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

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Chicago Youth Centers Company to the management of the properties of the propert	A F	or the	lpha 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 $$ and endi	ing JT	JN 30, 2023						
State Contributions and grants (Part VIII, Inter 1t) Check this box If the organization discontinued its operations or disposed of more brain 25% of its net assets.			C Name of organization		D Employer identif	ication number					
State Contributions and grants (Part VIII, Inter 1t) Check this box If the organization discontinued its operations or disposed of more brain 25% of its net assets.	Г	Addres	Chicago Youth Centers								
Sumber and street (or P.D. box if mail is not delivered to street address) Room/stite E Telephone number (312 9.31 - 1.700	F	¬Name			36-2344429						
218 S. Wabash Ave, Suite 510 (312) 913-1700	Ē	Initial		m/suite							
City or town, state or province, country, and ziP or foreign postal code City or town, state or province, country, and ziP or foreign postal code City or town, state or province, country, and ziP or foreign postal code City or town, state or province, country, and ziP or foreign postal code City or town, country, and ziP or foreign postal code City or town and address of principal officers. KeVin Cherep Same as C above The state of the postal code City or town and address of principal officers. KeVin Cherep The state of the postal code City or town and address of principal officers. KeVin Cherep The state of the postal code City or town and address of principal officers. KeVin Cherep The state of the postal code City or town and the postal code		Final	218 S. Wabash Ave, Suite 510		· ·						
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Statile As Catabox		Ition	F Name and address of principal officer: Reviii Cliefep		for subordinates? Yes X No						
Website: wrww.ChicagoXouthCenters.org High Group exemption number			same as c above		H(b) Are all subordinates i	ncluded? Yes No					
Part					·						
Part Summary	_										
1 Briefly describe the organization's mission or most significant activities: See Schedule O				L Year o	f formation: 1956	M State of legal domicile: ⊥∟					
2 Check this box		1	-	nedu]	le O						
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business revenue (rom Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, Part I, line 11 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 12 (17, 223. 16, 905, 346. 9) 14 (19, 11, 11, 11, 11, 11, 11, 11, 11, 11,	JCe		,								
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Solution	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4						
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8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1t) 17 Other expenses (Part IX, column (A), line 1t) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Individual Salaries of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Part II Signature of officer Signature Preparer Rebekuh Eley Primr's per perparer's name Preparer's signature Primr's name RSM US, LLP Firm's address 30 S. Wacker Drive, Suite 3300 Phone no. 312-634-3400	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····							
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Use Only Firm's address 30 S. Wacker Drive, Suite 3300 Chicago, IL 60606 Phone no.312-634-3400											
Chicago, IL 60606 Phone no.312-634-3400	-										
May the IRS discuss this return with the preparer shown above? See instructions X Yes No					Phone no. 31						
	May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No					

Page 2

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Chicago Youth Centers invests in youth in underserved communities in
	Chicago to help them discover and realize their full potential.
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
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$7 , 803 , 680 • _ including grants of \$0 • _ (Revenue \$5 , 348 • _)
	Early Childhood Education - Preschool children are provided a safe,
	caring environment for healthy growth and development. Chicago Youth
	Centers' program offers educational, social, mental health, and
	disabilities services for children in Chicago Youth Centers'
	neighborhoods, aged 0-5 through Early Head Start, Head Start, and
	pre-kindergarten programs. 477 children served and 450 parents served.
4b	(Code:) (Expenses \$1,741,347. including grants of \$0. (Revenue \$211,119.)
	School-Age Child Development - This after-school program provides
	activities to kids aged 6-12, including full days of care on
	out-of-school days and during the summer. Activities include tutoring,
	homework help, computer training, visual and performing arts, sports
	and recreation, life skills development, community service work, and
	parent engagement activities. The program provides a safe environment
	for group activities with an emphasis on academic success, making good
	choices and expanding one's horizons. 524 children served and 351
	parents served.
4c	(Code:) (Expenses \$1,399,007. including grants of \$2,000.) (Revenue \$12,639.)
70	Teen Leadership Development - This program for youth aged 13-19,
	focuses on leadership and life skills development, violence prevention,
	service learning, computer training, cooking and nutrition, sports and
	recreation, and parent engagement activities. The program engages and
	provides support for higher education, job readiness and career
	awareness to help create the drive for greater levels of success in
	life. 393 children served and 282 parents served.
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 10,944,034.
40	Total program service expenses 10,944,034.

