Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

UMB No 1545-0047 2018 Open to Public Inspection

Departi Interna	ment of the Trea I Revenue Servic	sury :e				y numbers on this f 1990 for instructions				с.	_		n to Pi spection	
<u>A_F</u>	or the 2018	<u>calendar year, c</u>	or tax year be	ginning		, and ending								
	eck if applicable Idress change	C Name of organiz		GERS PA RPORATI		UNITY DEVEL	OPME	ENT		D Er	nployer	Identificatio	n number	
\equiv	ime change	Doing business	as							30	5-41	7651	0	
\equiv	-	1	eet (or P O box if r		red to street add	ress)			Room/suite		lephone		200	
_	tial return nat return/		ite or province, cou		foreign postal co	ode				- ' '	3-2	62-2	290	
	minated nended return	CHICAGO			IL 606	26-3307				G Gr	oss recei	pts \$	860	<u>, 4</u> 6
\equiv		F Name and addr	ess of principal offi	cer					H(a) is this	o acoup cotu	ra for out		Yes	X
Ap	phication pending								H(b) Are all	- '		ř	Yes	
								~/) II.	'No," attach	alıst (s	ee instructio	ns)	
1 Ta	ax-exempt status	X 501(c)(3	3) 501(c)	() <	(insert no)	4947(a)(1) or	52	27 (1)	Ź					
JW	ebsite 🕨	WWW . NORT		C.ORG				1	H(c) Group	exemption	number	>		
	orm of organizatio		Trust	Association	Other -			<u> </u>	Year of formation		!	M State of le	egal domicile	е
Pa	<u>rti S</u>	ummary						<u> </u>			_			
Activities & Governance						& ECONOMIC				assets				
88	3 Number	of voting memb	ers of the gov	erning body	(Part VI, line	: 1a)				Ļ	3	7		
ies			_	_		(Part VI, line 1b)				1	4	7		
· 🖺	5 Total nu	ımber of ındıvıdu	als employed	ın calendar y	year 2018 (P	art V, line 2a)				-	5	9		
AC		mber of volunter		• •						- 1	6	0		
		related business								-	7a			
	b Net unr	elated business t	taxable income	e from Form	990-T, line	38	┼	RE	CEIVE		7b	Cui	rent Year	
İ	8 Contribi	utions and grants	: (Part VIII line	a 1h)			1, -	- ` ` `		8870	43		859,	92
Revenue		n service revenu						ост	9 9 2040	70			<u> </u>	
Ş.	_	ent income (Par			4. and 7d)		위	961	2 0 (UIS		79			54
&		evenue (Part VIII	·	• •	•	ind 11e)	-	00						
ן ב						olumn (A), line 1 <u>2</u>)		OGI	DEN, U	88,	22		860,	46
25		and similar amou								السنت				
ם		paid to or for m												
၁ဖွ						mn (A), lines 5–10))		2	76,5	83		412,	30
Sense	16a Profess	ional fundraising	fees (Part IX,	column (A),	line 11e)			[
Expe	b Total fu	ndraising expens	ses (Part IX, co	olumn (D), li	ne 25) 🕨		0	Ì						
. m	17 Other e	xpenses (Part IX	, column (A), I	ines 11a-11	d, 11f-24e)			į		57,5			381,	
Assets or 1 Balances	18 Total ex	penses Add line	es 13–17 (mus	t equal Part	IX, column	(A), line 25)		ļ	5	34,1			794,	
	19 Revenu	e less expenses	Subtract line	18 from line	12					54,4			66,	<u>23</u>
t Assets or									Beginning of		-	En	d of Year	13
Sset		sets (Part X, line								36,8			649,	
₩		bilities (Part X, I						}		45,8 90,9			91, 557,	
ᆲ	TATE OF THE PARTY	ets or fund balar		line 21 from	line 20					90,9	04		331,	19
		ignature Blo			 -									
true	er penaities o	i perjury, i declare complete: Declara	tnat I have exar	nined this rett (other than of	irn, including : ficer) is based	accompanying sched on all information of	iules an Which i	o statem preparer	ents, and to th has anv knowl	e best of edae	ту кло	wieage an	o bellet, it	IS
	1 1	11.1	h							1	,			
Sign	, 	Signature of officer		7							Date			
Here		RICHAR		MORAN	TRE	SUREK					10	-f-d	019	
		Type or print name a	na title		10,,,,,,,,,,	and the same of th	,		Date	- 1		If PTI	N.	
Daid		pe preparer's name			Preparer's si	grigiture				1	Check	∟"[
Paid	2505	LLE N. ABEND		100		ACCOCTA	- C		09/	06/19			169561 4261	
Preparents	FRIIIST		ERAIMO	ABENDI		ASSOCIATION F	62			Firm's E	IN P	36-	42619	<u> </u>
ose (- 1 I	_	601 W.			SUITE 5						815-	169-	7 F.O
	Firm's a		RLAND I			467-5661				Phone r	10	012-		-
		iss this return wi				tructions)		_					Yes 99	No O coo
E D	ananuark Da	ruction Act Notic	a can the com-	rata inctruct	IODE								44	

