses	-							
	C	Rental income or (loss)								
	d	Net rental income o		s)			A CONTRACTOR OF THE PROPERTY O	Unital Sales Sales Al Sales Andreas	のなったないのからなるである。	Para de la company de la compa
	7a	Gross amount from		(i) Secun	tres	(II) Other				
		sales of assets								CALL IN
		other than inventory	7a							
ā	b	Less: cost or other basis								
enne		and sales expenses .	7b							
ě	С	Gain or (loss) .	7c			-				
<u> </u>	d	Net gain or (loss)			<u>.                                    </u>	<u></u> ▶	STAN ARTHUR STANFOND THE TOTAL	Biograph and the same and a second	Life country are the factor of the country of the c	The A. of the Park Wallette
Other Re	8a	Gross income from		ndraising						
O	ł	events (not including		d a. 1:	ļ					
		of contributions repart IV, line			00					
	Ь	Less: direct expens			8a 8b					
	C	Net income or (loss)				ents ►	<b>经验的证据证据</b>		<b>在新疆域本語或過去地方的</b>	THE PROPERTY OF THE PROPERTY O
	9a	Gross income 1	•		9 506					
	34	activities. See Part I			9a					
	ь	Less: direct expens			9b					
	С	Net income or (loss)				es <b>&gt;</b>	St. 25. 20120-157-058-05-04-07-07-07-07-07-07-07-07-07-07-07-07-07-	Salved and the lot of the Salved	2-PILLY AND STATES OF THE PROPERTY OF THE	Processing ALEX MANAGEMY 45 an
	10a	_								
		returns and allowan			10a					
	b	Less: cost of goods			10b					
	<u>c</u>	Net income or (loss)	) from	sales of in	vento	ory 🕨		,		
sr				,		Business Code	II. COLOR BOOK	<b>FUNCTION</b>		問題的問題的
eor Ie	11a	***************************************								
scellaneo Revenue	b									
sell se	C									
Miscellaneous Revenue	d	All other revenue	• . •				ļ	I THE WAY TO SERVE AND A STATE OF THE SERVE	Bright Call Transit to Att day many	PARTICIPATION MAN TO THE REAL PROPERTY.
	<u>е</u>	Total. Add lines 11a	_		<u> </u>	· · · · <u></u>		RIVE MADE N	6. 10 10 10 10 10 10 10 10 10 10 10 10 10	MARIN THE PROPERTY.
	12	Total revenue. See	: Instr	uctions			815,444	i	I	l

	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All	l other organization	s must complete colu	umn (A).
	Check if Schedule O contains a respons	e or note to any line	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			The second of the second	The second secon
2	Grants and other assistance to domestic individuals. See Part IV, line 22			The same of the sa	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	41,268 139,198		The state of the s	the State of the S
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	Other salaries and wages	120,043			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,731			
9	Other employee benefits	17,727		†	
10	Payroll taxes	25,494			
11	Fees for services (nonemployees):	20,101	-		
	Management				
b	Legal	7,697			
	<del>-</del>	- 7,007		<del> </del>	
C	Accounting	-			
d	Lobbying		The state of the s	A The Property Servery	
e	Professional fundraising services. See Part IV, line 17		<b>*</b>	A A CALL	
f	Investment management fees			ļ	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12	Advertising and promotion	9,080			
13	Office expenses	97,675			
14	Information technology				
15	Royalties				
16	Occupancy	7,193			
17	Travel	17,473			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,808			
20	Interest	79			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	6,565			-
23	Insurance	11,940			
24	Other expenses. Itemize expenses not covered	٠٠٠ ١٠٠ ١٠٠	1 N W 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1	APPENDED TO	19 6 1 To 1
24	above (List miscellaneous expenses on line 24e. If		a P		
	line 24e amount exceeds 10% of line 25, column				3 3
	(A) amount, list line 24e expenses on Schedule O.)	The state of the s	The state of		
-	Members services	92,247	the street of th	(1) - e. \ - Kin-3( )	The second of th
a		84,881			
b	Lending expense	<u> </u>			
C	Provision for loan loss	60,607			
d	Supervisory expense	3,826			
е	All other expenses	46,608			
25	Total functional expenses. Add lines 1 through 24e	814,140			
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)				

