## **PUBLIC DISCLOSURE COPY**

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Α	For the	pprox 2021 calendar year, or tax year beginning $$ JUL $1,$ $20$	)21 and	l ending J	<u>UN 30, 2022</u>		
	Check if applicable	C Name of organization			D Employer identifie	cation number	
	Addre		AGO				
	Name chang	Doing business as			36-35913	26	
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street a 815 W VAN BUREN STREET		Room/suite 300	E Telephone number 312-829-		
_	termin ated				G Gross receipts \$	14,915,203.	
	Ameno				H(a) Is this a group re		
	Applic tion		NGER		for subordinates		
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	cluded? Yes No	
<u>T</u>	Tax-exe	empt status: $\mathbf{X}$ 501(c)(3) 501(c) ( ) $\mathbf{\triangleleft}$ (insert no.)	4947(a)(1)	or 527	If "No," attach a	list. See instructions	
_		e: ► WWW.CISOFCHICAGO.ORG			H(c) Group exemptio	n number 🕨	
		organization: X Corporation Trust Association	Other <b></b>	L Year	of formation: 1988 <b>n</b>	<b>∥</b> State of legal domicile: <b>IL</b>	
Pa	_	Summary					
4	1	Briefly describe the organization's mission or most significant activ	vities: SEE	SCHEDU	LE O		
ž							
Governance	2	Check this box 🕨 🔲 if the organization discontinued its oper	ations or dispo	sed of more	than 25% of its net ass	sets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)	)		3	19	
		Number of independent voting members of the governing body (P	art VI, line 1b)		4	19	
8	5	Total number of individuals employed in calendar year 2021 (Part '	V, line 2a)		5	70	
Viti.	6	Total number of volunteers (estimate if necessary)			6	2	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	2		7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, lin	ne 11	·····	7b	0.	
					Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)			3,814,819.	8,582,818.	
	9	Program service revenue (Part VIII, line 2g)			556,500.	698,900.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-2,056.	13,377.	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	1e)		16,851.	-20,336.	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colum	n (A), line 12)		4,386,114.	9,274,759.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			22,106.	24,900.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column	(A), lines 5-10)		4,738,906.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
χ	. b	Total fundraising expenses (Part IX, column (D), line 25)	955,1	07.			
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			511,673.	806,749.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), li	ne 25)		5,272,685.	5,841,559.	
_		Revenue less expenses. Subtract line 18 from line 12			-886,571.	3,433,200.	
Assets or	g			Ве	ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)			5,445,597.	8,973,055.	
t As	21	Total liabilities (Part X, line 26)			285,627.	386,191.	
Net	_	Net assets or fund balances. Subtract line 21 from line 20			5,159,970.	8,586,864.	
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accom				knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all	information of w	hich preparer	has any knowledge.		
		Signature of officer			Data		
Sig		· -			Date		
Hei	re	JANE MENTZINGER, CHIEF EXECUTI	AE OLLIC	EK			
		Type or print name and title		l r	Date Check	PTIN	
		Print/Type preparer's name Preparer's signa			l if		
Pai		JAMES G. QUAID JAMES G.			2/17/23 self-employ		
	parer	Firm's name OSTROW REISIN BERK & ABR		ΓD.	Firm's EIN ▶	36-2938874	
Use	Only	Firm's address 455 N CITYFRONT PLAZA DR	, SUITE	T200	. 31	2 670 7444	
_		CHICAGO, IL 60611			Phone no. 3 1	2-670-7444	
Ma	v the IF	RS discuss this return with the preparer shown above? See instruc	tions			X Yes No	

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	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
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 prior Form 990 or 990-EZ?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		▼
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
_	revenue, if any, for each program service reported.  (Code:) (Expenses \$4, 174, 201. including grants of \$24, 900. ) (Revenue)	600	000
4a	(Code:) (Expenses \$4, 1/4, 201• including grants of \$24, 900• ) (Revenue)	ıe\$	900.
	SEE SCHEDULE O		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue)	ue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$\frac{\text{including grants of \$}}{4.174.201}\) (Revenue \$\frac{\text{Revenue \$}}{1.74.201}\)	)	
4e	Total program service expenses ▶ 4,174,201.		990 (2021

### 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,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
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?			7,7
	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	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,			_ <del>-</del>
	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			_ <del>-</del>
	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	- <del>"</del>		
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		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

