** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	For the	e 2023 calendar year, or tax year beginning $$ JUL $1,2023$ and en	nding J	<u>UN 30, 2024</u>				
	Check if applicable	C Name of organization		D Employer identifie	cation number			
	Addre	e COMMUNITIES IN SCHOOLS OF CHICAGO						
	Name chang	Doing business as		36-35913	26			
	Initial return Final return	815 W VAN BUREN STREET 30	oom/suite 0 0	E Telephone number 312-829-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 13,773,962.				
	Ameno return	CHICAGO, IL 60607		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer. OANE MENT 21NGER		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u> 1 </u>	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions			
	Websit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 1988 N	A State of legal domicile: IL			
Pa	art I	Summary						
Ф	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathtt{SEE}}$	CHEDU	LE O				
Governance								
erne	2	Check this box if the organization discontinued its operations or disposed		1				
<u> </u>	3			3	18			
		Number of independent voting members of the governing body (Part VI, line 1b)			18			
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			86			
ĭ₹	6	Total number of volunteers (estimate if necessary)			26			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.			
			-	Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		10,218,919.	7,325,481.			
	9	Program service revenue (Part VIII, line 2g)		718,500.	655,750.			
Bè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		158,055.	264,913.			
_	ויי	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,968 .	-17,218.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,092,506.	8,228,926.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,134,981.	6,449,042.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line 25) 1,345,742		1,121,497.	1,325,653.			
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,256,478.	7,774,695.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,836,028.	454,231.			
	19	Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year			
Net Assets or		Tatal accests (Doubly line 1C)		14,055,139.	14,939,265.			
SSe	20	Total assets (Part X, line 16)		610,489.	1,009,432.			
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		13,444,650.	13,929,833.			
P	art II	Signature Block		13,444,030.	13,727,033.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the hest of my	knowledge and helief it is			
		et, and complete. Declaration of preparer (other than officer) is based on all information of which		· · ·	knowledge and belief, it is			
truo	, 001100	ts and complete. Declaration of proparer (other than officer) is based on an information of which	Πρισμαισι	nas any knowleage.				
Sig	n	Signature of officer		Date				
Her		JANE MENTZINGER, CHIEF EXECUTIVE OFFICER						
Hei	•	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	j	MICHELLE HAINES MICHELLE HAINES	n	3/17/25 of self-employ	P01270792			
	parer	Firm's name OSTROW REISIN BERK & ABRAMS, LTD.			6-2938874			
	Only	Firm's address 455 N CITYFRONT PLAZA DR, SUITE 16	00	THIII 3 LIN 3				
200	,	CHICAGO, IL 60611		Phone no 31	2-670-7444			
May	/ the IF	RS discuss this return with the preparer shown above? See instructions		1. 110110 110.0 =	X Yes No			
a	, 11							

	990 (2023) COMMUNITIES IN SCHOOLS OF CHICAGO	36-3591326	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
Ü	If "Yes," describe these changes on Schedule O.		110
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported.	CEE	750
4a	(Code:) (Expenses \$5,609,813. including grants of \$) (Revenue)	ıe\$	<u>/50.</u>)
	SEE SCHEDULE O		
4b	(Code:) (Expenses \$	ue \$	Y
4c	(Code:) (Expenses \$) (Revenue)	ue \$)
	Other programmer and income (December on Only 1997)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses 5,609,813.		
		Form 9	990 (2023

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	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?			7,
	If "Yes," complete Schedule D, Part IV	9		X
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		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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- "		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	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	4.	v	
۵.	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? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2023) COMMUNITIES IN SCHOOLS OF CHICAGO

Part IV Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the examination report more than \$5,000 of grants or other assistance to exfer demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	\cdot	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2-Tu	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
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," complete			
	Schedule N, Part II	32		X
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		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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			х
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	77	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Sorroddio S contains a response of flote to dry line in this fact v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11		169	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14 15 15 16 17 18 18 19 18 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
		•	222	

332004 12-21-23

023) COMMUNITIES IN SCHOOLS OF CHICAGO
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 86			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
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		
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		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 Accounts (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?	5b		X
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			٦,
_	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 contributions or gifts	۵.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
d	• • • • • • • • • • • • • • • • • • • •	7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
g	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of reserves on hand 13b			
		1/10		Х
14a h	If IIV and I have it filed a Form 700 to see at the constant of the second of the seco	14a 14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