Part X	Balance Sheet	

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	246,923	1	424,127
	2	Savings and temporary cash investments	1,249,692	2	918,460
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	19,450		25,170
	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		10 m	(3.6%) 3.6% (5.6%) (5.6
	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).	P. 1.00.1 . 44.00	6	
s	7	Notes and loans receivable, net	4,653,487		5,032,606
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	30,602	9	90,670
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   127,302	Control of the state of the sta		
	b	Less: accumulated depreciation 10b 13,685	5,770	10c	113,617
	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	686,286	13	208,867
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	23,170
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,082,959	16	7,066,574
	17	Accounts payable and accrued expenses	229,565	17	10,584
	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	
Liabi ities	22	Loans and other 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		22	ii kaski iin tekt Cikisansii iint
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	T TOO 0.0		
	26	Tablification Addition 47 to control 05	5,568,012		5,769,304
<u></u>	20		5,797,577		5,779,888
ances		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
3al	27	Net assets without donor restrictions		27	
þ.	28	Net assets with donor restrictions	Maria de la	28	ma jigare, was i kanangarat
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.		ا المستعملة	The state of the s
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	339,549		339,549
As	31	Retained earnings, endowment, accumulated income, or other funds .	945,833		947,137
et	32	Total net assets or fund balances	1,285,382	-	1,286,686
Z	33	Total liabilities and net assets/fund balances	7,082,959	33	7,066,574

Page	1	2

FORITI 9:	30 (2013)			ra	ye ,z
Par	XI Reconciliation of Net Assets			٠,	
	Check if Schedule O contains a response or note to any line in this Part XI		· · · ·		<u>. 📮</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		81	5,444
2	Total expenses (must equal Part IX, column (A), line 25)	2		81	4,140
3	Revenue less expenses: Subtract line 2 from line 1	3			1,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) [	4		7,08	2,959
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		1,28	6,686
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	in 🔭		
	Schedule O.		- i	J. J.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			, G .	
þ	Were the organization's financial statements audited by an independent accountant?		· 2b	V·	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а		
	separate basis, consolidated basis, or both:				. 4
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove				
	the audit, review, or compilation of its financial statements and selection of an independent accounta		1	1	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain (	on 🧗 🧓		,
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t			
	Single Audit Act and OMB Circular A-133?		3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	<u>udits</u> .			
			For	m <b>990</b>	(2019)

# SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

<u> reate</u>	er Cleveland Community Credit Union		34-0709014
Pai	Organizations Maintaining Donor Advi		ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ald in donor advised
•	funds are the organization's property, subject to the	e organization's exclusive legal control	l? □ Yes □ N
6	Did the organization inform all grantees, donors, ar		
-	only for charitable purposes and not for the benefi		
			· · · · · · · · · · · · · · · · · · ·
Par	t II Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the co		
•	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat		
		RECEITIES YALION	f a certified historic structure
•	Preservation of open space		and the fact of
2	Complete lines 2a through 2d if the organization heleasement on the last day of the tax year.	Id a qualified conservation contribution	
_	•	[음] JAN 11 2021 [충]	Held at the End of the Tax Yea
a	Total number of conservation easements	· · · · · · · · · · · · · · · · · · ·	. 2a
b	Total acreage restricted by conservation easements		. 2b
C	Number of conservation easements on a certified hi		. 2c
d	Number of conservation easements included in (	c) acquired after 7/25/06, and not c	1 I
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during th
	tax year ►		
4	Number of states where property subject to conser-		
5	Does the organization have a written policy reg	arding the periodic monitoring, insp	pec <b>ျှို်၍</b> ဂြို့ndling of
	violations, and enforcement of the conservation eas	sements it holds?	Yes 🗆 N
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	Conservation easements during the ye
7	Amount of expenses incurred in monitoring, inspecting  \$ \]	g, handling of violations, and efferoing,	conservation easements during the year
	<b>&gt;</b> \$	- VEL	PEN ,
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue :	and expense statement and
	balance sheet, and include, if applicable, the text of	the footnote to the organization's fina	incial statements that describes the
	organization's accounting for conservation easemer	nts.	
Par	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS		e statement and balance sheet work
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t		
b	If the organization elected, as permitted under FAS		
-	art, historical treasures, or other similar assets held	for public exhibition, education, or res	search in furtherance of public service
	provide the following amounts relating to these item		Taller in ratherance of public service
			<b>b</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· · • •
0	If the example the received on held some of the	historical transcripts of the second	· · · • •
2	If the organization received or held works of art,		assets for financial gain, provide the
_	following amounts required to be reported under FA	NOD AND 900 relating to these items:	<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		· · · • • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X		<b>&gt;</b> S