1 01111 000 (	2021)	001111011111111111111111111111111111111		
Part IV	Checklist	of Required Schedules	(cont	inued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	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		X
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		X
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			٦,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			<b>.</b>
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	•	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
<b>5</b> 4		34		х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
12200	4 12 00 21	Eorm	990	(2021)

Form 990 (2021) COMMUNITIES IN SCHOOLS OF CHICAGO

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 70			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	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		
	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
h	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
6a		6a		x
<b>L</b>	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
b		CL		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Х	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		٠,,
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			

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 19			
	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	Enter the number of voting members included on line 1a, above, who are independent			
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			
	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	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This social 2 logistic mismatch as sat policies to require by the mismatch as social)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
	Other officers or key employees of the organization	15b	Х	
	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		х
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 ▶IL			
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)	availal	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	a a a	Irecto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1099-1120)	and related
	below	Individual trustee or director	Institutional trustee	70	Key employee	st co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			_
(1) JANE MENTZINGER	40.00									
CHIEF EXECUTIVE OFFICER				Х				202,838.	0.	19,998.
(2) MARIANNE WOODWARD	40.00									
CHIEF RESOURCE OFFICER						X		171,338.	0.	19,052.
(3) JUDITH ALLEN	40.00									
CHIEF OPERATING OFFICER				Х				159,090.	0.	12,036.
(4) BARTHOLOMEW ST. JOHN	40.00									
CHIEF INNOVATION AND COMMUNICATIONS						X		104,223.	0.	22,156.
(5) DAVID COTUGNO	40.00									
SENIOR GIFTS OFFICER						X		104,598.	0.	11,691.
(6) MARK BRADY	2.00									
CHAIR		Х		Х				0.	0.	0.
(7) JIM WELCH	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) MICHELLE BROWN	1.00									
TREASURER		Х		Х				0.	0.	0.
(9) BRIAN MONCRIEF	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) DR. SHERRON J. BIBBIE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DON BIELINSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CRAIG BONDY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) LAN NGUYEN CHAPLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JANEL DALEY	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MIRANDA DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JONATHAN GURYAN	1.00									
DIRECTOR		Х						0.	0.	0.
(17) RYAN D. HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
										Form 990 (2021)

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36-3591326

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C						
(A)	(B)			Pos	C) ition	1		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation			stimate nount o	
	week		, unle cer ar						from related		l .	other	OI .
	(list any	ctor						the	organization		l .	pensa	tion
	hours for	r dire	,			ted		organization	(W-2/1099-MIS	SC/	fr	om the	е
	related	stee o	ruste			suac		(W-2/1099-MISC/	1099-NEC)		_	anizati	
	organizations below	ıal tru	onal t		oloyee	l w a		1099-NEC)			l	d relate	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(18) JOHN M. HAWN	1.00	드	드	5	જ	토늄	. E	:					
DIRECTOR	1.00	Х						0.		0.			0.
(19) TORRENCE L. HINTON	1.00									-			
DIRECTOR		Х						0.		0.			0.
(20) RALPH LESLIE	1.00												
DIRECTOR		Х						0.		0.			0.
(21) BRADLEY H. MEYERS	1.00												
DIRECTOR		Х						0.		0.	<u> </u>		0.
(22) JIM PARSONS	1.00												
DIRECTOR	1 00	Х	_			_	_	0.		0.			0.
(23) VALLI PERERA	1.00	٠,,											^
DIRECTOR (24) DAVID SCHUPPAN	1.00	Х				-		0.		0.	<u> </u>		0.
DIRECTOR	1.00	Х						0.		0.			0.
		-25	$\vdash$					+					•
		1											
1b Subtotal							▶	742,087.		0.	8	4,93	
c Total from continuation sheets to Part VI	, Section A							0.		0.		4 0	0.
d Total (add lines 1b and 1c)							<u> </u>	742,087.		0.	8	4,93	33.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o r	eceived more than \$100,	000 of reportable	;			_
compensation from the organization												Yes	5 No
3 Did the organization list any <b>former</b> officer,	director truct	00 l	·01 ·	mnl	0.40		r hir	abost componented omn	lovoo on	1		163	140
line 1a? If "Yes," complete Schedule J for si	,		•	•	•				loyee on		3		Х
4 For any individual listed on line 1a, is the su									he organization				
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	•	•								oensa <sup>†</sup>	tion fro	mc	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or w	ithir		ear.				
(A) Name and business	address	NTC	INC	7				(B) Description of s	services	C	(C Compe	ز) nsatior	n
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		147	2111										
2 Total number of independent contractors (in	•	ot lir	nite	d to		_	stec	d above) who received me	ore than				
\$100,000 of compensation from the organiz	zation				(	)						000	