Part VI 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 18						
	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.						
b	10						
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		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	But the second of the second o	6		X			
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 22			
7a		7-		Х			
	more members of the governing body?	7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х			
_	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37				
a	The governing body?	8a	X	37			
b	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 the			37			
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
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	37				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7				
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
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	X				
b	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process on 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		X			
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					
Sec	tion 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 (section 501(c)(3)s	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial				
	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						
	JANE MENTZINGER - 312-829-2475						
	815 W VAN BUREN ST, SUITE 300, CHICAGO, IL 60607						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson is	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JANE MENTZINGER CHIEF EXECUTIVE OFFICER	40.00			Х				242 757	0.	21 257
(2) MARIANNE WOODWARD	40.00			^				243,757.	0.	21,257.
CHIEF RESOURCE OFFICER	40.00	1				X		201,029.	0.	21,733.
(3) JUDITH ALLEN	40.00							201/0231	•	21//331
CHIEF OPERATING OFFICER		1		x				190,834.	0.	19,063.
(4) BARTHOLOMEW ST. JOHN	40.00									
CHIEF INNOVATION AND COMMU						Х		111,865.	0.	25,914.
(5) DAVID COTUGNO	40.00									
DIRECTOR OF MAJOR GIFTS						Х		113,367.	0.	24,026.
(6) ROBIN KOELSCH	1.00									
CHIEF PARTNERSHIP ENGAGEMENT OFFICER						X		101,721.	0.	24,223.
(7) MARIA MIRANDA	1.00									
ASSIOCIATE DIRECTOR OF DEVELOPMENT						X		102,390.	0.	11,138.
(8) MARK BRADY	2.00	1								
CHAIR		Х		Х				0.	0.	0.
(9) JIM WELCH	1.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(10) BRIAN MONCRIEF	1.00	ļ		l						•
SECRETARY		Х		Х				0.	0.	0.
(11) MICHELLE BROWN	1.00	ļ		l						•
TREASURER	1 00	Х		Х				0.	0.	0.
(12) DR. SHERRON J. BIBBIE	1.00	٠,,							,	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) DON BIELINSKI DIRECTOR	1.00	·							0	0
(14) CRAIG BONDY	1 00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(15) MARY CAPASSO	1.00	Α						0.	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(16) LAN NGUYEN CHAPLIN	1.00		\vdash		\vdash				0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(17) JANEL DALEY	1.00					\vdash			•	•
DIRECTOR		х						0.	0.	0.
	L						-	, , , ,		Form 990 (2022)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) COMMUNIT	IES IN S	SCH	00	LS	0	F	CH	ICAGO	36-3591	326 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee								ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more rson i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MIRANDA DAVIS	1.00]							_	_
DIRECTOR		Х						0.	0.	0.
(19) JOSH GRAY	1.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(20) JONATHAN GURYAN	1.00									
DIRECTOR		Х						0.	0.	0.
(21) RYAN D. HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(22) JOHN M. HAWN	1.00									
DIRECTOR		Х						0.	0.	0.
(23) RALPH LESLIE	1.00									
DIRECTOR		Х						0.	0.	0.
(24) BRADLEY H. MEYERS	1.00									
DIRECTOR		Х						0.	0.	0.
(25) JIM PARSONS	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal	-							1,064,963.	0.	147,354.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								1,064,963.	0.	147,354.
2 Total number of individuals (including but									000 of reportable	

compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ALEXANDER ROSS GROUP LTD		
2406 PRARIE AVENUE, EVANSTON, IL 60201	CONSULTING	142,500.
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 (2023) COMMUNI
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		·		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	_	- Fadanatad assessions 4a					00000010 0 12 0 11
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a					
g on		Membership dues 1b					
s, An		Fundraising events 1c	595,000.				
를 돌	(d Related organizations 1d					
ini	(e Government grants (contributions)	580,383.				
Ρ̈́S	1	f All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	6,150,098.				
달	,	Noncash contributions included in lines 1a-1f 1g \$	147,044.				
a S	-	n Total. Add lines 1a-1f		7,325,481.			
			Business Code				
σ.	2 :	SCHOOL SERVICE CONTRACTS	624110	655,750.	655,750.		
Š.		-		,	, -		
e n							
m S							
a Be		d					
Program Service Revenue							
ъ.		f All other program service revenue					
\rightarrow		Total. Add lines 2a-2f		655,750.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		263,340.			263,340.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
	1	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a 5,439,391.	(.,,				
		b Less: cost or other basis					
ø.			ı				
Ž							
ther Revenue		· · · · · · · · · · · · · · · · · · ·		1 572			1 572
Ř		d Net gain or (loss)		1,573.			1,573.
‡	8	a Gross income from fundraising events (not	ı				
Ö		including \$ 595,000. of	ı				
		contributions reported on line 1c). See	ı				
		Part IV, line 18	90,000.				
	- 1	b Less: direct expenses8b	107,218.				
		Net income or (loss) from fundraising events		-17,218.			-17,218.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a	ı				
	1	b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a	ı				
		b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
	<u> </u>	Net income of (loss) from sales of inventory	Business Code				
ns	44.		Business Sout				
Miscellaneous Revenue	11 :						
lar							
Sce		All other revenue					
Ξ		d All other revenue					
		Total rayanua See instructions		8,228,926.	655,750.	0.	247,695.
	12	Total revenue. See instructions		0,220,220.	1 333,730.	١ ٠٠١	4 41,000.

332009 12-21-23

Pai	Part IX Statement of Functional Expenses								
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).					
	Check if Schedule O contains a respon	7.53							
	not include amounts reported on lines 6b, 8b, 9b, 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								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	499,000.	400,766.	17 /07	00 727				
•	trustees, and key employees	433,000.	400,700.	17,497.	80,737.				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	4,783,709.	3,841,976.	167,741.	773,992.				
7	Other salaries and wages	4,705,705	3,041,370.	107,741.	113,3326				
, 8	Pension plan accruals and contributions (include								
3	section 401(k) and 403(b) employer contributions)	64,359.	51,689.	2,257.	10,413.				
9	Other employee benefits	697,919.	560,526.	24,472.	112,921.				
10	Payroll taxes	404,055.	324,512.	14,168.	65,375.				
11	Fees for services (nonemployees):	,	, -	,	,				
а	Management								
	Legal	38,958.		38,958.					
	Accounting	124,657.		124,657.					
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
	column (A), amount, list line 11g expenses on Sch 0.)	331,507.	105,659.	75,827.	150,021.				
12	Advertising and promotion	006 045	40 404	101 600					
13	Office expenses	226,045.	48,434.	121,680.	55,931.				
14	Information technology	53,946.	10,394.	29,593.	13,959.				
15	Royalties	233,048.	161,671.	26,477.	44,900.				
16	Occupancy	233,040.	101,071.	20,411.	44,500.				
17	Travel								
18	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								
22	Depreciation, depletion, and amortization	16,613.	9,551.	3,324.	3,738.				
23	Insurance	56,243.	11,034.	43,031.	2,178.				
24	Other expenses. Itemize expenses not covered	·		·	·				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),								
	amount, list line 24e expenses on Schedule 0.)								
а	PROGRAM EXPENSES	118,768.	57,787.	30,547.	30,434.				
b	BAD DEBT	76,670.		76,670.					
С	STAFF DEVELOPMENT	32,779.	19,388.	12,248.	1,143.				
d									
е	All other expenses	16,419.	6,426.	9,993.					
<u>25</u>	Total functional expenses. Add lines 1 through 24e	7,774,695.	5,609,813.	819,140.	1,345,742.				
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)				000				

Form **990** (2023)

