

	_		** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From	* Income Tax	OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2022
		of the Treasury	Do not enter social security numbers on this form as it may	•	Open to Public
Inter	nal Rev	enue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection
			ar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	
	Check if applicat	ble: C Name of	organization	D Employer identifica	tion number
	Addr chan	ge Clty	Colleges of Chicago Foundation		
	Nam Chan	ge Doing b	usiness as	36-3157624	4
	Initia returi Final	n Number	and street (or P.O. box if mail is not delivered to street address) Room/su North Wabash Street 200	ite E Telephone number 312-553-28	0 7 1
	returi termi				8,948,188.
	ated Amer	nded Chia	own, state or province, country, and ZIP or foreign postal code ago, IL 60601	G Gross receipts \$	
F	returi		nd address of principal officer: Veronica Herrero	<b>H(a)</b> Is this a group retu for subordinates?	
	tion pend		as C above	H(b) Are all subordinates inclu	
1	Tax-ex	kempt status:		527 If "No," attach a lis	
	Webs			H(c) Group exemption r	
_			X Corporation Trust Association Other L Ye	ear of formation: 1971 M	
P	art I	Summary			<u> </u>
	1	Briefly describ	e the organization's mission or most significant activities: To provid	le grants for	
Governance		<u>scholar</u>	ships.		
rna	2	Check this bo	x if the organization discontinued its operations or disposed of mo	ore than 25% of its net asset	S.
ove	3	Number of vot	ing members of the governing body (Part VI, line 1a)		9
		Number of ind	ependent voting members of the governing body (Part VI, line 1b)		7
ses	5		of individuals employed in calendar year 2022 (Part V, line 2a)		0
viti	6	Total number	of volunteers (estimate if necessary)		0
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
_	<u> </u> b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
			-	Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)	7,131,871.	5,802,726.
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.	0.
Bey	10		come (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,920,980.</u> -90,534.	<u>426,230.</u> -34,958.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,962,317.	6,193,998.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,252,605.	7,178,830.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	40		compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	30,385.	0.
neo	h		ng expenses (Part IX, column (D), line 25)526 • [		
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,004,562.	353,349.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,287,552.	7,532,179.
	19		expenses. Subtract line 18 from line 12	2,674,765.	-1,338,181.
or				Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X, line 16)	24,352,666.	23,752,002.
Ass	21	-	(Part X, line 26)	483,615.	323,079.
Net	22		fund balances. Subtract line 21 from line 20	23,869,051.	23,428,923.
	art II	Signature	Block		
Und	ler pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my kr	nowledge and belief, it is
true	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	

Sign	Signature of officer	Date							
Here									
	Type or print name and title								
	Print/Type preparer's name Preparer's signature Date Check								
Paid	Ariel Garcia	Ariel Garcia	05/01/24 self-employed P02244437						
Preparer	Firm's name RSM US LLP		Firm's EIN 42-0714325						
Use Only	Use Only Firm's address 30 South Wacker Dr, Suite 3300								
Chicago, IL 60606-3392 Phone no.312-634-3									
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No						

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Form	1990 (2022) City Colleges of Chicago Foundation 36-3157624 Page	2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	]
1	Briefly describe the organization's mission:	
	To provide grants for scholarships.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?Yes X No	)
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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		)
	The Foundation is organized and shall be operated exclusively for	
	educational purposes to assist in developing and augmenting the resources and carrying out the educational functions of the City	
	Colleges of Chicago, established and operated by the Board of Trustees	_
	of Community College District No. 508, Cook County, State of Illinois,	—
	to the end there may be provided in the college's community broader	—
	educational opportunities for and service to the student and alumni of	—
	the college and the citizens of this state and nation. The Foundation	-
	provides scholarships and skilled upgrades to 529 students.	
		-
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
		_
		_
		_
		_
		-
		_
		—
		_
		_
4d	Other program services (Describe on Schedule O.)	
ти	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 7,409,576.	