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Form 990 (2021)

Part VIII Statement of Revenue

		Check if Schedule O conf	tains a respon	se or note to any li	ne 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
<b>10</b> 10	4.	Foderated compaigns	140					
nts st		Federated campaigns						
Sp. oc		Membership dues		202 250	_			
S, (		Fundraising events		282,250	<u>-</u>			
a g	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribut	tions) <b>1e</b>	42,688	<u>-  </u>			
rigin	f	All other contributions, gifts, grar	nts, and					
the E		similar amounts not included abo	ove <b>1f</b>	8,257,880				
<u> </u>	g	Noncash contributions included in lines	1a-1f <b>1g</b> \$	27,819	•			
Sol	h	Total. Add lines 1a-1f		<b>•</b>	8,582,818.			
				Business Code	, ,			
	2 a	SCHOOL SERVICE CONTRAC	TS	624110	698,900.	698,900.		
jć	_	-				020,200.		
er ne	b			_				
n S	С			_				
za S	d			_				
Program Service Revenue	е			_				
₫	f	All other program service reve	enue					
$\perp$	g	Total. Add lines 2a-2f		<b>)</b>	698,900.			
	3	Investment income (including	dividends, in	terest, and				
		other similar amounts)		<b>&gt;</b>	12,739.			12,739.
	4	Income from investment of ta						
	5	Royalties	•					
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a	, — "					
		Gross rents 6a Less: rental expenses 6b						
					_			
		Rental income or (loss) 60	<i>i</i> I					
		Net rental income or (loss)	(:) Citi	(ii) Other				
	7 a	Gross amount from sales of	(i) Securitie	, ,				
		assets other than inventory 7a	5,592,24	16.				
	b	Less: cost or other basis						
e		and sales expenses		08.				
ther Revenue	С	Gain or (loss) 70	63	38.				
Be		Net gain or (loss)		<b>)</b>	638.			638.
ē	8 a	Gross income from fundraising e	vents (not					
₹		including \$	,250. of					
		contributions reported on line						
		Part IV, line 18	´	8a 28,500				
	h	Less: direct expenses		8b 48,836				
		Net income or (loss) from fund		,	-20,336.			-20,336.
		Gross income from gaming a	-	s <b>⊳</b>				==,555.
	Эа			0-				
		Part IV, line 19		9a				
		Less: direct expenses		9b				
		Net income or (loss) from gan	-	<b>D</b>				
	10 a	Gross sales of inventory, less						
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	С	Net income or (loss) from sale	es of inventory	<u> </u>				
				<b>Business Code</b>				
snc	11 a	L <u>, </u>						
ne	b							
Miscellaneous Revenue								
Be		d All other revenue						
Σ					1			
		Total. Add lines 11a-11d			9,274,759.	698,900.	0.	-6,959.
	12	Total revenue. See instructions		······	7,214,133.	1 350,500.	1 0.	1 0,559.