Form 990 (2023)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,277,540.	1	1,494,209.
	2	Savings and temporary cash investments			1,121,973.	2	
	3	Pledges and grants receivable, net			7,058,262.	3	7,160,474. 253,330.
	4	Accounts receivable, net	476,000.	4	253,330.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			165,233.	9	57,841.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	259,751. 227,923.			
	b	Less: accumulated depreciation			44,946. 3,737,202.	10c	31,828. 5,367,903.
	11	Investments - publicly traded securities			3,737,202.		5,367,903.
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir			13		
	14	Intangible assets	152 002	14	F # 2 . C 0 0		
	15	Other assets. See Part IV, line 11			173,983.	15	573,680.
	16	Total assets. Add lines 1 through 15 (must e			14,055,139.	16	14,939,265.
	17	Accounts payable and accrued expenses	424,502.	17	435,752.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		4 O - 1 1 - 1 - D		20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul				00	
Lial	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrule Unsecured notes and loans payable to unrelated to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes payable to unrelated to the secured mortgages and notes and loans payable to unrelated to the secured mortgages and notes and loans payable to unrelated to the secured mortgages and notes and notes and notes and notes are secured mortgages.				24	
	25	Other liabilities (including federal income tax,					
	23	parties, and other liabilities not included on lir					
		of Schedule D	,	.	185,987.	25	573,680.
	26	Total liabilities. Add lines 17 through 25			610,489.	26	1,009,432.
		Organizations that follow FASB ASC 958, c	heck here	X	,		, , , , , ,
es		and complete lines 27, 28, 32, and 33.					
anc	27				6,920,850.	27	6,205,605.
Bala	28				6,523,800.	28	7,724,228.
pu		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
o.	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				13,444,650.	32	13,929,833.
	33	Total liabilities and net assets/fund balances			14,055,139.	33	14,939,265.
	33	Total liabilities and net assets/fund balances			14,055,139.	33	14,939,2 Form 99 0

Pa	T XI Reconciliation of Net Assets					
	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			8,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7		4,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		45	4,2	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	, 44	4,6	<u>50.</u>
5	Net unrealized gains (losses) on investments	5		3	0,9	52.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13	,92	9,8	33.
Pa	t 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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 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 on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		·····			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number COMMUNITIES IN SCHOOLS OF CHICAGO 36-3591326 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations																												
g Provide the following information																												
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other																						
organization		(described on lines 1-10 above (see instructions))	Yes No																								support (see instructions)	support (see instructions)
		and the (and the first the																										
<u>Total</u>																												

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

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

Sec	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and	, ,	` ,	, ,		, ,	,		
	membership fees received. (Do not								
	include any "unusual grants.")	2801143.	3814819.	8582818.	10218919.	7325481.	32743180.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	2801143.	3814819.	8582818.	10218919.	7325481.	32743180.		
	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)						3315673.		
6	Public support. Subtract line 5 from line 4.						29427507.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	2801143.	3814819.		10218919.	7325481.	32743180.		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	39,083.	26,328.	12,739.	187,515.	263,340.	529,005.		
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.)		16,851.				16,851.		
11	Total support. Add lines 7 through 10						33289036.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	3,274,510.		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3)			
	organization, check this box and stop	here							
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	88.40 %		
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	91.36 %		
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies	as a publicly suppo	orted organization				X		
b	33 1/3% support test - 2022. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation					
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organi	zation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	top here. Explain ii	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation			
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s		
	Schedule A (Form 990) 2023								

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, please comp	Diete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and			. ,	, ,		
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					1	
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					.	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)					1	
•••	o ovacnization's f	iret essend third	fourth or fifth tox	Voor oo o oostion	F01(a)(2) arganizatio	
14 First 5 years. If the Form 990 is for th	· ·		•	•	. , . ,	
check this box and stop here Section C. Computation of Public						
15 Public support percentage for 2023 (li			a aluman (f))		15	
					16	
16 Public support percentage from 2022 Section D. Computation of Inves					10	(
•			ino 12 polymp (f)\		17	
17 Investment income percentage for 20					18	(
18 Investment income percentage from 2						
19a 33 1/3% support tests - 2023. If the						r is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check th	nis box and see in	structions	

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Га	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u>Sac</u>	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
000	Ton B. Type I Supporting Significations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u> </u>	tion B. All Type in 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		res	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instactivities Test. Answer lines 2a and 2b below.	struction	yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
_	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b

Schedule A (Form 990) 2023

5

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

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	· ugu ·
Sect	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule B

Name of the organization

(Form 990)

Department of the Treasury Internal Revenue Service Attach to Form 990

Attach to Form 990

Go to www.irs.gov/Form9

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

36-3591326 COMMUNITIES IN SCHOOLS OF CHICAGO Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

COMMUNITIES IN SCHOOLS OF CHICAGO

36-3591326

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$335,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 200,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 525,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 180,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 580,383.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

COMMUNITIES IN SCHOOLS OF CHICAGO

36-3591326

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,649,552</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>150,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 252,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

COMMUNITIES IN SCHOOLS OF CHICAGO

36-3591326

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26		 	Schedule R (Form 990) /2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** COMMUNITIES IN SCHOOLS OF CHICAGO 36-3591326 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