Form 990 (2022) Chicago Youth Centers 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_	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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			
_	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,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
•	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	ا ا		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV			1
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	21	
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,	ـ د د ا	Х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			_V
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

Form 990 (2022) Chicago Youth Centers
Part IV Checklist of Required Schedules (continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Х						
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		x					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
Ī	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							
	25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x					
h	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								
		25b		x					
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200							
20	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									
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								
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III								
28									
_	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	00-		х					
	"Yes," complete Schedule L, Part IV	28a 28b		X					
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV								
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x					
	"Yes," complete Schedule L, Part IV								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_V					
•	contributions? If "Yes," complete Schedule M	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,					
	Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,					
	Part V, line 1	34		X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,					
	If "Yes," complete Schedule R, Part V, line 2	36		X					
37	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								
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?								
Da	Note: All Form 990 filers are required to complete Schedule O	38	X						
Pai									
	Check if Schedule O contains a response or note to any line in this Part V								
	1 1		Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 72								
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	X						

Chicago Youth Centers 36-2344429 Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 135 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

17

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form 990 (2022) Chicago Youth Centers 36-2344429 Page
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									
	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 1b 40									
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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.								
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х							
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	, , , go to ,	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х							
12	on Schedule O how this was done Did the organization have a written whistleblower policy?	12c 13	X							
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	21							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
a	The organization's CEO, Executive Director, or top management official	15a	х							
	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100								
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	100								
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	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	l 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									
	Kari Lusk-Basick - (312) 913-1700									
	218 S. Wabash Ave. Suite 510. Chicago, II. 60604-2314									

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)	(B)	(C)					(D)	(F)		
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both a officer and a director/truste		an	compensation	compensation	amount of		
	week		cer an	ia 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	truste	al trus		yee	m pen		1099-NEC)	1000 (420)	and related
	below	Individual trustee or director	Institutional trustee	la e	Key employee	Highest compensated employee	ler	'		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) Kevin Cherep	50.00									
President/CEO	0.00			Х				218,254.	0.	19,698.
(2) Kari Lusk-Basick	50.00									
Chief Financial Officer	0.00			X				137,274.	0.	2,621.
(3) Talina Carter-Bowie	50.00									
Senior Director, Early Childhood	0.00					X		106,002.	0.	11,886.
(4) Rachel Wandell	50.00									
Chief Development Officer	0.00			Х				103,389.	0.	1,179.
(5) Tina Ayala, Senior Director,	50.00									
Programs & Ops School Age & Teens	0.00					X		101,647.	0.	1,005.
(6) Kathryn Swick	0.30									
Treasurer	0.00	Х		X				0.	0.	0.
(7) Devin Maddox	0.30									
Secretary	0.00	Х		X				0.	0.	0.
(8) Deborah Spence-Cummings	0.30									
Board Chair	0.00	Х		X				0.	0.	0.
(9) Jacob Beidler	0.30								_	_
Vice Chair	0.00	Х		Х				0.	0.	0.
(10) Adam Olalde	0.30									
Director	0.00	Х						0.	0.	0.
(11) Amy Weiss-Narea	0.30									
Director	0.00	Х						0.	0.	0.
(12) Andrew Kletzing	0.30								_	_
Director (until 11/2022)	0.00	Х						0.	0.	0.
(13) Anna Wermuth	0.30								_	_
Director	0.00	Х						0.	0.	0.
(14) Anne Doherty	0.30								_	_
Director (until 11/2022)	0.00	Х						0.	0.	0.
(15) Anthony Thompson	0.30								_	_
Director	0.00	Х						0.	0.	0.
(16) Catherine Main	0.30									_
Director	0.00	Х						0.	0.	0.
(17) Charles Denison	0.30	l								_
Director	0.00	X						0.	0.	<u> </u>

Form **990** (2022) 232007 12-13-22

Form 990 (2022) CITICAGO	TOUCH CE	.11(. C I	ט					30 2344	TAYE U	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) Christopher Kimmons	0.30										
Director	0.00	Х						0.	0.	0.	
(19) Constance Berry	0.30								_	_	
Director	0.00	Х						0.	0.	0.	
(20) Craig Jeffrey	0.30								_	_	
Director	0.00	Х						0.	0.	0.	
(21) Daniel Feeney	0.30										
Director	0.00	Х						0.	0.	0.	
(22) David Baroni	0.30										
Director (until 11/2022)	0.00	Х						0.	0.	0.	
(23) Dixie Adams Erwin	0.30										
Director	0.00	Х						0.	0.	0.	
(24) Edward Wiertel, Jr.	0.30										
Director	0.00	Х						0.	0.	0.	
(25) Elizabeth McKenna	0.30										
Director	0.00	Х						0.	0.	0.	
(26) Eric Gorman	0.30										
Director	0.00	Х						0.	0.	0.	
1b Subtotal								666,566.	0.	36,389.	
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)								666,566.	0.	36,389.	
Total number of individuals (including but recompensation from the organization.)								ceived more than \$100,	000 of reportable	5	

			Yes	NO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Community Counselling Service Co., LLC, 527 Madison Avenue, 5th Floor, New York,	Campaign Planning	264,475.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1
See Part VII, Section A Continuation sheets