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			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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			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			x
<b>ا</b> م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IX, column (A), line 2? If "Yas," complete Schedule I, Parts I and III       22       X         20       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       22       X         24a       Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5, about compensated employees? If "Yes," complete Schedule A       24       X         24b       Did the organization invest at xavesmpt bond issue with an outstanding principal amount of more than \$100,000 as of the isat day of the vari, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule A.       24a       X         25a       Did the organization maintain an escrow account other than a refunding escrow at any time during the year?       24d       X         25a       Soft(c)(X), and 501(c)(X) and 501(c)(X) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a pror year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       25a       X         27       Did the organization negage in an excess benefit transaction with a disqualified person wing explaines to a 35% controlled entity or tomer sasistance to any current or former officer, director, trust				Yes	No	
23       Did the organization array "1" (5 °° 10 ° 24" 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 L, VII.No, "20 or line 22a.       24       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lists dig of the organization matriation an earow 20 account of the more than \$100,000 as of the list dig of the organization matriation are acrow account other than a refunding escrew at any time during the year'.       24a       X         21       Did the organization matriation an eacrow account other than a refunding escrew at any time during the year'.       24a       X         22       Did the organization matriation and escrew account other than a refunding escrew at any time during the year'.       24d       X         23       Did the organization action and solic(260 organizations. Did the organization again an access benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported or any of the organization sport Forms 900 or 900 ES7. If Yes, "complete Schedule L, Part I       25b       X         24       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereod, and any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, "complete Schedule L, Part II       26       X       25b       X <td< td=""><td>22</td><td>Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on</td><td></td><td></td><td></td></td<>	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
23       Did the organization arwer "Yes" to Part VII, Section A, Jine 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employee, and highest compensated employees? # 'Yes, "complete Schedule J, Ar No, "go to Jine 25a       23       X         24a       Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Docember 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K, Mr No, "go to Jine 25a       24a       X         24b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         25b       Did the organization animation an escore account other than a retunding a sing time during the year?       24d       24d         25a       Section 50(16)(3), 50(16)(4) and 50(16)(20) organizations. Did the cognization are period at empagod in an excess benefit transaction has not been reported on any of the organization pair tax, "complete Schedule L, Part I       25a       X         25       Section 50(16)(3), 50(16)(4), 60(16)(4), 70(16)(4)       25a       X       25b       X         26       Ub the organization approximation of any of these periods?       1/4* 'Yes, "complete Schedule L, Part I       25a       X         26       Did the organization provide a grant or other assistance to any our error of finer, director, trustee, key employee, creator or founder, substantial conthubur or simployee therorid, grant conthubur or organization appr		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х		
Schedule J       28       X         4a Dit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the tax schedule K if Vio, <sup>+</sup> go to line 25a.       24a       X         4b Dit the organization matrix any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         5b Dit the organization matrix any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         5b Dit the organization matrix any encode of tax-exempt bonds beyond a temporary period exception?       24a       X         5b Dit the organization acts an "on behalf of" issue for bonds outstanding at any time during the year?       24d       24d         55 Section 50 (103), 501(44), 400 (103), 500(144), 400 50(128) Organizations. Dit the organization acts an an "on behalf of" issue for bonds outstanding at any time during the year?       24d       25a         55 Section 50 (103), 501(44), 400 (103), 500(144), 400 50(128) Organizations. Dit to erganization acts an the transaction with a disqualified person during the year?       25b       X         56 Did the organization acts and the engaged in an exceeds benefit transaction with a disqualified person during the spreas?       7 Ves, ' complete Schedule L, Part I       25a         56 Did the organization acts and the organization acts and acts and part selection constitue ontegrin or a 35% controlled entity of raminy member of any of these person?       7 Ves, ' complete Schedule L, Part I       25a         57 Did the organiza	23					
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? // "Yes," answer lines 24b through 24d and complete Schedule K. // "No." or be ine 25a       24a       X         b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         c Did the organization invest any proceeds of tax-exempt bonds?       0 bid the organization invest any an escow account ofter than a relunding secrow at any time during the year 0 detease any tax-exempt bonds?       24d       24d         25a       Section \$01(c)(3), 601(c)(4), and \$501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a since been reported on any of the erganization's prior Forms 980 or 990 E27: (**es,* complete Schedule L, Part I       25a       X         25       Did the organization proved a grant or other assittance to any current or former office, director, trustes, key angloyce, creator or founder, substantial contributor, or 35% controlled entity of caling an engloyce thereof or family member of any of these persons? // *wes,* complete Schedule L, Part I       26       X         26       Did the organization provide a grant or other assittance to any current or former office, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of caling a memory end theoremonitation entities entered for family member of any of theoremonitation entered for family member of any of theoreganization evelowe more thana 52,000 in non-cash con		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