COMMUNITIES IN SCHOOLS OF CHICAGO

Employer identification number 36-3591326

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Sii	milar Funds o	or Ac	cour	ts. Complete if the
		(a) Donor adv	rised	funds	(b) Fun	ds 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 v	writing that the assets	held	d in donor advise	d fund	ds	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes'	' on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat	l		Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	e 2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the peri						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	ervatio	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcing conservati	on eas	sement	ts during the year
8	Does each conservation easement reported on line 2d above	satisfy the requiremen	nte d	of saction 170/b)	///D)/i)		
Ü	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						
Ŭ	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	oto to the organizatio			1110 1110	at 0000	AIDOU UIO
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its r	ever	nue statement ar	nd bala	ance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educati	ion, o	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	icial statements that o	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	nue	statement and b	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	, or i	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items.					•	
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2023

	t III Organizations Maintaining C	ollections of Ar				Othe	r Simil		Contin		age Z
3	Using the organization's acquisition, accessi								(COTTEN	iucu)	
	collection items (check all that apply).	,	-,	,							
а	Public exhibition	c		Loan or exc	hange progra	ım					
b Scholarly research e Other											
С											
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exe	mpt purc	ose in Part	XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			3				,	,		
1a	Is the organization an agent, trustee, custod	an, or other intermed	diary for	contribution	s or other as	sets not	include	<u></u>			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		_
	, .	•	J						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•		_		
	t V Endowment Funds Complete if										
	<u>'</u>	(a) Current year		rior year	(c) Two year			e years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1d	ı. column (a))) held as:						
a	Board designated or quasi-endowment	•	%	,, ==::::: (=,	,,						
b	Permanent endowment										
С		<u></u> , -									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	•	ation that	t are held ar	nd administer	ed for th	ne				
	organization by:	3								Yes	No
	43								3a(i)		
	(1) 5 1 1 1 1 6								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X,	, line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	Accumula	ited	(d) Boo	k valu	<u>—</u>
	,	basis (investr			(other)		epreciatio	II.	` ,		
	Land										
	Buildings										
	Leasehold improvements			3	3,549.		33,!	549.			0.
d	Equipment				6,202.		194,	374.	3:	1,8	
	Other						-				
	. Add lines 1a through 1e. (Column (d) must e		X line 11	Oc column	(R))				3:	1,8	28.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	IN SCHOOLS OF	5111 51155	5-3591326 Page 3
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives	(,	(2)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Tatal (Col. (b) must squal Form 000, Port V, line 12, col. (P.)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			(1)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			573,680.
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

573,680.

(5) (6) (7) (8)

Sche	dule D (Form 990) 2023	COMMUNITIES	IN SCI	HOOLS OF	CHICAGO		36-	3591326	Page 4
Par	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1 Total revenue, gains, and other support per audited financial statements							1	8,291	,003.
2	Amounts included on line 1	but not on Form 990, Part	t VIII, line 12	!- -					

30,952. a Net unrealized gains (losses) on investments 2a Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) 30,952. Add lines 2a through 2d 8,260,051. Subtract line 2e from line 1 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 Other (Describe in Part XIII.) $\frac{-31,125.}{8,228,926.}$ c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 7,805,820. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:

a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c d Other (Describe in Part XIII.)

31,125. Add lines 2a through 2d 7,774,695. 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

b Other (Describe in Part XIII.) 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 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.

PART X, LINE 2:

1

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF INTERNAL REVENUE CODE (THE CODE) AND APPLICABLE STATE LAW, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME, IF ANY. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE CODE.

MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2024 AND 2023.