	<u>o Youth Ce</u>	ent	er	`S					36-234	4429
Part VII Section A. Officers, Directors	s, Trustees, Key En	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	арр	ly)	compensation	compensation	amount of
	per					Ė		from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	rector				old me		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated 6		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		96	suedu				and related
	below	lual tr	tional		nploy	tcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Eugene DeRamus	0.30	H	 		_	-	_			
Director	0.00	Х						0.	0.	0.
(28) Gabor Balassa	0.30							· ·	•	
Director	0.00	Х						0.	0.	0.
(29) Gordon Lang Jr.	0.30							•	•	•
Director	0.00	Х						0.	0.	0.
(30) Henry Wisniewski	0.30							0.	0.	0.
Director	0.00	х						0.	0.	0.
(31) Jeffrey Heh	0.30	Δ						0.	0.	0.
Director	0.00	х						0.	0.	0.
(32) John Hillman	0.30	Δ						0.	0.	0 •
Director	0.00	х						0.	0.	0.
(33) Judy Macior	0.30	Δ						0.	0.	0.
Director	0.00	х						0.	0.	0.
(34) Kalen McConnell	0.30	Δ						0.	0.	0.
Director	0.00	х						0.	0.	0.
(35) Kristin Krogstie	0.30	Λ		Н				0.	0.	0.
Director	0.00	х						0.	0.	0.
(36) Lance Phillips	0.30	Δ						0.	0.	0.
Director (until 5/2023)	0.00	х						0.	0.	0.
(37) Laurie Epstein Lawton	0.30	Δ						0.	0.	0.
Director	0.00	х						0.	0.	0.
(38) Marcia Ingram	0.30	Λ						0.	0.	0.
•		~							0	^
Director	0.00	Х						0.	0.	0.
(39) Mariah Schroeder	0.30	٦,							_	0
Director		Х						0.	0.	0.
(40) Mark Shulman	0.30	٦,							_	0
Director		Х						0.	0.	0.
(41) Matty de Castro	0.30	,,								•
Director (until 11/2022)	0.00	Х	_					0.	0.	0.
(42) Michael Eaddy	0.30	l								•
Director	0.00	Х	_					0.	0.	0.
(43) Michelle Speller-Thurman	0.30	l								•
Director	0.00	Х		Ш		_		0.	0.	0.
(44) Nicole Herweck	0.30	<u>-</u> _							_	_
Director	0.00	Х	_	\square				0.	0.	0.
(45) Nilay Parikh	0.30							_		_
Director	0.00	Х	_					0.	0.	0.
(46) Philip Doherty	0.30									_
Director	0.00	Х						0.	0.	0.
Total to Part VII, Section A, line 1c										
Total to Fait VII, Occident, line 10								L		

Form 990 Chicago Youth Centers 36-2344429												
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(D)	(E)	(F)									
Name and title	(B) Average	(C) Position				1		Reportable	Reportable	Estimated		
	hours	(cl	heck	all '	that	арр	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	irecto				em pl		organization	(W-2/1099-MISC)	from the		
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related		
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations		
	below	dualt	ution	<u></u>	Key employee	est co	er			organizationo		
	line)	Indivi	Instit	Officer	Key e	High	Former					
(47) Richard Baer, Jr.	0.30											
Director		Х						0.	0.	0.		
(48) Scott Bachmann	0.30											
Director		Х						0.	0.	0.		
(49) Steven Weinstein	0.30											
Director (until 1/2023)		Х						0.	0.	0.		
(50) Thomas Vander Veen	0.30											
Director		Х						0.	0.	0.		
(51) William Kelley, Jr.	0.30											
Director	0.00	Х						0.	0.	0.		
			_									
		-										
			_									
		-										
		•										
		L	L	L	L	L						
Total to Part VII, Section A, line 1c												