Is add y of the year, that was issued after December 31, 2002? If "Yes," answer times 24b through 24d and complete     24a     X       Is of the organization minest any proceeds of tax exempt bonds beyond a temporary period exception?     24b     24b       Is of the organization maintain an escrow account offer than a refurning escrow at any time during the year?     24d     24d       Is a Section 50(16)(3), 601(c4), and 50(1c)(2) organizations. But the organization engage in a excess benefit transaction with a disqualified person during the year?     24d     24d       Is a section 50(16), 601(c4), and 50(1c)(2) organizations. But the organization is a prior year, and that the transaction has not been reported on any of the organization are shown and angualified person in a prior year, and that the transaction tyma disqualified person in a prior year, and that the transaction tyma disqualified person in a prior year, and that the transaction has not been reported on any of the organization are prior the resistance to any current or forms officer, director, trustes, key employee, treator or founder, director, trustes, key employee thereod or family member of any of these persons? If "yes," complete Schedule L, Part II.     26       27     W as the organization are that S0: 000 non-cash contributor or substantial contributor or repriore to a S0% controlled entity or family member of any of these persons? If "yes," complete Schedule L, Part II.     28a     X       28     M as the organization are than S0: 000 non-cash contributions? If "yes," complete Schedule L, Part II.     28a     X       29     D d the organization neceve contributions of at, historial trassures, or otherain assets. If "yes," complete		Schedule J	23	Х		
Schedule K if 'Wo,'' go to line 25a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
Schedule K if 'Wo,'' go to line 25a		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
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?       24d         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(c4)(d, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction mas not been reported on any of the organization's prior Forms 980 or 990 E27. H "Yes," complete Schedule L, Part I       25a         25a       Did the organization are that it engaged in an excess benefit transaction with a disqualified person (in a prior year, and that the transaction thas not been reported on any of the organization's prior Forms 980 or 990 E27. H "Yes," complete Schedule L, Part I       25a       X         27       Did the organization report any amount on Part X, line 5 or 22, for neceivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 355       X         27       Did the organization approximation the approximation engradication term approximation ap			24a		Х	
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?       24d         25a       Section 501(c)(3), 601(c)(4) and 601(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       24d         25a       Section 501(c)(3), 601(c)(4), and 601(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       11 * year         25a       Section 501(c)(3), 601(c)(4), and 601(c)(20) organizations. Did the organization's prior Forms 900 or 990-E27       11 * Yea, * complete Schedule L, Part I         25b       X         26b       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former foller, directly, nutsek, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // * Yea, * complete Schedule L, Part II       26       X         27       Was the organization pavide agrant or there assistance to any complete Schedule L, Part II       28       X         28       A current or former officer, directro, trustek, ey employee, creator or founder, or substantial contributor? // * Yea, * complete Schedule L, Part II       28       X         29       Did the organization receive aprits to a substantial contribution? // * Yea, * complete Schedule L, Part II       28       X         28       A current or former off	b		24b			
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d         25a Section 501(ck)), 501(ck), 4015(ck), 4015(ck), 4015(ck) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a poir year, and that the transaction has more then reported on any of the organization's prior Forms 990 or 990-EZ' II 'Yes,' complete Schedule L, Part I       25a       X         26 Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or form 90 these persons? II 'Yes,' complete Schedule L, Part II       26a       X         27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thered) or family member of any of these persons? II 'Yes,' complete Schedule L, Part II       X         28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization provide a grant or other space assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization neceive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule K, Part I       20a       X	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?       24d         25a Section 501(ck)), 501(ck), 4015(ck), 4015(ck), 4015(ck) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a poir year, and that the transaction has more then reported on any of the organization's prior Forms 990 or 990-EZ' II 'Yes,' complete Schedule L, Part I       25a       X         26 Did the organization proof any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or form 90 these persons? II 'Yes,' complete Schedule L, Part II       26a       X         27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thered) or family member of any of these persons? II 'Yes,' complete Schedule L, Part II       X         28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization provide a grant or other space assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       28a       X         29 Did the organization neceive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule K, Part I       20a       X		any tax-exempt bonds?	24c			
25a       Section 501(c)(3), s01(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the yea?    'Yes,' complete Schedule L, Part I       25a       X         b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, and grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       27       X         28       Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II)       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M       20       X         20       Did the organization receive on thole schedule L Part IV       28a       X         20       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M       20	d		24d			
b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization splor Forms 900 07900-E27 // "yes," complete Schedule L, Part I       266         267       Ub the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor or 35%       268       X         27       Did the organization provide a grant or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor on a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV       27       X         28       was the organization a carles of inter 28a' If 'Yes,' complete Schedule L, Part IV       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         20       Did the organization neceive contributions of ant, historical transures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule L, Part IV       28a       X         20       Did the organization neceive contributions of ant, historical treasures, or other similar assets of therouplies Schedule L, Part II						