	· · · · · · · · · · · · · · · · · · ·	MUNITY DEVELOPMENT	36-4176510	Page 2
	Statement of Program Ser	•		
	ribe the organization's mission	ns a response or note to any line	n this Part III	
		ABLE HOUSING & ECONO	MIC DEVELOPMENT	
ŕ				
0 0 10 10				
-	anization undertake any significar 990 or 990-EZ?	nt program services during the year which	were not listed on the	Yes X No
	scribe these new services on Sch	edule O		Tes A NO
		ake significant changes in how it conducts	s, any program	
services?	-			Yes X No
If "Yes," des	scribe these changes on Schedul	e O		
		accomplishments for each of its three large	•	
		rganizations are required to report the am	ount of grants and allocations to others,	
the total exp	penses, and revenue, if any, for e	ach program service reported		
4a (Code) (Expenses \$	750,516 including grants of \$) (Revenue \$	
•		AINING AND ECONOMIC		,
		FAMILIES TO CREATE A		
		E HOUSING IN ROGERS		
IL	•		·	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
N/A	, (1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , ,	ŕ
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
N/A				
				• •
	ه د و مستخدمونی مشعبایه میشود.			
				
	am.services (Describe in Schedu	-) (Davisario C	,
(Expenses	\$ income service expenses ▶	750 , 516) (Revenue \$	
ee i otal progra	ani service expenses	100,010		

 $ADO_{Page 3}$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
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		X
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		x
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		x
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			ĺ
	"Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		X _
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		_	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	<u> </u>
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		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u>x</u>	<u> </u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
þ				
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			,,
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		.
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		x
20-	If "Yes," complete Schedule G, Part III Did the experience operate one or more becauted facilities? If "Yes," complete Schedule H.	19 20a		X
20a h	The state of the s	20a 20b		
) 24	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government out trait to, column (n), line 1 · n · res, complete conscider, raits rand n	41		

Form **990** (2018)

P	art IV Checklist of Required Schedules (continued)	<u> </u>		age .
			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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	İ	1	
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Ĺ	
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	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		}	ļ
	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	l	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ĺ	ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			}
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	l	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	i '	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			\Box
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		<u> </u>
-	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
•••	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		-	1
J 4	or IV, and Part V, line 1	34		x
35a		35a	-	X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	338	 	
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36		336		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31	 	-
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	-x-	
	19? Note: All Form 990 filers are required to complete Schedule O			
Fi	art 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			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	[162	140
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	DIG the organization comply with packup withholding rules for reportable payments to vehicles and			r .

reportable gaming (gambling) winnings to prize winners?