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 36-3591326 COMMUNITIES IN SCHOOLS OF CHICAGO Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MEETING THE		NONE	(add col. (a) through
			MOMENT	(a a. a. t a. a.)	(tatal acceptace)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	,	Cross respirits	685,000.			685,000.
Re	1	Gross receipts	003,000.			003,000.
	2	Less: Contributions	595,000.			595,000.
	_	Less. Contributions	3337333			33373331
	3	Gross income (line 1 minus line 2)	90,000.			90,000.
		· · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
ζ,	5	Noncash prizes				
JSes	_	Port/facility costs	6,750.			6,750.
xbe	ь	Rent/facility costs	0,750.			0,750.
Direct Expenses	7	Food and beverages	53,988.			53,988.
)ire	-		,			,
	8	Entertainment				
	9	Other direct expenses	46,480.			46,480.
		Direct expense summary. Add lines 4 through	(/			107,218.
Da	11 rt I	Net income summary. Subtract line 10 from li		000 Det N/ Per 40		-17,218.
Га		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		ψ13,000 0111 01111 990-L2, linie 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ă	1	Gross revenue				
S	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
ect	4	Rent/facility costs				
Ë	7	Tient teemty occio				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
		Not gaming income cummany Cultivact line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			<u> </u>
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
b	If "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sche	edule G (Form 990) 2023 COMMUNITIES IN SCHOOLS OF CHICAGO 36-3	3591326	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
		res	NO
	Indicate the percentage of gaming activity conducted in:	11	
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
_	of gaming revenue retained by the third party \$		
	If "Yes," enter name and address of the third party:		
C	if tes, entername and address of the tillid party.		
	···		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 9 0	2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111163 3, 3	56, 106,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

332083 09-13-23

Schedule (a Form 900) COMMUNITIES IN SCHOOLS OF CHICAGO 36-3591326 Page 4 Part IV Supplemental Information (continued)	Schedule G (Form 990)	COMMUNITIES IN	N SCHOOLS OF	. CHICAGO	36-3591326	Page 4
	Part IV Supplemental Inf	formation (continued)				
		•				
	-					
	-					
						
		<u> </u>				

SCHEDULE J (Form 990)

Department of the Treasury

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.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Inspection
Employer identification number

COMMUNITIES IN SCHOOLS OF CHICAGO

36-3591326

OMB No. 1545-0047

Open to Public

			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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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 explain	1b		
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		
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 related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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		X
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 in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4058.6(c)?	۱۵		

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

Schedule J (Form 990) 2023

Part II 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 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JANE MENTZINGER	(i)	198,757.	45,000.	0.	6,896.	14,361.	265,014.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIANNE WOODWARD	(i)	171,029.	30,000.	0.	5,655.	16,078.	222,762.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUDITH ALLEN	(i)	165,834.	25,000.	0.	4,950.	14,113.	209,897.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
(i	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
((i)							
(ii)							
	(i)							
(ii)							
	(i)							
	ii)							
	(i)							
(ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							(5

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	COMMUNITIES IN SCHOOLS OF CHICAGO 36-35							
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	-	ıts	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	9	147,044.	STOCK QUOTE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax vear for co	ontributions				
25	for which the organization completed Form 826	_	•					
	To which the organization completed form oz.	50,1 411 1, 5	once / tott lewicag	<u>20</u>		Yes	No	
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throug	n 28 that it		110	
oou	must hold for at least 3 years from the date of			, ,	*			
	exempt purposes for the entire holding period?			or lore required to be used i		30a	Х	
b	If "Yes," describe the arrangement in Part II.					304		
31	Does the organization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard contribut	ions?	31 X		
	Does the organization hire or use third parties	-	·	•			+	
- Lu			_			32a	X	
b	If "Yes," describe in Part II.					JEU	+	
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is chec	ked			
	describe in Part II.	2.2 (0) 101	, po or property	.s. 7111311 33131111 (a) 13 01100	,			

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

COMMUNITIES IN SCHOOLS OF CHICAGO

Employer identification number 36-3591326

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT, EMPOWERING THEM TO STAY IN SCHOOL AND ACHIEVE IN LIFE. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMMUNITIES IN SCHOOLS OF CHICAGO (CIS OF CHICAGO) CONNECTS SOCIAL AND ENRICHMENT PROGRAMS AND SERVICES TO CHICAGO PUBLIC SCHOOL CIS OF CHICAGO HELPS SCHOOLS ADDRESS STUDENTS' MOST PRESSING NEEDS BY TRAINING THEM TO IDENTIFY PRIORITIES, FIND OUTSIDE PARTNERS, SCHEDULE PROGRAMS, AND EVALULATE, IMPACT, AND MAINTAIN PARTNERSHIPS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITIES IN SCHOOLS OF CHICAGO (CIS OF CHICAGO) CONNECTS INTEGRATED SERVICES THAT ADDRESS IDENTIFIED PRIORITIES TO STUDENTS IN 239 CHICAGO PUBLIC SCHOOLS; ASSISTS MORE THAN 200 COMMUNITY ORGANIZATIONS IN ACCESSING CHICAGO PUBLIC SCHOOLS AND IMPROVING THE IMPACT OF CONNECTED SERVICES; AND WORKS DIRECTLY WITH MORE THAN 80,000 STUDENTS IN NEED OF INTENSTIVE SUPPORT. TYPICALLY, MORE THAN 95 PERCENT OF STUDENTS IN GRADES K THROUGH 11