Form 990 (2022) Chicago Youth Centers
Part VIII Statement of Revenue

		Check if Schedule O contain	ns a resnonse i	or note to any line	e in this Part VIII			
		Check ii Genedale e contail	is a response	or riote to arry link	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			T. I					Sections 512 - 514
nts nts		Federated campaigns						
ira Oui		Membership dues						
s, (Am	С	Fundraising events	1c	704,265.				
Sift ar	d	Related organizations	1d					
s, (imi	е	Government grants (contribution	ns) 1e	11,726,874.				
ion	f	All other contributions, gifts, grants,	and					
but		similar amounts not included above	1f	4,474,207.				
ÖĘ	g	Noncash contributions included in lines 1a-	1f 1g \$	20,108.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			16,905,346.			
				Business Code				
ø	2 a	School-Age Child Develop	ment	624110	211,119.	211,119.		
Ş.	b	Teen Leadership Developm	ent	624110	12,639.	12,639.		
Ser	c	Early Childhood Education	n	624110	5,348.	5,348.		
II Ve	d				,	,		
gra	۵							
Program Service Revenue	f	All other program service revenu	ie					
		Total. Add lines 2a-2f			229,106.			
	3	Investment income (including di			,			
	•			103,034.			103,034.	
	4	Income from investment of tax-e	vemnt hand n	roceeds	, -			, -
	5	Royalties		[
	Ū	Tioyanies	(i) Real	(ii) Personal				
	6 2	Gross rents 6a	(,, , , , , , , , , , , , , , , , , , ,	(-)				
		Gross rents 6a 6b 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		` '	(i) Securities	(ii) Other				
	<i>i</i> a		571,800.	3,000.				
		assets other than inventory 7a	371,000.	3,000.				
0	D	Less: cost or other basis	452,352.	0.				
ğ		and sales expenses 7b Gain or (loss) 7c	119,448.	3,000.				
Revenue		· /	-	· · · · · ·	122,448.			122,448.
er B		Net gain or (loss)		I	122,440.			122,440.
	8 а	Gross income from fundraising even	· .					
ŏ		including \$ 704,2						
		contributions reported on line 10	' I	73,200.				
		Part IV, line 18						
		Less: direct expenses		203,331.	-130,191.			-130,191.
		Net income or (loss) from fundra			130,171.			130,131.
	9 а	Gross income from gaming activ	I .					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamin	_	· · · · · · · · · · · · · · · · · · ·				
	ю а	Gross sales of inventory, less re	I					
		and allowances 10a						
		Less: cost of goods sold		1				
-	С	Net income or (loss) from sales of	of inventory	Business Code				
Sn	44 -			Business Code				
eo ue	11 a							
Miscellaneous Revenue	b							
sce Re	q	All other revenue		900099	31,350.			31,350.
Ξ		Total. Add lines 11a-11d			31,350.			31,330.
		Total revenue See instructions			17 261 093	229 106.	0.	126 641.

Form 990 (2022) Chicago Youth Centers Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	512,270.	11,872.	425,978.	74,420.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,192,015.	4,536,981.	343,740.	311,294.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	F04 40F	456.000	26 627	20 050
9	Other employee benefits	524,435.		36,627.	30,879.
10	Payroll taxes	417,471.	334,236.	54,654.	28,581.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	47,219.	37,291.	7,816.	2,112.
C	Accounting	41,413.	31,231.	7,010.	2,112.
a	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	23,517.		23,517.	_
g		23/31/4		23/31/4	
9	column (A), amount, list line 11g expenses on Sch 0.)	3,595,527.	3,031,531.	109,490.	454,506.
12	Advertising and promotion	15,598.	9,534.	1,323.	4,741.
13	Office expenses	306,109.		63,900.	24,283.
14	Information technology	129,714.	58,980.	58,946.	11,788.
15	Royalties				
16	Occupancy	827,763.	728,296.	69,991.	29,476.
17	Travel	119,173.	95,099.	5,185.	18,889.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	72,428.	38,943.	18,916.	14,569.
20	Interest	32,577.		32,577.	
21	Payments to affiliates	200 (10	260 126	C 020	0 451
22	Depreciation, depletion, and amortization	377,617.		6,030.	2,451.
23	Insurance	34,555.	17,025.	17,530.	
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 O.)				
а	Program Supplies	596,593.	596,593.		
b	Food	333,387.	315,362.	11,491.	6,534.
С	Field Trip Fees	42,810.	42,810.		
d	Camp Fees	6,050.	6,050.		
е	All other expenses	54,580.	37,440.	15,985.	1,155.
25	Total functional expenses. Add lines 1 through 24e	13,263,408.	10,944,034.	1,303,696.	1,015,678.
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)				- QQQ (2000)

Form 990 (2022)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			773,679.	1	1,187,727.
	2	Savings and temporary cash investments			28,779.	2	87,929.
	3	Pledges and grants receivable, net			2,589,690.	3	3,319,792.
	4	Accounts receivable, net			224,544.	4	304,072.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per				
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			72,135.	9	49,607.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,517,025.			
	b	Less: accumulated depreciation	10b	5,056,749.	1,654,937.	10c	6,460,276. 5,096,754.
	11	Investments - publicly traded securities			4,801,299.	11	5,096,754.
	12	Investments - other securities. See Part IV, line	l1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,718,843.	15	1,418,986.
	16	Total assets. Add lines 1 through 15 (must equ			12,863,906.	16	17,925,143.
	17	Accounts payable and accrued expenses	1,697,914.	17	1,066,108.		
	18	Grants payable	454 040	18	100 000		
	19	Deferred revenue			171,913.	19	199,080.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs		i i			
iab		controlled entity or family member of any of the			200 510	22	451 010
_	23	Secured mortgages and notes payable to unrela			390,519.	23	471,919.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X	21 (50		1 040 000
		of Schedule D			31,658.		1,248,038.
	26	•		e X	2,292,004.	26	2,985,145.
ű		Organizations that follow FASB ASC 958, che	ck nere				
nce		and complete lines 27, 28, 32, and 33.			6,255,796.	07	8,703,716.
alaı	27	Net assets without donor restrictions			4,316,106.	27	6,236,282.
d B	28	Net assets with donor restrictions			4,310,100.	28	0,230,202.
'n.		Organizations that do not follow FASB ASC 9	oo, cne	eck nere			
ρ		and complete lines 29 through 33.				00	
sts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed		T I		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F	10,571,902.	31 32	14,939,998.
ž	32	Total net assets or fund balances			12,863,906.	33	17,925,143.
	33	Total liabilities and net assets/fund balances .			14,003,300.	এও	11,343,143.