Form 990 (2018) ROGERS PARK COMMUNITY DEVELOPMENT 36-4176510

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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule)		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	y over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b_		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c_		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns 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 g	oods				•
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s		1		
	required to file Form 8282?	. 1		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			:	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7	7e		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	е			
	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?			<u>9a</u>		
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				
а	initiation fees and capital contributions included on Part VIII, line 12	10a				
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	i 1				
а		11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b	<u></u>	 		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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		
_	Note. See the instructions for additional information the organization must report on Schedule O					
Þ	Enter the amount of reserves the organization is required to maintain by the states in which					
_	the organization is licensed to issue qualified health plans	13b			,	
C	Enter the amount of reserves on hand	13c [- X
	_Did.the.organization-receive-any-payments-for-indoor-tanning-services-during-the-tax-year?			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneity.		nr.	170		
15		augn C	••	15		x
	excess parachute payment(s) during the year?			13		
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom:	a?	16		x
	If "Yes," complete Form 4720, Schedule O		.	10		
	11 169, Complete Form 4720, Consound C			<u>ld</u>	m 990	(2018)

Form 990 (2018) ROGERS PARK COMMUNITY DEVELOPMENT 36-4176510 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

	Mon A. Governing Body and Management					
_			. =	F	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar	ł				
	committee, explain in Schedule O	ŀ	_			
b	Enter the number of voting members included in line 1a, above, who are independent	_ <u>1b</u>	7	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					77
_	any other officer, director, trustee, or key employee?			2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			_		77
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	7		4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	-	X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		<u>x</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following			
а	The governing body?			8a_	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					37
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O)aaa	9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	nai R	evenue Co	ae)		
				400	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a		ine ic	orm z	11a	-	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			12a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	o to oo	nflioto?	12b	-	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e 10 CC	ittilicts /	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c		X
42	describe in Schedule O how this was done			13		X
13	Did the organization have a written whistleblower policy?			14		X
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 and approval by			"		- 21
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_	The organization's CEO, Executive Director, or top management official			15a	x	
a	Other officers or key employees of the organization			15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IVa	, , , , , , , , , , , , , , , , , , , ,			160		X
L	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			16a		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
				166		
500	organization's exempt status with respect to such arrangements?			16b	لــــا	
<u>3ec</u>	List the states with which a copy of this Form 990 is required to be filed IL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Si	ection f	501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	,5,1011)			
	(5)5 only) available for public hispection. Indicate these available of look all that apply					

Section	C. DISCIOS	sure	

- Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19
- 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 ▶

CHRIS ZALA CHICAGO

1530 W. MORSE AVE.

773-262<u>-2290</u>

IL 60626

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

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

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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo off	x, unle licer a	Pos check ess pe nd a d	rson	than on is both a or/trusted	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations
(1) RENE CAMARGO		1								
	1.00			}		1 1			_	
DIRCETOR	0.00	X		-	-	├ ┼	_	0	0	0
(2) NICK KOSIAK	1.00									
DIRECTOR	0.00	x						0	0	0
DIRECTOR (3) CLAYTON MAXFIELI	0.00	<u> </u>	-		├	 - 				<u> </u>
(3) CHAITON PHARTIELL	1.00				İ					
DIRECTOR	0.00	x						0	0	0
(4) MEGAAN PELAAR	3.00	 			t –					_
•••	1.00			1						
DIRECTOR	0.00	X				l i		0	0	0
(5) LORRAINE DOSTAL	[\prod				
	2.00									
SECRETARY	0.00		<u> </u>	X	<u> </u>	\sqcup		0	0	0
(6) MICHAEL GLASSER										
	2.00									
PRESIDENT	0.00	\vdash	ļ	X	-	┷		0	0	0
(7) RICHARD MORAN	0.00	ļ								
MDERCIMED	2.00 0.00		ĺ	x	ĺ	1 1		o	o	0
TREASURER	0.00	┼─		^		╁				
(8)										
(9)				!						-
(10)		-								
(11)					-		_			
DAA	<u> </u>		_							Form 990 (2018)