Pai	rt IX Statement of Functional Expense	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	0.4 0.00	04 000		
	individuals. See Part IV, line 22	24,900.	24,900.		
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,	404,389.	311,630.	35,415.	57,344.
6	trustees, and key employees  Compensation not included above to disqualified	±0±,505•	311,030.	33,413.	37,344.
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,588,035.	2,765,014.	314,222.	508,799.
8	Pension plan accruals and contributions (include	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , ,	, -	,
-	section 401(k) and 403(b) employer contributions)	74,778.	57,625.	6,549.	10,604.
9	Other employee benefits	647,494.	498,974.	56,703.	91,817.
10	Payroll taxes	295,214.	227,498.	25,853.	41,863.
11	Fees for services (nonemployees):				
а	Management				_
b	Legal	8,821.		8,821.	
	Accounting	81,875.		81,875.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	267,971.	61,859.	20 502	167 520
40	column (A), amount, list line 11g expenses on Sch 0.)	201,911.	01,039.	38,592.	167,520.
12 13	Advertising and promotion	78,852.	24,376.	32,958.	21,518.
14	Office expenses Information technology	46,584.	9,241.	22,938.	14,405.
15	Royalties	10,3010	3,2110	22/3301	11/1031
16	Occupancy	158,935.	105,661.	31,444.	21,830.
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	<u> </u>	<u> </u>		
22	Depreciation, depletion, and amortization	37,352.	25,212.	5,603.	6,537.
23	Insurance	49,855.	38,409.	4,187.	7,259.
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	51,266.	10,341.	36,527.	4,398.
b	STAFF DEVELOPMENT	25,238.	13,461.	10,564.	1,213.
С					
d					
	All other expenses	E 0/1 FF0	1 171 001	710 051	0FE 107
25	Total functional expenses. Add lines 1 through 24e	5,841,559.	4,174,201.	712,251.	955,107.
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)				
	II IOIIOWING 50P 98-2 (ASC 958-720)				Farm 990 (0004)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			470,094.	1	759,876.
	2	Savings and temporary cash investments			799,577.	2	1,130,215.
	3	Pledges and grants receivable, net			1,076,282.	3	1,994,297.
	4	Accounts receivable, net				4	101,953.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describe	tion 4958(c)(3)(B)		6		
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
۲	9	Prepaid expenses and deferred charges			110,968.	9	112,938.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	240,194.			
	b	Less: accumulated depreciation	173,686.	94,440.		66,508.	
	11	Investments - publicly traded securities	2,894,236.	11	4,807,268		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed			5,445,597.	16	8,973,055
	17	Accounts payable and accrued expenses		277,627.	17	364,728	
	18	Grants payable	0.000	18			
	19	Deferred revenue			8,000.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
<u>a</u>		controlled entity or family member of any of th	-	· · · · · · · · · · · · · · · · · · ·		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	-	· I	0		21,463.
	00	of Schedule D			285,627.	25	386,191.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cf			203,027.	26	300,191
ရွ		and complete lines 27, 28, 32, and 33.	ieck ner				
ဗို	27				2,958,298.	27	7,349,782.
ala	27 28	Net assets without donor restrictions  Net assets with donor restrictions	2,201,672.	28	1,237,082.		
힐	20	Organizations that do not follow FASB ASC			2/201/0/20	20	1/23//002
ᆵᅵ		and complete lines 29 through 33.	936, CH	ck liefe			
5 	29	Capital stock or trust principal, or current fund	le			29	
ets	30	Paid-in or capital surplus, or land, building, or			30		
4ss	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,159,970.	32	8,586,864.
z	33	Total liabilities and net assets/fund balances			5,445,597.	33	8,973,055.

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Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		9,27		
2	Total expenses (must equal Part IX, column (A), line 25)		5,84		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,43	3,2	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<b>5,15</b>	9,9	<u>70.</u>
5	Net unrealized gains (losses) on investments	5	_	6,3	<u>06.</u>
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	8,58	6,8	<u>64.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				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 O.				
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	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			7.7	
	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				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			٦,
_	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>
			Form	990	(2021)

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#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization COMMUNITIES IN SCHOOLS OF CHICAGO 36-3591326 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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.) 6 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support		· .	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and							
	membership fees received. (Do not						
	include any "unusual grants.")	2916277.	10143519.	2801143.	3814819.	8582818.	28258576.
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	2246277	10110510	0001110	2011010	0500010	00050556
	Total. Add lines 1 through 3	2916277.	10143519.	2801143.	3814819.	8582818.	28258576.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						706 010
	column (f)						706,910.
	Public support. Subtract line 5 from line 4.						27551666.
		( ) 0047	(1) 2010	( ) 0040	/ N 0000	4 ) 2004	(0.7
	ndar year (or fiscal year beginning in)	(a) 2017 2016277	(b) 2018 10143519.	(c) 2019 2801143.	(d) 2020 3814819.	(e) 2021 9592919	(f) Total 28258576.
	Amounts from line 4	2910277.	10143319.	2001143.	3014019.	0302010.	20230370.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		17,692.	39,083.	26,328.	12,739.	95,842.
0	and income from similar sources  Net income from unrelated business		17,052.	33,003.	20,320.	12,755.	75,042.
9	activities, whether or not the						
	business is regularly carried on		3,590.				3,590.
10	Other income. Do not include gain		3,3300				373301
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		2,379.		16,851.		19,230.
11	<b>Total support.</b> Add lines 7 through 10				, , , , ,		28377238.
	Gross receipts from related activities,	etc. (see instructio	ons)				,709,380.
	First 5 years. If the Form 990 is for th						<u> </u>
	organization, check this box and <b>stop</b>	_					
Sec	ction C. Computation of Public						
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.09 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	95.99 %
	33 1/3% support test - 2021. If the o					ore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o	•		•		•	
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	<b>e.</b> Explain in Part \	VI how the organiz	zation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶∟
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets th				-		. —
	organization meets the facts-and-circu		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Schedule A (Form 990) 2021