b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a priory sear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? If 'Yes,' complete Schedule I, Part I       25b       X         20       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, rustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization approximation to rother assistance to any current or former officer, director, rustes, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of to abusiness transaction with one of the following parties (see the Schedule L, Part II       27       X         28       Was the organization approximation to express transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       a Acurent or former officer, director, trustee, key employee, creator or founder, substantial contributor? If       Yes,' complete Schedule L, Part IV       28e       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule I, Part IV       29e       X         20       Did the organization receive contributions of art, historical treasures, or chapite Schedu		transaction with a disgualified person during the year? If "Yes." complete Schedule L. Part I	25a		Х	
Schedule L, Part I       25b       X         26       Did the organization neport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereot, a grant selection committee member, or to a 35% controlled entity (including an employee thereot) or family member of any of these persons? II 'Yes,' complete Schedule L, Part II       27       X         28       Was the organization approach to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II       ??       X         28       A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV       ??       ??       ??         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes,' complete Schedule M, Part I       ??       ??       ??         30       Did the organization incelue schedule M       ??       ??       ??       ??       ??       ??	b					
Schedule L, Part I       25b       X         26       Did the organization neport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II 'Yes,' complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereot, a grant selection committee member, or to a 35% controlled entity (including an employee thereot) or family member of any of these persons? II 'Yes,' complete Schedule L, Part II       27       X         28       Was the organization approach to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II       ??       X         28       A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV       ??       ??       ??         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II 'Yes,' complete Schedule M, Part I       ??       ??       ??         30       Did the organization incelue schedule M       ??       ??       ??       ??       ??       ??		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete				
26       Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? II "Yes," complete Schedule L, Part IV.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28a       X         29       DA family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28a       X         29       DA family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28b       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "yes," complete Schedule L, Part IV.       28c       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "yes," complete Schedule N, Part I       30       X         31       X       29			25b		Х	
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable finigh thresholds, conditions, and exceptions):       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable) finigh thresholds, conditions, and exceptions):       a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV       28a       X         28       b A family member of any individual described in line 28a or 28b? If "Yes," complete Schedule L, Part IV       28b       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       X       31       X         34       Was the organization negulate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       31         35       Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Sc	26					
27       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee).         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       28a       X         29       Did the organization cervice contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.       29       X         30       X       Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule N, Part I       30       X         32       Did the organization receive anore than 25% of its net asset? If 'Yes,' complete Schedule N, Part II       31       X		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
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 thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod, a grant selection committee member, or to a 35% controlled entity (including an employee thereod, a grant selection committee member, or to a 35% controlled entity (including an employee, creator or founder, or substantial contributor? ///       27       X         28       Was the organization party to a business transaction with one of the following parties (see the Schedule L, Part II)       28a       X         2       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ///       28a       X         2       A directive of any individual described in line 28a? // *Yes,* complete Schedule L, Part IV       28a       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes,* complete Schedule M       30       X         31       Did the organization receive onthinate, therminate, or dissolve and cease operations? // *Yes,* complete Schedule N, Part I       31       X         33       Did the organization related to any tax-exempt or taxable entity? If *Yes,* complete Schedule R, Part II.       31       X         34       X       X       33a <td></td> <td>controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II</td> <td>26</td> <td></td> <td>Х</td>		controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		Х	
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):       a       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       "28       X         b       A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.       28a       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I       28b       X         21       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         22       X       30       X       31       X         23       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization with osignee do, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1	27					