DAA

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
week box, unless person is both an from related (list any officer and a director/trustee) the organizations (W-2/1099-MIS										Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
				_							
1b	Sub-total										
С	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in					ورا م	ted a	• •	(e) who received more than	\$100,000 of	
_	reportable compensation from	the organization	>	0							Yes No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin organization and related organization and related organization.	"complete Schede 1a, is the sum	<i>dule</i> of re	<i>J for</i> porta	<i>suci</i> able	h ind	dividi ipens	<i>ial</i> satio	on and other compensation	from the	3 X
5 Secti	Did any person listed on line 1 for services rendered to the or on B. Independent Contractor	rganization? <i>If</i> "Y								ındıvıdual	5 X
1	Complete this table for your fir compensation from the organi	ve highest comp ization. Report c	ensa	ited i	nder tion	oenc for t	ient o	cont	dar year ending with or with	in the organization's tax ye	
	Name and	(A) business address							Descrip	(B) uon of services	(C) Compensation
											
				· -							
2	Total number of independent								ose listed above) who	0	
DAA	received more than \$100,000	or compensation	1011	n ine	org	arii2	auor			<u></u>	Form 990 (2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue (A) Total revenue exempt business excluded from tax under sections revenue revenue 512-514 Gifts, Grants 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 790,719 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 69,203 1,108 g Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f 859,922 Program Service Revenue Busn Code 2a b d f All other program service revenue g Total Add lines 2a=2f Investment income (including dividends, interest, 546 546 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold þ c Net income or (loss) from sales of inventory Miscellaneous Revenue Buan Code 11a b d All other revenue Total. Add lines 11a-11d ▶ 546 0 Total revenue. See instructions 860,468 0 Form 990 (2018) 36-4176510 Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b, (D) Management and Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 349,128 348,048 1,080 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,471 7,471 30,204 28,962 1,242 Other employee benefits 25,498 25,403 10 Payroll taxes Fees for services (non-employees) a Management b Legal 21,084 18,189 2,895 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 39,852 39,852 12 Advertising and promotion 27.326 342 27,668 Office expenses 14 Information technology 15 Royalties 21,102 34 21,136 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 272 272 Depreciation, depletion, and amortization 1,4969,053 23 10,549 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 174,452 174,452 PROGRAM EXPENSE 13,619 30,006 -43-625 CONTRACTUAL SERVICES b 6,422 10,163 16,585 SUPPLIES С 8,814 8,760 54 TRANSPORTATION

17,895

794,233

17,844

750,516

All other expenses

Total functional expenses Add lines 1 through 24e 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)

51

717

43.

Part X B'alance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year <u>415,</u>587 349,176 Cash-non-interest bearing 2 Savings and temporary cash investments 85,618 87,877 2 Pledges and grants receivable, net 193,109 116,495 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 40,935 other basis Complete Part VI of Schedule D 10a 32,756 8,451 8,179 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 investments-program-related See Part IV, line 11 13 14 Intangible assets 14 10,651 10,792 15 Other assets See Part IV, line 11 15 636,802 649,133 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,227 17 17 Accounts payable and accrued expenses 18 18 Grants payable 142,611 87,877 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 145,838 91,934 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 490,964 557,199 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 490,964 557,199 Total net assets or fund balances 33 636,802 649,133 Total liabilities and net assets/fund balances

Form 990 (2018)

	1 990 (2018) ROGERS PARK COMMUNITY DEVELOPMENT 36-4176510				Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>468</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				233
3	Revenue less expenses Subtract line 2 from line 1	3				235
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	90,	964
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
		10		55	57,	199
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		l	2a		X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					ĺ
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		l	2b	X_{\perp}	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					ĺ
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		Ì	ľ		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ſ	- 1	ĺ	
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				For	n 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