FORM 990, PART VI, SECTION A, LINE 4:

SENIORS CIS OF CHICAGO SUPPORTS GRADUATE

SIGNIFICANT CHANGES TO THE ORGANIZATION'S BY-LAWS, EFFECTIVE DECEMBER 14,

DIRECTLY SUPPORTED BY CIS OF CHICAGO ARE PROMOTED AND 97 PERCENT OF THE

2023, CONSIST OF THE FOLLOWING:

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

COMMUNITIES IN SCHOOLS OF CHICAGO

Employer identification number
36-3591326

1) THE BOARD OF DIRECTORS CONSISTS OF 17 TO 22 MEMBERS 2) THE BOARD OF DIRECTORS MAY TAKE FORMAL ACTION OUTSIDE OF AN OFFICIAL MEETING AND THE

ACTION IS VALID IF ALL DIRECTORS CONSENT IN WRITING 3) THE CHAIRMAN OF THE BOARD OF DIRECTORS IS NO LONGER REQUIRED TO BE A REPRESENTATIVE OF THE PRIVATE SECTOR 4) THE VICE CHAIRMAN OF THE BOARD OF DIRECTORS IS NO LONGER

REQUIRED TO BE A REPRESENTATIVE OF THE PRIVATE SECTOR.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

CIS OF CHICAGO PROVIDES THE FULL BOARD WITH A DRAFT COPY OF THE COMPLETED

990 PRIOR TO FILING WITH THE IRS. BOARD MEMBERS ARE INSTRUCTED TO REVIEW

THE 990 AND DIRECT QUESTIONS AND/OR COMMENTS TO THE TREASURER. THE

TREASURER IS RESPONSIBLE FOR FINAL REVIEW AND APPROVAL AS WELL AS FOLLOW-UP

REPORTING TO THE FULL BOARD. ALL BOARD MEMBERS ARE PROVIDED WITH A FINAL

COPY OF THE RETURN PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CIS OF CHICAGO BY-LAWS INCORPORATE A FORMAL CONFLICT OF INTEREST POLICY

THAT PROHIBITS PERSONAL PROFIT OR GAIN BY REASON OF BOARD MEMBERSHIP AND

SETS FORTH A PROCESS FOR REPORTING AND EVALUATING POTENTIAL CONFLICTS.

(SINCE CIS OF CHICAGO BOARD DIRECTORS ARE FULLY INDEPENDENT, THE POTENTIAL

FOR CONFLICT IS NEGLIGIBLE). ALL DIRECTORS HAVE BEEN APPRISED OF AND

RECEIVED WRITTEN NOTICE OF SAID POLICY. NEW DIRECTORS PARTICIPATE IN A

COMPREHENSIVE ORIENTATION THAT INCLUDES THE CONFLICT OF INTEREST POLICY.

DISCUSSION OF THE POLICY IS RECURRENT AND ONGOING.

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

2.6 2.5 0.1 2.2.6

36-3591326 COMMUNITIES IN SCHOOLS OF CHICAGO FORM 990, PART VI, SECTION B, LINE 15: SELECT DIRECTORS, INCLUDING THE BOARD CHAIRMAN, CURRENTLY COMPRISE THE PERSONNEL AND COMPENSATION COMMITTEE, WHICH IS AN AD-HOC COMMITTEE OF THE THIS GROUP MEETS ANNUALLY TO REVIEW AND ASSESS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. THE EVALUATION PROCESS INCLUDES A REVIEW OF SALARIES FOR SIMILAR TITLES AT COMPETITIVE ORGANIZATIONS AS WELL AS A POLL OF THE FULL BOARD RELATIVE TO THE EXECUTIVE DIRECTOR'S PERFORMANCE. ADDITION, THE EXECUTIVE DIRECTOR SUBMITS A WRITTEN SELF-EVALUATION AND REVIEW OF THE ORGANIZATION OVERALL. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND ALSO ON THE ORGANIZATION'S WEBSITE.

32212 11-14-23 Schedule O (Form 990) 2023