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
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	iva		
	10b		
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily 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			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Soot	super	vised, or controlled the supporting organization.	2		
Seci	.1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	ion I	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting Significations		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	CI.		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	u u	to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2021 COMMUNITIES IN SCHOOLS	OF CHI	CAGO 3	36-3591326 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	T
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Schedule A (Form 990) 2021

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

4 5

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

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

132028 01-04-22 Schedule A (Form 990) 2021

#### **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 Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(	<b>b)</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		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				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	r donor advisor, or for	r any	other purpose c	onferri	ng	
	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 app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			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 con	tribu	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	•					2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
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, I			d enforcing conse			
Ū	b	nandling of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	<b>▶</b> \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h	)(4)(B)(	(i)	
	and section 170(h)(4)(B)(ii)?	•		· ·			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
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 958	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	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 treatments	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

Schedule D (Form 990) 2021

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Othe	r Simila	ar Assets	(contin	ued)	uge —
3	Using the organization's acquisition, accession								,		
	collection items (check all that apply):										
а	a Public exhibition d Loan or exchange program										
b	Scholarly research	е									
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	n's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of the	he organiz	ation's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran								ine 9, or		·
	reported an amount on Form 990, Par								•		
	Is the organization an agent, trustee, custodi	an or other intermed	iary for co	ntributions	s or other ass	ets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	•	· ·						Amount	1	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo							·	Yes		No
	If "Yes," explain the arrangement in Part XIII.		•						_		
_	t V Endowment Funds. Complete i										
	· ·	(a) Current year		or year	(c) Two year			years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end halance	e (line 1a	column (a)	)) held as:						
a	Board designated or quasi-endowment	one your one balance	% %	001011111 (0)	,) Hold 45.						
b	Permanent endowment	%	<b>—</b> ′°								
	· · · · · · · · · · · · · · · · · · ·										
ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation that :	are held ar	nd administer	ed for th	ne organi	zation			
-	by:	oolon or the organiza	inon indi	aro mora ar	ia aariii ilotor	Ja 101 ti	io organi	Lation		Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	nedule B?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm		William Tal	140.							
	Complete if the organization answered		), Part IV,	line 11a. S	see Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o			or other		ccumula	ted	(d) Bool	k valu	
	Bosonption of property	basis (investr		` '	(other)		preciatio		( <b>a</b> ) Bool	· vaia	•
12	Land	· ·	,		. ,						
b											
C	Buildings			3	3,549.		33,5	549.			0.
d	Equipment				6,645.		$\frac{33,3}{140,1}$		6.6	5,5	
	Other				-,					<u>. ,                                   </u>	- <del></del>
	Add lines 1a through 1e (Column (d) must o		V askuman	(D) line 1	00)				6.6	5 5	08.

Schedule D (Form 990) 2021

	S IN SCHOOLS OF	F CHICAGO 36	-3591326 Page
Part VII Investments - Other Securities.	on Form 000 Dort IV line	11h Soo Form 000 Port V line 12	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	(b) Book value	(c) Welfied of Valuation. Cost of Grid	or year market value
(0) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(2) Closely held equity interests  (3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
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	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	114. 666 1 6111 666, 1 411 X, 1116 16.	(b) Book value
(1)	у досетриот		(2) 2001. 10.00
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED RENT			21,463
(3)			
(4)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	21,463.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,463.

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) 2021

Part XI	Recon	ciliation of Revenue per Audited Financial Statements With Revenue per Retu