Form **990** (2022)

Chicago Youth Centers

Pa	TXI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,26</u> 2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 263</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,99'</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	, 57:		
5	Net unrealized gains (losses) on investments	5		37	0,41	<u>11.</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	<u> 14</u>	<u>,939</u>	9,99	<u>98.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	$If \ "Yes," \ check \ a \ box \ below \ to \ indicate \ whether \ the \ financial \ statements \ for \ the \ year \ were \ compiled \ or \ reviewed$	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990 ((2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

Chicago Youth Centers Employer identification number 36-2344429

Pa	ırt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1	\Box	A church, convention of ch	•		•		I)(A)(i).	
2	\Box	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).							
4	H							the hospital's name
•		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:						
5		· · · · · · · · · · · · · · · · · · ·	or the benefit of a col	llege or university owner	l or operat	ed by a go	vernmental unit describe	ad in
3	ш	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				antal unit described in		70/6//4//4/	6.4	
6	X	A federal, state, or local gov	-					
7	Δ	An organization that norma	•	ntial part of its support if	om a gove	ernmentai	unit or from the general	oublic described in
_		section 170(b)(1)(A)(vi). (C		/4WAW 13 /O	\			
8	\vdash	A community trust describe			-			_
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10		An organization that norma						
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.
	_	See section 509(a)(2). (Con	mplete Part III.)					
11	Щ	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and 12g.	
а	ı		anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	, <u>L</u>	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by have	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	:	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.	
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organia	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
		vide the following information						
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tot	al						i	I

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7792741.	8030787.	10934389.	12617223.	16905346.	56280486.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7792741.	8030787.	10934389.	12617223.	16905346.	56280486.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						56280486.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	7792741.	8030787.	10934389.	12617223.	<u> 16905346.</u>	56280486.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	121,845.	113,612.	78,501.	91,378.	103,034.	508,370.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	13,519.	1,992.	11,555.	113,234.		171,650.
11	Total support. Add lines 7 through 10						<u>56960506.</u>
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	962,763.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<u></u>
	tion C. Computation of Publi					г	
	Public support percentage for 2022 (li					14	98.81 %
	Public support percentage from 2021					15	98.63 %
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			=		_	
L-	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu						
ΙĞ	Private foundation. If the organization	n dia not check a l	oux on line 13, 16	a, 100, 1/a, or 1/b	, check this box a	nu see instructions	<u> </u>

(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.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	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	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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")? |f "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?
- 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).
- 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
4		
1		
2		
3a		
3b		
- OD		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40.		
10b		

36-2344429 Page 5 Chicago Youth Centers Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С No Yes 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a

that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,

one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

За

Sche	dule A (Form 990) 2022 Chicago Youth Centers		3	36-2344429 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

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

5

6

Schedule A (Form 990) 2022

5

Income tax imposed in prior year

instructions).

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

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continue	ed)	0 1011119 Tage 7
	on D - Distributions	. , , , , , , , , , , , , , , , , , , ,	(00///////	, <u>"</u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	6	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
_ <u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if			\neg	
_	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Name of the organization Chicago Youth Centers 36-2344429 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

Chicago Youth Centers

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$ 7,652,796.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 2,191,557.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,021,789</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 580,242.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$525,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Chicago Youth Centers

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	- \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Chicago Youth Centers

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		 \$						

Name of organization **Employer identification number** Chicago Youth Centers 36-2344429 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Chicago Youth Centers