_				c
P	a	п	A	1

Part	III Organizations Maintaining	Collections of	Art, Hist	orical 1	reasures	, or Ot	her Similar A	ssets (cor	tinued)
3 -	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of th	e follov	ving that make	significant (	usé of its
а	Public exhibition				or exchang				
þ	☐ Scholarly research		e (	☐ Other					
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.			•					se in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							□ No
Part	Escrow and Custodial Arra Complete if the organization		" on Fori	n 990, F	Part IV, line	e 9, or	reported an a	mount on	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?							not Yes	□ No
þ	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	lowing ta	able:				
							-	Amount	
C	Beginning balance					10			
đ	Additions during the year					10			<del></del>
е	Distributions during the year					1e			
f On	Ending balance							√2 □ <b>V</b> oc	□ No
2a b	<u> </u>								
Par		<u> </u>	<u> </u>			<b>,</b>			
	Complete if the organization	answered "Yes'	on For	n 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back	(d) Three years bac	k (e) Four y	ears 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			e (line 1g	ı, column (a	i)) held	as:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶								
С	Term endowment ▶ %		0001						
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	ie organiz	zation the	at are held	and ad	ministered for t	ne 「	res No
	organization by:							3a(i)	65 140
	(7)		• • •				· · · · · ·	3a(ii)	<del></del>
b	(ii) Related organizations		as requir	ed on Sc	 chedule R?			3b	
4	Describe in Part XIII the intended uses					• •		<u> </u>	
Part									
	Complete if the organization		on For	m 990. F	Part IV, lin	e 11a.	See Form 990	, Part X, lir	ne 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost of	or other basis other)	(c)	Accumulated epreciation	(d) Book	
	Land								
b	Buildings								
c	Leasehold improvements		Cost		8,103		337		7,766
d	Equipment		Cost		119,199		13,348		105,851
е	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90. Part >	(, column	(B), line 10	Oc.) .	. <del></del> ▶ [		113,617

(2) Share Deposits       3,518,699         (3) Member Checking Accounts       715,223	Part VII	Investments—Other Securities.  Complete if the organization answered "Voc" on For	m 990 Part IV II	no 11h Soo Form	000 Bort V Ima 10
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (C) (B) (C) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(a) Description of security or category		(c) Met	thod of valuation
2  Closely held equity interests	(1) Financia			Cost of end	-or-year market value
(3) Other   (4)   (-9				<del>-</del>	
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		iola equity interests		<del> </del>	
(G)					
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Discription   Column (b) must equal Form 990, Part X, col. (B) line 12,   Part X   III   Investments—Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
(G) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S			_		
(G)  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.  (a) Description of investment  (b) Book value  (c) Method of valuation Cost of end-of-year market value  (b) Book value  (c) Method of valuation Cost of end-of-year market value  (c) Method of valuation Cost of end-of-year market value  (d) Get of end-of-year market value  (e) Get of end-of-year market value  (f) Get of end-of-year market value  (g) Ment of end-of-	(E)				
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	V, line 4; Part X, line
na	tion.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b 2c 2d Add lines 2a through 2d . . . . . . . . . . . 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . . . 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per R Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b 2c d Other (Describe in Part XIII.) . . . e Add lines 2a through 2d . . . . . . . . . Subtract line 2e from line 1 . . . . . . . . . . Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . . . c Add lines 4a and 4b . . . . . . Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform

Schedule D (Form 990) 2019

Schedule D (Fo	m 990) 2019		Page 5
Part XIII	m 990) 2019 Supplemental Information	(continued)	
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### **SCHEDULE J** (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization

Greater Cleveland Community Credit Union

Employer identification number 34-0709014

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the Organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1100
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	197	, if (	
	☐ Travel for companions ☐ Payments for business use of personal residence	1	9 7 4 43	100
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	100	1 T	15:1
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)		2.1 3	
			` ' '	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	100 A	12	
	explain	1b	::	
		1 3 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	( <u>;</u>	10, 5
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		1/4- 3	. t., ,	<del> </del> -:-
2	Indicate which if any of the following the examplestion wood to establish the compensation of the	10,000	-1	1.70 1.25
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	1 3	3 m Ex	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	1,1	٠,	
	·	r ~ }	100	
	☐ Compensation committee ☐ Written employment contract	3 4		1
	☐ Independent compensation consultant ☐ Compensation survey or study	17. 4. 5	1 2	
	Form 990 of other organizations	223	نہ طا	13.5. 15.6 1
4	During the year old any person listed on Form 000. But VIII. Section A line to with respect to the filing		٠,٠٠٠ م	C.
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		ع با مار ا ا	123
_	·	النائسة الأ	wate	E 1
a	Receive a severance payment or change-of-control payment?	4a		├─
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		<del> </del>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4C	13.5 g	( 1) p ( g -
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	3		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			्री विश्वत
5				
3	For persons listed on Form 990, Part VII, Section A, line 1a: did-the organization pay or accrue any compensation contingent on the revenues of:	10	90 7 Th	
_	The ergonization?	- Ea		
a	The organization?	5a		+
b	Any related organization?	5b	بر ب <sub>ر</sub> ،	1 . 3
	The soft life Sa of Sb, describe if Fart III.		* .	
6	For persons listed on Form 990, Part VII, Section A line 1a, did the organization pay or accrue any	5		1 Agg 14
ь	compensation contingent on the net earnings of:			<b>1</b> , 63
_	$\pi$	6-	;\	
a	The organization?	6a	-	<del> </del>
b	Any related organization?	6b	1 m	10.8
	If "Yes" on line 6a or 6b, describe in Part III. FEB 0 4 2021	الريانية المالية		
7	For persons listed on Form 990. Part VII. Section A line 1s, did thererespization provide any confixed	نستنا	المناشاة	استشما
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	1		1
	in Part III	8		
			T. T.	1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			.,,
	Regulations section 53.4958-6(c)?	9		1

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation			:	יייי וייייי וויייייייייייייייייייייייי
	_	- 1			(C) Retrement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits		in column (s) reported as deferred on prior Form 990
Gloria McClendon, CEO	Ξ	83,463					83,463	83,463
1	(ii)							
Darren Wilson, CFO	Θ	55,735					55,735	55,735
2	(ii)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		; ; ; ; ; ; ; ; ; ; ;
	(9)							
ო	€				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		1	
	(i)							
4	(ii)							
	()							
5	(ii)			1		* * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(i)							-
9	(ii)							
	8							
7	<b>E</b>			0 0 0 0 2 1 0 0 0 1 2 0 0 0 0 0 0 0 0 0			# # # # # # # # # # # # # # # # # # #	
	(i)							
8	(							
	(i)							
6	(1)							
	(i)							
10	(ii)							
	(1)							
11	(1)							
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12	€							
	8							
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14	Ξ							
	Θ							
15	€							
	()							
16	(ii)							
							Scho	Schedule J (Form 990) 2019