ROGERS PARK COMMUNITY DEVELOPMENT CORPORATION

Employer identification number 36-4176510

Pa	irt l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instruction	ns							
The o	orga			e it is (For lines 1 through 12, o											
1				ociation of churches described	-			\sim 7							
2	П			A)(iı). (Attach Schedule E (Forn				L)+							
3	П			ce organization described in sec			iii).								
4	Ħ			in conjunction with a hospital of				nenital's name							
	ш	city, and state		The conjunction than a mospital t	3000500	555116	TO CONTRACTOR ETTER THE	ospitars name,							
5	\Box	-		of a college or university owned	or operat	ed by a o	overnmental unit described in								
		=	b)(1)(A)(iv). (Complete Part	•		,3									
6				overnmental unit described in s	ection 17	'0(b)(1)(A)(v).								
7	X	_	ion that normally receives a section 170(b)(1)(A)(vi). (Ci	substantial part of its support fro amplete Part II)	om a gove	ernmental	unit or from the general public	:							
8	\Box				: 11.)										
9	Ħ	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college													
		or university	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.												
10		-	ion that normally receives (1) more than 33 1/3% of its supp	oort from	contributi	ons, membership fees, and gro	oss							
				pt functions—subject to certain											
				nd unrelated business taxable in											
44	\Box			0, 1975 See section 509(a)(2).											
11 12	H	•	,	exclusively to test for public safe exclusively for the benefit of, to	•		, ,, ,	500							
12	Ш			ations described in section 50											
				at describes the type of suppor											
	а	_		erated, supervised, or controlled											
				ver to regularly appoint or elect											
		supportin	ig organization. You must c	omplete Part IV, Sections A a	nd B.										
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having								
			•	ting organization vested in the s	same pers	ons that	control or manage the supporte	ed							
			tion(s) You must complete												
	С	its suppo	rted organization(s) (see ins	upporting organization operated tructions) You must complete	Part IV,	Sections	A, D, and E.								
	d		, ,	I. A supporting organization ope			· · · · · · · · · · · · · · · · · · ·								
				e organization generally must sa nust complete Part IV, Section				755							
	е	Check th	is box if the organization rec	eived a written determination fro	om the IR	S that it is									
	_		• •	n-functionally integrated support	ting organ	ization									
	f		mber of supported organizati												
	g		ollowing information about th		1 (5.3.1.1)			4.13.4							
(1)		e of supported ganization	(II) EIN	(lii) Type of organization (described on lines 1–10	1 ' '	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see							
		,		above (see instructions))		ment?	instructions)	instructions)							
				· · · · · · · · · · · · · · · · · · ·	Yes	No									
(A)															
/D \				····											
(B)															
(C)															
<u>(D)</u>					 	 									
(D)															
(E)	_	<u>-</u>													
			<u> </u>												
_			E .			l l									

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

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	802,056	785,308	379,924	588,043	859,922	3,415,253
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	802,056	785,308	379,924	588,043	859,922	3,415,253
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				<u>, , , , , , , , , , , , , , , , , , , </u>		3,415,253
	tion B. Total Support		··-				
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	802,056	785,308	379,924	588,043	859,922	3,415,253
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						3,415,253
12	Gross receipts from related activities, etc					12	1,125
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	irth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her						•
	tion C. Computation of Public St						100 00 9/
14	Public support percentage for 2018 (line 6			n (t))		14	100.00%
15	Public support percentage from 2017 Sch			12 and line 14 is 2	3 1/39/ or more of		100.00 /8
16a	33 1/3% support test—2018. If the organ				3 1/3 /8 01 111016, 01	neck tins	×X
_	box and stop here. The organization qual				5 is 33 1/3% or mo	re check	P ===
b	33 1/3% support test—2017. If the organithis box and stop here. The organization				0 13 33 173 78 OF THE	no, oncor	▶ □
17a	10%-facts-and-circumstances test—20°				a, or 16b, and line	14 is	
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization			•			▶ □
b	10%-facts-and-circumstances test—20	17. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances	test, check this be	ox and stop here.		
	Explain-in-Part-VI-how-the-organization-m	eets-the-"facts-and-	cırcumstances" te	st=The-organizatio	n-qualifies-as-a-pu	blicly	
	supported organization						▶ [_]
18	Private foundation. If the organization de	d not check a box o	on line 13, 16a, 16i	b, 17a, or 17b, che	ck this box and se	е	
	ınstructions						P [_
						Schedule A (Form 99	00 or 990-EZ) 2018