Employer identification number 36-2344429

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		1 1
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired at		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footnote	•	
	organization's accounting for conservation easements.		ionic that goodhood the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar 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	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in for	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, 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		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Par	t III	Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	er Si	imilar A	ssets	(contir	nued)	
3	Usin	g the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signif	ficant use	of its		-	
	colle	ction items (check all that apply):									
а		Public exhibition	d	Loan or excl	nange program						
b		Scholarly research	е	Other							
С		Preservation for future generations									
4	Prov	de a description of the organization's co	llections and explain	how they further th	e organization's ex	empt	purpose ir	n Part	XIII.		
5	Durir	ng the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other simi	ar ass	ets				
		sold to raise funds rather than to be ma							Yes		No
Par	t IV	Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Yes"	on For	m 990, Pa	art IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.								
1a	Is the	e organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets no	ot inclu	uded		_		_
	on F	orm 990, Part X?						L	Yes		No
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the foll	owing table:		,					
									Amoun	t	
	-	nning balance				- 1	1c				
		tions during the year					1d				
е		butions during the year					1e				
f		ng balance				l	1f				
		he organization include an amount on Fo				-		L	Yes		No
		es," explain the arrangement in Part XIII.									
Par	ιν	Endowment Funds. Complete if					TI				le e e le
			(a) Current year	(b) Prior year	(c) Two years back		Three years		(e) Four		
1a		nning of year balance	4,741,004.	5,974,412.	4,754,194		5,079,		5	,380,	
b		ributions	1,025.	575.	700	-		750.			450.
С		nvestment earnings, gains, and losses	423,279.	-1,004,976.	1,367,672			882.			458.
d		ts or scholarships	2,000.	0.	0	•	12,	12,731.		8,	601.
е	Othe	r expenditures for facilities									
		programs	174,804.	229,007.	148,154	•	239,	502.		355,	523.
f		inistrative expenses		. =	5 054 440			101			
g		of year balance	4,988,504.	4,741,004.		•	4,754,	194.	5	,079,	559.
2		de the estimated percentage of the curre) held as:						
а		d designated or quasi-endowment	13.3300	_%							
b		nament endowment $\frac{62.6600}{24.0100}$	%								
С		endowment 24.0100									
		percentages on lines 2a, 2b, and 2c shou	•								
за		here endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	tne			ſ	Yes	No
	-	nization by:								162	X
		Jnrelated organizations							3a(i)		<u>X</u>
	(II) F	Related organizations	Constitution of the second of						3a(ii)		
		es" on line 3a(ii), are the related organizat							3b		
4 Par		ribe in Part XIII the intended uses of the Land, Buildings, and Equipme		vment tunas.							
ı uı	• • •	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part	X line	10				
		Description of property			Ť				(d) Poo	k volu	
		Description of property	(a) Cost or ot basis (investm	` '			mulated ciation		(d) Boo	k value	3
1-	Lond				4,249.	Jopiec	J.ACIOII		Ω	4,2	19
		linge			4,737.	13	2,717		3,28		
		ings ehold improvements					$\frac{2,717}{8,971}$		2,86		
							$\frac{6,971}{5,061}$			$\frac{3}{4}, 0$	
	Othe	oment		1,50	<i>,</i> 100 • 1	, 40.	J, 001	+	44	- , o.	<i>.</i>
		rlines 1a through 1e. (Column (d) must ed		(a a luman (D) 15 41	<u> </u>			+	6,46	0 2'	76.
. otal	. ~ uu	mico ia unough to. (Collittiti (a) MUST A	Juai FUIIII 990. PAR 7	v. colullili (B), lifte 10	/L.1			- 1	-, -0	-,-	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Chicago You Part VII Investments - Other Securities.			-2344429 Page 3
Complete if the organization answered "Yes"	1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(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"	on Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment			Lof voor morket volve
	(b) Book value	(c) Method of valuation: Cost or end	i-oi-year market value
(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		(b) Book value
(1) Beneficial Interest in Lar	nd Trust		83,214.
(2) Real Estate Held for Sale	14 11 450		157,691.
(3) Right of Use Asset for Ope	arating Taaga		1,173,264.
(4) Right of Use Asset for Fin			4,817.
	lance hease		4,017.
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		1,418,986.
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) Lease Liability for Operat	ing		
(3) Lease	<u>J</u>		1,243,181.
(4) Lease Liability for Finance	ce Lease		4,857.
	JC HCGBC		±,03/•
(5)			
<u>(6)</u>			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(9)

Part	•		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			17 757 006
				1	17,757,226.
	mounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	252 444		
	et unrealized gains (losses) on investments		370,411. 149,239.		
	onated services and use of facilities		149,239.		
	ecoveries of prior year grants			-	
d C	ther (Describe in Part XIII.)	2d			
e A	dd lines 2a through 2d			2e	519,650.
3 S	ubtract line 2e from line 1			3	17,237,576.
	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
a li	vestment expenses not included on Form 990, Part VIII, line 7b	4a	23,517.	_	
b 0	ther (Describe in Part XIII.)	4b			
c A	dd lines 4a and 4b			4c	23,517.
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		· <u>···</u> ····	5	17,261,093.
Part	XII Reconciliation of Expenses per Audited Financial Stat		Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1 T	otal expenses and losses per audited financial statements			1	13,389,130.
	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a D	onated services and use of facilities	2a	149,239.		
b F	rior year adjustments	2b			
c C	ther losses	2c			
d C	ther (Describe in Part XIII.)	2d			
e A	dd lines 2a through 2d			2e	149,239.
3 S	ubtract line 2e from line 1			3	13,239,891.
	mounts included on Form 990, Part IX, line 25, but not on line 1:				
a lı	vestment expenses not included on Form 990, Part VIII, line 7b	4a	23,517.		
b C	ther (Describe in Part XIII.)	4b			
c A	dd lines 4a and 4b			4c	23,517.
5 T	otal expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	13,263,408.
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 20	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any $$	additional inform	nation.		
Part	V, line 4:				
Camp	ing Services, Crown Center operations,	Sidney E	<u>lpstein Cen</u>	ter	
		, ,			-
maır	tenance, art scholarships and programs	, scholar	ships, and	ge	neral
oper	ations.				
Dart	V Line 2.				
Part	X, Line 2:				
Chic	ago Youth Centers is exempt from incom	e tavec 1	ınder Secti	on	501(a)(3)
CIIIC	ago rouch centers is exempt from incom-	e canes c	maer becci	011	301(0)(3)
of t	he Internal Revenue Code and applicable	e state 1	aw except	fo	r taxes
<u> </u>	ne internar nevenue code una appricabi	c beace i	aw, cheepe		LUMCD
pert	aining to unrelated business income, i	f anv.			
<u> </u>					
<u>The</u>	accounting standard on accounting for	uncertain	ity in inco	me	taxes
		1 61.			
addr	esses the determination of whether tax	benefits	claimed o	r e	xpected to