Pal	t XI Reconciliation of Revenue per Audited Financial State	HILEHILO MAILII L	revenue per me	tui II.	
	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	9,273,955.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-6,306.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-6,306.
3	Subtract line 2e from line 1			3	9,280,261.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-5,502.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	-5,502.
_					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	9,274,759.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per	5 Retur	9,274,759. n.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  rt XII Reconciliation of Expenses per Audited Financial Stat  Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With	Expenses per	5 Retur	n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With 12a.	Expenses per	5 Returi	9,274,759. n. 5,847,061.
	Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 12a.	Expenses per	5 Return	n.
1	rt XII Reconciliation of Expenses per Audited Financial Stat  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements	ements With  12a.	Expenses per	5 Retur	n.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a. <b>2a</b>	Expenses per	5 Return	n.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	Expenses per	1	n.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities Prior year adjustments	2a   2b   2c	Expenses per	1	n. 5,847,061.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a   2b   2c   2d	Expenses per	1	5,847,061. 5,502.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a   2b   2c   2d	5,502.	1	n. 5,847,061.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a   2b   2c   2d	5,502.	1 	5,847,061. 5,502.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a	5,502.	1 	5,847,061. 5,502.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	5,502.	1 	5,847,061. 5,502.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d     4a   4b	5,502.	1 	5,847,061. 5,502.

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:

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, 2022 AND 2021.

Schedule D (Form 990) 2021

#### 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

2021

Open to Public Inspection

Name of the organization

CONGRITTED IN COURSE OF OUTCASS

Employer identification number

COMMUNI	TIES IN SCHOOLS OF	CH]	CAC	90	36-3591	326	
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  Indicate whether the organization rais  Mail solicitations  Internet and email solicitations  Phone solicitations	ed funds through any of the following e Solicitat	ion of	non-g goveri	overnment grants			
<ul> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pa</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	(includ	ing of	ficers, directors, trus indraising services?	Yes		
(i) Name and address of individual or entity (fundraiser)	I (II) ACTIVITY I have				(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total			<u> </u>				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration	

132081 10-21-21

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

Schedule G (Form 990) 2021

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

				<u> </u>	. ,
		(a) Event #1 HONORING	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(ayant type)	(total number)	col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
1	Gross receipts	310,750.			310,750.
2	Less: Contributions	282,250.			282,250.
3	Gross income (line 1 minus line 2)	28,500.			28,500.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	9,000.			9,000.
7	Food and beverages	34,334.			34,334.
8	Entertainment				
9	Other direct expenses	5,502.			5,502.
10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	48,836.
11					-20,336.
πι		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.	T	(b) Dull tabe/instant		(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
			Voc 04	Yes %	
6	Volunteer labor	Yes %  No	No No	No No	
	Volunteer labor  Direct expense summary. Add lines 2 through	No No		No No	
7	Direct expense summary. Add lines 2 through	No No	No No	No▶	
7		No No	No No	No▶	
7	Direct expense summary. Add lines 2 through	No No n 5 in column (d)	No	No▶	
7 8 Ent	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities:	No	No	Yes No
7 8 Ent	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu	No  n 5 in column (d)  from line 1, column (d)  acts gaming activities: ctivities in each of these s	No States?	No	Yes No
7 8 Ent	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming actions.	No  n 5 in column (d)  from line 1, column (d)  acts gaming activities: ctivities in each of these s	No States?	No	Yes No
7 8 Ent is t	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming action," explain:	No  1 5 in column (d)  1 from line 1, column (d)  1 cts gaming activities:  1 ctivities in each of these s	No States?	No ►	
7 8 Entitle III	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming act No," explain:  ere any of the organization's gaming licenses re-	No  n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these servoked, suspended, or te	states?	No ►	
7 8 Entitle III	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducte organization licensed to conduct gaming action," explain:	No  n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these servoked, suspended, or te	states?	No ►	
	2 3 4 5 6 7 8 9 10 11 11 2 3 4	4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses  10 Direct expense summary. Add lines 4 through  11 Net income summary. Subtract line 10 from lines	2 Less: Contributions  3 Gross income (line 1 minus line 2)  2 R , 500 .  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses  10 Direct expense summary. Add lines 4 through 9 in column (d)  11 Net income summary. Subtract line 10 from line 3, column (d)  11 Net income summary. Subtract line 10 from line 3, column (d)  11 Gross revenue  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	(event type) (event type)	(event type) (event type) (total number)  1 Gross receipts 310 , 750 .  2 Less: Contributions 282 , 250 .  3 Gross income (line 1 minus line 2) 28 , 500 .  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs 9 , 000 .  7 Food and beverages 34 , 334 .  8 Entertainment 5 , 502 .  10 Direct expenses summary. Add lines 4 through 9 in column (d)