28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       28       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #       28a       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? # *%s," complete Schedule N, Part I       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # *%s," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? if *Yes," complete Schedule N, Part I       31       X         33       Did the organization neceive any taxesempt or taxisfer more than 25% of its net assets? if *Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33a       X         34       Was the organization neceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       34a       X         35		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): <ul> <li>A current to former officer, director, trustee, key employee, creator of founder, or substantial contributor? If</li> <li>Yes," complete Schedule L, Part IV</li> <li>A A Streen to former officer, director, trustee, key employee, creator of counder, or substantial contributor? If</li> <li>Yes," complete Schedule L, Part IV</li> <li>A A Streen to former officer, director, trustee, key employee, creator of counder, or substantial contributor? If</li> <li>Yes," complete Schedule L, Part IV</li> <li>A 336 bit the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M</li> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I</li> <li>Did 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</li> <li>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>Dif "Yes" to line 35a, dif the organization make any transfers to an exempt non-chartable related organization?</li> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chartable related organization?</li> <li>Mote: All Form 990 filers are required to complete Schedule R, Part V, line 2</li> <li>Section 501(c)(3) organizations. Did the organization make an</li></ul>		entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		Х	
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV D Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M D Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M D Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M D Did the organization selve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M D Did the organization selve, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I D Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization netated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 D Did the organization have a controlled entity within the meaning of section 512(b)(13)? D Did the organization as D did the organization make any transfers to an exempt non-charitable related organization If "Yes," complete Schedule C and provide explanations on Schedule O for Part VI, line 2 D Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O D be there number reported in box 3 of Form 1096. Enter -0: if not applicable Check if Schedule O contains a response or note to any line in this Part V D Did the organization compl	28					
"Yes," complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? // fr "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // fr       28b       X         29       Did the organization receive more than \$25,000 in non-cash contributions? // fr "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // fr "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // fr "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? // fr "Yes," complete Schedule R, Part I       33       X         34       Was the organization neated to any tax-exempt or taxable entity? // fr "yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a       Did the organization. Did the organization make any transfers to an exempt non-charitable related organization?       35b       35a       X         34       Was the organization. Did the organization make any transfers to an exempt non-charitable related organization?       35b		instructions for applicable filing thresholds, conditions, and exceptions):				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       "Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         33       Bu the organization new a controlled entity within the meaning of section 512(b)(13)?       35a       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         35a       Did the organization neve up ayment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization more tax purposes? If "yes," c	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? //       ************************************		"Yes," complete Schedule L, Part IV	28a			
"Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I       32       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       35a       Did the organization neare a controlled entity within the meaning of section 512(b)(13)?       35a       Sta       Did the organization conduct more than 5% of its activities through an entity that is not a related organization?       36       X         35a       Did the organization complete Schedule R, Part V, line 2       36       X       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule A, Part V, line 2       36       X	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X	
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule A. Part I       30       X         31       Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization neceive any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       35a       X         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)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       37       X         38       Did the organization conduct more than 5% of its activities through an entity that is not a related organization?       36       X         39       Did the organization complete Schedule Q       Or Part V, line 2       36       X         30       Did the organization complete Schedule Q	с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
30       Did the organization receive contributions of art, historical treasures, or during assets, or qualified conservation contributions? If "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       32       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         35a       Did the organization nearing of section 512(b)(13)?       35a       X         36       Section 512(b)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       37       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       36       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		"Yes," complete Schedule L, Part IV	28c			
contributions? /f "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? /f "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? /f "Yes," complete Schedule R, Part I       33       X         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       O may and Tax Compliance       38       X         Vest of if Schedule O contains a response or note to any line in this Part V         Statements Regarding Other IRS Filings and Tax Compliance <td colspa<="" td=""><td>30</td><td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation</td><td></td><td></td><td></td></td>	<td>30</td> <td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation</td> <td></td> <td></td> <td></td>	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         37       Did the organization complete Schedule O       38       X         38       Did the organization complete Schedule O       38       X         37       Did the organization complete Schedule O       38       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization c		contributions? If "Yes," complete Schedule M	30			
Schedule N, Part II       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I       33       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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.       35b       35b         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 V, line 1       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         30       Did the organization complete Schedule O       Schedule O for Part VI, lines 11b and 19?       38       X         39       Did the organization complete Schedule O       Schedule O for Part VI, lines 11b and 19?       38 <t< td=""><td>31</td><td></td><td>31</td><td></td><td>X</td></t<>	31		31		X	