RPCDC 09/06/2019 11 52 AM ROGERS PARK COMMUNITY DEVELOPMENT 36-4176510 Schedule A (Form 990 or 990-EZ) 2018 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) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2017 (a) 2014 (b) 2015 (c) 2016 (e) 2018² (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (a) 2014 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents. royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c/11, First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) **`**15 % Public support percentage from 2017 Schedule A, Part III, line 15 16. 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 18 %

Investment income percentage from 2017 Schedule A, Part III, line 17 18 19a 33 1/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

76510 Page 4

Part IV Supporting Organizations

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

			Organiz	

			Yes	No
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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		_
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		,,,,,,,	,,,,,
	(b) and (c) below	3a		
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		7711	, ,
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
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	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
þ	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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination		7,17	
	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
þ	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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did-a-disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	
	determine whether the organization had excess business holdings)	10b		

Schedu		4176510_	_	Page 5
Par	t (V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
L	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.] 11¢]		L
<u> </u>	on or typo t cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization	2		<u> </u>
Secti	on C. Type II Supporting Organizations			N.
1	Ware a majority of the erganization's directors or trustoes during the tay year also a majority of the directors		Yes	No
'	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	,	
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		:	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Secti	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions)		
' a	The organization satisfied the Activities Test Complete line 2 below	311 40110113)		
b	The organization satisfied the Activities Fest Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity of	(see instructions)		
_		,		
2 /	Activities Test Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
n	—Did the activities described in (a)-constitute-activities that, but for the organization's involvement, one-or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	:	
3	Parent of Supported Organizations Answer (a) and (b) below.	-5		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
<u> </u>	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			,,,,,,
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>
DAA	So	hedule A (Form 990	or 990-	EZ) 2018

Schedu	le A (Form 990 or 990-EZ) 2018 ROGERS PARK COMMUNITY DEVE	LOPME	NT 36-4176	510 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 19	970 (explain in Part VI)	See
	instructions. All other Type III non-functionally integrated supporting organizations in	nust compl	ete Sections A through E	<u>-</u>
Secti	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			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6	•	
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Mınımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ıns	tructions for short tax year or assets held for part of year)	_,		,
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		- "
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see	e instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6	<u></u>	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (iii) (ii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d-Excess-from-201-7e Excess from 2018

ROGERS PARK COMMUNITY DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2018

ROGERS PARK COMMUNITY DEVELOPMENT

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Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury 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