be claimed on a tax return should be recorded in the financial statements.
Under this guidance, the Chicago Youth Centers may recognize the tax
benefit from an uncertain tax position only if it is more likely than not
that the tax position will be sustained on examination by taxing
authorities, based on the technical merits of the position. Examples of
tax positions include the tax-exempt status of the Chicago Youth Centers
and various positions related to the potential sources of unrelated
business taxable income. The tax benefits recognized in the financial
statements from such a position are measured based on the largest benefit
that has a greater than 50 percent likelihood of being realized upon
ultimate settlement. The guidance on accounting for uncertainty in income
taxes also addresses de-recognition, classification, interest and
penalties on income taxes, and accounting in interim periods. At June 30,
2023, there were no unrecognized tax benefits identified or recorded as
liabilities.
Chicago Youth Centers files Form 990 in the U.S. federal jurisdiction and
the State of Illinois. Chicago Youth Centers is no longer subject to
examination by the Internal Revenue Service for years before fiscal 2020.

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

2022

Open to Public Inspection

Name of the organization						ntification number	
Chicago Youth Centers 36-2344429					429		
Part I Fundraising Activities. required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	fundraiser have custody or control of from activity to (or r			Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.				or has been notified	it is e	exempt from re	gistration

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Annual	Shake & Stir		` '
			Dinner	(Cocktail Ev	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			71 7	71 7	(
Revenue		Cross respirts	586,588.	177,676.	13,201.	777,465.
Вe	'	Gross receipts	300,300.	177,070.	15,201.	111,403.
	_		E42 602	150 266	2 206	704 265
	2	Less: Contributions	543,693.	158,366.	2,206.	704,265.
	_		42 005	10 210	10 005	72 200
	3	Gross income (line 1 minus line 2)	42,895.	19,310.	10,995.	73,200.
					1 200	1 200
	4	Cash prizes			1,200.	1,200.
		Noncash prizes				
ses			12.050		E 440	04 050
oeu	6	Rent/facility costs	13,860.		7,410.	21,270.
Direct Expenses			60.456			0= 604
ect	7	Food and beverages	60,156.	32,488.	2,990.	95,634.
Ë						
	8	Entertainment	28,351.			36,631.
	9	Other direct expenses	30,072.	15,896.	2,688.	48,656.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			203,391.
_		Net income summary. Subtract line 10 from li				-130,191.
Pa	ırt		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo	(e) out of garming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
S	2					
nse		Cash prizes				
Expenses		Cash prizes				
ıî)	3	Noncash prizes				
Ξ.	3					
irect E						
Direct E		Noncash prizes				
Direct E	4	Noncash prizes				
Direct E	4	Noncash prizes Rent/facility costs				
Direct E	4 _5	Noncash prizes Rent/facility costs	Yes%	Yes% No	Yes%No	
Direct E	4 _5	Noncash prizes Rent/facility costs Other direct expenses				
Direct E	4 _5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No		No No	
Direct E	4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No	No No	No No	
Direct E	4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No 15 in column (d)	No No	No No	
Direct E	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No 15 in column (d)	No No	No No	
Direct	4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 1 5 in column (d)	No	No	
6 Direct	4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 1 5 in column (d) from line 1, column (d)	No	No	Yes No
b G Direct	4 5 6 7 8 En Is t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Iter the state(s) in which the organization conduct the organization licensed to conduct gaming active.	No n 5 in column (d) from line 1, column (d) cots gaming activities: ctivities in each of these	No States?	No	Yes No
b G Direct	4 5 6 7 8 En Is t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor 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) cots gaming activities: ctivities in each of these	No States?	No	☐ Yes ☐ No
b G Direct	4 5 6 7 8 En Is t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Iter the state(s) in which the organization conduct the organization licensed to conduct gaming active.	No n 5 in column (d) from line 1, column (d) cots gaming activities: ctivities in each of these	No States?	No	YesNo
g a 6 Direct	4 5 6 7 8 En Isi	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Iter the state(s) in which the organization conduct the organization licensed to conduct gaming active.	No 1 5 in column (d) from line 1, column (d) cots gaming activities: ctivities in each of these	No states?	No	
9 a b	4 5 6 7 8 En Is i Is i Is i We	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming active in the state organization licensed to conduct gaming active in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses.	No n 5 in column (d) from line 1, column (d) notes gaming activities: ctivities in each of these servoked, suspended, or te	states?	No	
9 a b	4 5 6 7 8 En Is i Is i Is i We	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming act "No," explain:	No n 5 in column (d) from line 1, column (d) notes gaming activities: ctivities in each of these servoked, suspended, or te	states?	No	