33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       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         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         9       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)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       X       X       X       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       X       X       X       X       X         38       X       X       X       X       X         37       X	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
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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         35a       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       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       0       1b       0       1b       0       1b       0       1b       0       1c         1a       0       1b       0       1b       0	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
Part V, line 1       34       X         35a       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       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         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       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         39       Did the organization Complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         90       Note: All Form 990 filers are required to complete Schedule O       38       X         94       Yes       No         1a       O       1b       0         1b       O       1b       0         1a       Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       1a			33		X	
35a       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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         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? <i>If "Yes," complete Schedule R, Part VI</i> 37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         39       Note: All Form 990 filers are required to complete Schedule O       38       X         9       Statements Regarding Other IRS Filings and Tax Compliance       2       38       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       0         1b       0       1b       0       1b       0       1b       0       1c         1a       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       0	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O complete Schedule O       38       X         39       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O complete Schedule O       38       X         39       Note: All Form 990 filers are required to complete Schedule O       38       X         39       Statements Regarding Other IRS Filings and Tax Compliance			34	X		
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?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization comduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       38       X       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       0       1b       0         b       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       Ia       0			35a		X	
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       28       X         Check if Schedule O contains a response or note to any line in this Part V       1       1       0         1a       0       1b       0       0       1         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1       1       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1       0       1	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         98       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         98       Did the organization complete Schedule O complete Schedule O       38       X         99       Filers are required to complete Schedule O       38       X         91       Statements Regarding Other IRS Filings and Tax Compliance       38       X         92       Check if Schedule O contains a response or note to any line in this Part V       90       14         92       Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       0         93       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1b       0         94       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       96       10       10 <td></td> <td></td> <td>35b</td> <td></td> <td><u> </u></td>			35b		<u> </u>	
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?				
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>			36	Х	<u> </u>	
38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Onte: All Form 990 filers are required to complete Schedule O         Onte: All Form 990 filers are required to complete Schedule O         Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	37					
Note: All Form 990 filers are required to complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       Yes       No         Check if Schedule O contains a response or note to any line in this Part V       Image: Statement of Schedule O contains a response or note to any line in this Part V       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       Image: Imag			37		X.	
Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V	38			v	1	
Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1a       0       1a	Par	Note: All Form 990 filers are required to complete Schedule 0	38	Å	Ĺ	
1a       0       Yes       No         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       0       1b       1b <td>ı al</td> <td></td> <td></td> <td></td> <td></td>	ı al					
1a       0         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable         b       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Check in Schedule C contains a response or note to any line in this Part V	<u></u>			
b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	Enter the number reported in box 2 of Earm 1006. Enter 0, if not emplicable $ \mathbf{d}_{\mathbf{r}}  = 0$		tes	INO	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	U		1c			

Form 990 (2022) City Colleges of Chicago Foundation 36-3157624 Page 5							
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vee	Na			
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No			
20	filed for the calendar year ending with or within the year covered by this return 2a 0						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
I	b If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
I	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
0	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>			
1	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0					
-	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c). 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?	7-	x				
		7a 7b	X				
	<ul> <li>If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</li> </ul>						
	to file Form 8282?	7c		х			
	d If "Yes," indicate the number of Forms 8282 filed during the year 7d						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
(	<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
I	1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
á	a Did the sponsoring organization make any taxable distributions under section 4966?	9a					
I	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	a 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 10b	-					
11	Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a						
	Gross income from members or shareholders     Gross income from other sources. (Do not net amounts due or paid to other sources against	-					
	amounts due or received from them.) 11b						