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## SCHEDULE L

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

2019

	Revenue Service	► Go t	to www.irs.gov/F			actions and the						spec	tion	one
	of the organization							Employ	er ider					
Greater Cleveland Community Credit Union  Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) or							34-0709014							
Pai	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s s" on F	ection orm 99	501(c)(4), an 0, Part IV, Im	d sect le 25a	tion 501(c)(29) or 25b, or For	organ m 990	izatio D-EZ,	ns or Part '	ily). V, line	e 40b.	
1	(a) Name of disqualified	person	(b) Relationship be	etween di organizat	•	person and	·	(c) Description	of tran	sactio	n		(d) Cor Yes	rected'
(1)		-						<del></del>					163	1.00
(2)		-												
(3)			· · · · · · · · · · · · · · · · · · ·											<u> </u>
(4)	<del></del>	-  -			_		-	<u>-,</u>						$\vdash$
(5)											_			t
(6)														
2	Enter the amount under section 4958									ne ye	ar ▶ ¢			
3	Enter the amount o								•	•	• •			
•	Litter the amount o	i tax, ii ariy, ori	11110 2, 85040,	TellTibu	nseu by	the organiz	ation		•	•	Ψ			
(a) f	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount		(f) Balance due	(g) In default?		(h) Approved by board or committee?			
				То	From				Yes	No	Yes	No	Yes	No
(1)	Gregory Perryman	President	Personal		~	30	,601	24,116		1	~		V	
(2)	Neida Miler	Secretary	Personal		~	23	000	16,422		٧	~		~	
(3)	Robin Brown	Director	Personal		~	25	000	24,580		١	~		~	
(4)	Russell Brown	Director	Personal		~	1	,550	1,550		٧	~		1	
(5)	Ozell Dobbins	Director	Personal		1	12	000	6,483		>	~		V	
(6)	Venita Sanders	Director	Personal		_	11	,500	10,355		٧	1		~	
(7)	Charlett Chatman	Director	Personal		_	10	,000	2,269		٧	~		~	
(8)	Gloria McClendon	CEO	Personal		<b>V</b>	60	,000	57,246		<b>y</b>	1		~	
(9)	Darren Wilson	CFO	Personal		<b>V</b>	114	,297	86,866		~	V		<b>V</b>	
(10)			Personal		1					1	~		<b>V</b>	
Гotа	I						▶ \$	229,887		13. 2	india =	LE. F	P	, 15, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14
Par	Grants or Ass Complete if the	sistance Bene ne organization	fiting Interest answered "Ye	ed Pers	sons. om 99	0, Part IV, lin	e 27.							

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)	IRE	CELVELL		
(3)				
(4)	6 14	11 0001		
(5)	IS JAI	1 1 2021		
(6)		ايّ ا		
(7)	(03)	J. C. ILL		
(8)			^	
(9)			#53	
10)				

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

Cat No 50856 4 2021 (Form 990 or 990-EZ) 2019

Part IV	28b, or 28c.	Ťr	<del></del>					
f ===	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	(e) Shanng of organization's revenues?		
					Yes	'No		
(1)				• •	. ;	3		
(2)			<u></u>					
(4)						-		
(5)					+			
(6)								
(7)								
(8)								
(9)								
(10)				<u> </u>	<u> </u>	<u> </u>		
Part V	Supplemental Information. Provide additional information for	or responses to questions	on Schedule L (see	e instructions).				
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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

2019

Open to Public Inspection
Employer identification number

Greater Cleveland Community Credit Union, Inc	34-0709014
Part VI Section A Governing Body and Management	
Line 6 GCCCU is a member owned financial cooperative	
Line 7a All owner/members have one vote to elect each open board of director position	
Line 7b Owner/members have the right to elect board of directors	
Part VI Section B Policies	
Line 11a The completed 990 Form and supplemental schedules can be reviewed by the Board of Directors at a	anytime
Line 15a & 15b. The Board of Directors determines the CEO salary, and the CEO determines the staff salary will	thin the operating budget approved
by the Board of Directors	
Part VI Section C Disclosure	
Line 18 The CFO will provide any public documents requested by an owner-member of the credit union Year-	end financials are presented
to the credit union membership at the credit union annual meeting	
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	;;;;

Schedule O (Form 990 or 990-EZ) (2019)				Page 2
Name of the organization •		• •	4.	Employer identification number
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