Sch	edule G (Form 990) 2022 Chicago Youth Centers 36	5-2344429	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	NameAddress		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ to "Yes," enter name and address of the third party:	ι	
	The first Halle and address of the time 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		
Ī	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	
_			

Schedule G	(Form 990) Supplemental Infor	Chicago	Youth	Centers		36-2344429	Page 4
Part IV	Supplemental Infor	mation _{(continu}	ed)				

SCHEDULE J (Form 990)

Compensation Information

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

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Chicago Youth Centers

Employer identification number 36-2344429

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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			l
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
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			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			l
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:			37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only position 504(a)(2), 504(a)(4), and 504(a)(90) aggregations must complete lines 5.0			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of:			l
•		5a		х
		5b		X
	Any related organization? 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			l
·	contingent on the net earnings of:			l
а	The organization?	6a		Х
	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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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	J-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) Kevin Cherep	(i)	217,984.	0.	270.	0.	19,698.	237,952.	0.
President/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
	[(II)							

SCHEDULE 0 (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Chicago Youth Centers

Employer identification number 36-2344429

Form 990, Part I, Line 1
At Chicago Youth Centers, we educate and support children and families
so they can succeed in the 21st century.
We provide the tools, experiences, and resources needed for youth ages
3-18 to persist academically and develop socially and emotionally. We
engage children early and provide services when they are most
vulnerable: after school and during the summer. We offer family
engagement programs to help families guide their children during
critical transitions: entering kindergarten, starting high school, and
preparing for college or a career. We build strong partnerships within
communities to create a village of committed community leaders,
schools, volunteers, and peer organizations dedicated to our children's
success. We understand the challenges our families face. To set them on
a path toward upward mobility, we deliver programs that:
- Expand youth's abilities to think critically, create, communicate,
and collaborate
- Provide academic supports
- Expose youth to STEAM (science, technology, engineering, arts, and
math) fields
- Prepare children and teens for college and careers
- Focus on healthy living and violence prevention
Form 990, Part VI, Section B, line 11b:
The Form 990 is reviewed by the organization's Chief Financial Officer and
emailed to the full Board of Directors prior to filing.

Schedule O (Form 990) 2022 Page 2

Name of the organization
Chicago Youth Centers

Employer identification number 36-2344429

Form 990, Part VI, Section B, Line 12c:

On an annual basis, all board members and employees who are considered senior management must sign a conflict of interest disclosure form which is collected and maintained by the administrative assistant to the President/CEO.

All board members are required to read and review the conflict of interest policy annually and complete a conflict of interest statement that states whether or not they have a conflict of interest. If they do have a conflict of interest, they must disclose it. If the conflict involves a matter being voted on by the board or a committee, that board member is not allowed to vote on the matter. All new board members brought on throughout the year must read the policy and sign the statement.

Form 990, Part VI, Section B, Line 15:

Two necessary components of compensation planning in any economic environment are compensation benchmarking and salary structure adjustments.

The organization maintains a viable and comprehensive performance-based merit system. An outside consultant, HR Source, provided guidance in designing a wage and salary structure. The objectives were simply to:

- 1. Develop a competitive compensation structure utilizing benchmarking analysis of the metropolitan Chicago labor market.
- 2. Analyze current competitive pay practices of the organization in order to provide guidance on updating and improving administration of the

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** Chicago Youth Centers 36-2344429 compensation program for the employees in the positions involved. On an annual basis, aligned with the hiring anniversary of the CEO, the Executive Committee of the Board of Directors completes a performance evaluation on and approves the compensation for the organization's CEO. The CEO completes a performance evaluation for each member of the senior management team and consistent with guidelines established for the entire agency, and in adherence to the approved wage and salary structure, implements a salary adjustment based on the overall performance rating. A Board Resolution is completed and signed by the Board Chair following this process.

The Board of Directors has approved an employment contract that stipulates the annual salary and any discretionary bonuses for the CEO.

Form 990, Part VI, Section C, Line 19:

The audited financial statements are available on Chicago Youth Centers' website as well as upon request. All other governing documents and the conflict of interest policy are available upon request. Documents are available on the same basis of disclosure prescribed by section 6104(d).

Form 990, Part IX, Line 11g, Other Fees:

Program Consultants:

Program service expenses	3,031,531.
Management and general expenses	109,490.
Fundraising expenses	454,506.
Total expenses	3,595,527.
Total Other Fees on Form 990, Part IX, line 11g, Col A	3,595,527.