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 COMMUNITIES IN SCHOOLS OF CHICAGO 36-3	339 <u>13</u> 20	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	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
13	Indicate the percentage of gaming activity conducted in:	1 1	
а	The organization's facility	13a	<u>%</u>
b	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  \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	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, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	COMMUNITIES	IN	SCHOOLS	OF	CHICAGO	36-3591326	Page 4
Part IV	G (Form 990)  Supplemental Info	rmation (continued)						
		(continuou)						
-								
						· · · · · · · · · · · · · · · · · · ·		
-								
-								
-								
						· · · · · · · · · · · · · · · · · · ·		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 36-3591326 COMMUNITIES IN SCHOOLS OF CHICAGO Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT CASH ASSISTANCE	83	24,900.	0.		
		,			
Part IV Supplemental Information. Provide the information	l on required in Part I, lin	e 2; Part III, column	(b); and any other ac	  ditional information.	
PART I, LINE 2:					
APPLICATIONS ARE REVIEWED AND A	PPROVED BASE	D ON SPECI	FIC CRITER	Α,	
INCLUDING FINANCIAL NEED.					

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

COMMUNITIES IN SCHOOLS OF CHICAGO

 $Employer\ identification\ number \\ 36-3591326$ 

			Yes	No
<b>1</b> a	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 Housing allowance or residence for personal use			
	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 Form 990 of other organizations 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		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			37
	The organization?	6a		X
b	Any related organization?	6b		Х
_	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	_		37
_	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			37
_	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 4958-6(c)?	a	1	ı

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

Schedule J (Form 990) 2021

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)	202,838.	0.	0.	6,210.	13,788.	222,836.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARIANNE WOODWARD	(i)	171,338.	0.	0.	5,265.	13,787.	190,390.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JUDITH ALLEN	(i)	159,090.	0.	0.	4,563.	7,473.	171,126.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
(	(ii)								
	(i)								
(	(ii)								
	(i)								
(	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
(	(ii)							(5	

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization COMMUNITIES IN SCHOOLS OF CHICAGO Employer identification number 36-3591326

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of deter noncash contributio	•	to
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii continbutio	ii aiiiouiii	.s
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	X	3	27,819.	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 ( )	a del a completa de la contra de			<u> </u>		
29	Number of Forms 8283 received by the organization appropriate and Forms 8283	-	•				
	for which the organization completed Form 828	is, Part V, L	onee Acknowleag	ement <b>29</b>			T <sub>N</sub>
20-	Diving the year did the examination receive by	o o o tributio	n any nyanasty san	arted in Dort Llines 1 through	b 00 that it	Yes	No
зua	During the year, did the organization receive by must hold for at least three years from the date						
	•		•	•		200	х
h	exempt purposes for the entire holding period?  If "Yes," describe the arrangement in Part II.					80a	
	Does the organization have a gift acceptance po	olicy that re	acuires the review (	of any nonstandard contribut	ions?	31 X	
31 32a	Does the organization have a gift acceptance po					,, 25	+
JZa			_		ء ا	32a	X
h	contributions?  If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a) is chec	ked.		
	describe in Part II.	(0) 101	, po or proporty	milon oblamin (a) to onec			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21

#### SCHEDULE O (Form 990)

Department of the Treasury

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

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,

HEALTH, AND ENRICHMENT PROGRAMS AND SERVICES TO CHICAGO PUBLIC SCHOOL

STUDENTS. 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 172 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 1300 STUDENTS IN NEED OF

INTENSTIVE SUPPORT.

TYPICALLY, MORE THAN 95 PERCENT OF STUDENTS IN GRADES K THROUGH 11

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

SENIORS CIS OF CHICAGO SUPPORTS GRADUATE.

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.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization

COMMUNITIES IN SCHOOLS OF CHICAGO

Employer identification number 36-3591326

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.

FORM 990, PART VI, SECTION B, LINE 15:

REVIEW OF THE ORGANIZATION OVERALL.

SELECT DIRECTORS, INCLUDING THE BOARD CHAIRMAN, CURRENTLY COMPRISE THE

PERSONNEL AND COMPENSATION COMMITTEE, WHICH IS AN AD-HOC COMMITTEE OF THE

BOARD. 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. IN

ADDITION, THE EXECUTIVE DIRECTOR SUBMITS A WRITTEN SELF-EVALUATION AND

Name of the organization  COMMUNITIES IN SCHOOLS OF CHICAGO	Employer identification number 36 – 3591326
COMMONITIES IN SCHOOLS OF CHICAGO	30 3331320
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLIC	T OF INTEREST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL ST	'ATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST AND ALSO ON THE ORGAN	IIZATION'S
WEBSITE.	