Name of the organization

Employer identification number

	OGERS PARK COMMUNITY DEVELOPMENT		06 44 8654 0
	ORPORATION		36-4176510
Pa	Organizations Maintaining Donor Advised Fu		Accounts.
—	Complete if the organization answered "Yes" on	· · · · · · · · · · · · · · · · · · ·	
		(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	it the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc	lusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pá	art 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 organization (check	all that apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land area
	Protection of natural habitat	Preservation of a certified histori	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation
-	easement on the last day of the tax year		Held at the End of the Tax Year
а			2a
b			2b
C		luded in (a)	2c
-	Number of conservation easements included in (c) acquired after 7/25/		
u	historic structure listed in the National Register	oo, and not on a	2d
2	Number of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organiza	
3		tinguished, or terminated by the organiza	mon during the
	tax year >	logated N	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mor	illoring, inspection, nandling of	☐ Yes ☐ No
_	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation e	easements during the year
_			
7	5, 12p 1 5, 11p	lations, and enforcing conservation easer	nents during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(n)(4)(B)(
	and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation easem		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that c	lescribes the
	organization's accounting for conservation easements	Thirt is a Farman and Other	Circiles Assets
Pi	Organizations Maintaining Collections of Art,		Similar Assets.
	Complete if the organization answered "Yes" on		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r		_
	works of art, historical treasures, or other similar assets held for public		erance of
	public service, provide, in Part XIII, the text of the footnote to its finance		
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), t		_
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance or
	public service, provide the following amounts relating to these items		. .
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or		ovide the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2018 ROGERS PA						1/0210		age 2	
Part III Organizations Maintaining							sets (continued)		
3 Using the organization's acquisition, accessio collection items (check all that apply)	n, and other record	ls, check	any of the fol	lowing that a	ire a signif	icant use of its			
a Public exhibition	Public exhibition d Loan or exchange programs								
b Scholarly research	е 🗍	Other							
c Preservation for future generations									
4 Provide a description of the organization's col	lections and explai	n how the	ey further the	organization	's exempt	purpose in Part			
XIII					•				
5 During the year, did the organization solicit or	receive donations	of art, his	storical treasu	res, or other	sımılar				
assets to be sold to raise funds rather than to	be maintained as	oart of th	e organizat <u>io</u> n	s collection	?		Yes	No	
Part IV Escrow and Custodial Arra	ingements.			·					
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
990, Part X, line 21	·	_		· 					
1a Is the organization an agent, trustee, custodia	in or other intermed	liary for (contributions o	or other asse	ts not			_	
included on Form 990, Part X?							Yes] No	
b If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able						
							Amount		
c Beginning balance						1c			
d Additions during the year						1d			
e Distributions during the year						1e			
f Ending balance						1f			
2a Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or cust	todial accoui	nt liability?		Yes	No	
b If "Yes," explain the arrangement in Part XIII	Check here if the e	xplana <u>tio</u>	n has been pi	rovided on P	art XIII]	
Part V Endowment Funds.									
Complete if the organization	answered "Yes	on Fo	<u>rm 990, Pa</u>	rt IV, line	10				
	(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Three years b	ack (e) Four years	back	
1a Beginning of year balance		<u> </u>							
b Contributions									
c Net investment earnings, gains, and									
losses		<u> </u>		l					
d Grants or scholarships									
e Other expenditures for facilities and				I					
programs						<u> </u>	L	_	
f Administrative expenses]							
g End of year balance									
2 Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a))	held as					
a Board designated or quasi-endowment ▶	%								
b Permanent endowment ▶ %									
c Temporarily restricted endowment ▶	%								
The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%								
3a Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held and	administere	d for the				
organization by							Yes	No	
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ıi)		
b If "Yes" on line 3a(ii), are the related organizar	tions listed as requ	red on S	chedule R?				3b		
4 Describe in Part XIII the intended uses of the									
Part VI Land, Buildings, and Equip									
Complete if the organization		on Fo	rm 990, Pa	rt IV, line	11a See	Form 990, P	Part X, line 10		
Description of property	(a) Cost or other					Accumulated	(d) Book value		
	(investment)		(othe	er)	de	epreciation			
1a Land					<u> </u>		** * **		
b Buildings									
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Par	t X, colu	mn (B), line 10	Oc)					

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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 V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

794,233

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Schedule D (Form 990) 2018 ROGERS PARK COMMUNITY DEVELOPMENT

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Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number 36-4176510

Name of the organization

ROGERS PARK COMMUNITY DEVELOPMENT CORPORATION

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED PRIOR TO FILING

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL PART IV, SECTION B, QUESTION 15

THE COMPENSATION OF MANAGEMENT IS DETERMINED BY THE BOARD OF DIRECTORS BY REVIEW OF COMPARABLE DATA AND BY BUDGET RESTRAINTS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS PART VI, SECTION B, QUESTION 15

THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF MANAGEMENT BY REVIEW OF COMPARABLE POSITION COMPENSATION LEVELS AND BUDGET RESTRAINTS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS MADE AVAILABLE TO PUBLIC UPON REQUEST