12;	a 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						
13							
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
á	Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	13a					
ä		<u>13a</u>					
	a Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>					
	<ul> <li>Is the organization licensed to issue qualified health plans in more than one state?</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> </ul>	<u>13a</u>					
I	<ul> <li>a Is the organization licensed to issue qualified health plans in more than one state?</li> <li>Note: See the instructions for additional information the organization must report on Schedule O.</li> <li>b Enter the amount of reserves the organization is required to maintain by the states in which the</li> </ul>	<u>13a</u>					
I	a Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         a Enter the amount of reserves on hand         a Did the organization receive any payments for indoor tanning services during the tax year?	<u>13a</u> 14a		X			
ا ر 14ء	a Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c Enter the amount of reserves on hand         a Did the organization receive any payments for indoor tanning services during the tax year?         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	-		X			
ا ر 14ء	a Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c Enter the amount of reserves on hand         a Did the organization receive any payments for indoor tanning services during the tax year?         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14a 14b					
 ( 14;	a Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c Enter the amount of reserves on hand         a Did the organization receive any payments for indoor tanning services during the tax year?         o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O         Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14a		x			
144 144 15	a Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c Enter the amount of reserves on hand         a Did the organization receive any payments for indoor tanning services during the tax year?         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?         If "Yes," see the instructions and file Form 4720, Schedule N.	14a 14b 15		X			
 ( 14;	a Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c Enter the amount of reserves on hand         a Did the organization receive any payments for indoor tanning services during the tax year?         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?         If "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	14a 14b					
144 147 15	a Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c Enter the amount of reserves on hand         d Did the organization receive any payments for indoor tanning services during the tax year?         o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O         Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?         If "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?         If "Yes," complete Form 4720, Schedule O.	14a 14b 15		X			
144 144 15	a Is the organization licensed to issue qualified health plans in more than one state?         Note: See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c Enter the amount of reserves on hand         a Did the organization receive any payments for indoor tanning services during the tax year?         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?         If "Yes," see the instructions and file Form 4720, Schedule N.         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	14a 14b 15		X			

Form 990 (2022)
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Check if Schedule O contains a response or note to any line in this Part VI

 

 Form 990 (2022)
 City Colleges of Chicago Foundation
 36-3157624
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Part VI

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Sec	tion A. Governing Body and Management				
		1 1	<u>م</u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	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	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
					X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	. 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 ap	point one or			
	more members of the governing body?		<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	ockholders, 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	r by the following:			
а	The governing body?		<u>8a</u>	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 rea				
	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 Re	venue Code.)			
				Yes	No
10a	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 ch	apters, affiliates,			
			. <b>10</b> b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		. 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	/es," describe			
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
0	exempt status with respect to such arrangements?		16b		
	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	nd 990-T (section 501(c)(	3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy, a	nd finan	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 boo	oks and records			
	Maribel Rodriguez - 312-553-2564				
	180 North Wabash Street, 200, Chicago, IL 60601				

Form 990 (2022)	City Colleges of Chicago Foundation	36-3157624	Page 7
Part VII Compensat	ion of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
Employees,	and Independent Contractors		
Check if Sched	ule O contains a response or note to any line in this Part VII		
Section A. Officers, Dire	ctors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for	all persons required to be listed. Report compensation for the calendar vear ending w	with or within the organization's	tax vear.

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.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B) (C)						(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	burs per box, unless person is both an				s both	n an	compensation	compensation	amount of
	week					i/irus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	trus		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	itiona		nploy	st cor	-	1000 1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			ergamzatierte
(1) Juan Salgado	1.00									
General Director	39.00	Х						0.	278,492.	75,311.
(2) Maribel Rodriguez	5.00									
Treasurer	35.00			Х				0.	183,292.	57,664.
(3) Veronica Herrero	1.00									
Chancellor's Designee - Ex Officio	39.00	Х		X				0.	171,792.	54,046.
(4) Rhonda K. Brown	35.00									
President	40.00			X				0.	132,398.	41,652.
(5) Jennifer Williams	35.00									~ ~ ~ ~ ~
Executive Director	40.00			X				0.	93,586.	29,442.
(6) Gary L. Rozier	1.00									<u>^</u>
Chair	0.00	Х		X				0.	0.	0.
(7) Nicole Johnson-Scales	1.00									•
Vice Chair	0.00	Х		X				0.	0.	0.
(8) Monica Bibbs	1.00									<u>^</u>
General Director	0.00	Х	<u> </u>					0.	0.	0.
(9) Karla Gowen	1.00								0	0
General Director	0.00	Х						0.	0.	0.
(10) Bill Lowry	1.00								0	0
General Director	0.00	Х						0.	0.	0.
(11) Norma Manjarrez	1.00	x						0.	0.	0
General Director (12) Iliana A. Mora	1.00	A						0.	0.	0.
General Director until 07/20/22	0.00	x						0.	0.	0.
(13) Darrell A. Williams	1.00	^						0.	0.	0.
General Director	0.00	x						0.	0.	0.
	0.00	^	<u> </u>					0.	0.	0.
		1								
		1								
		1								
		1								
				•		·		•		000

Form 990 (2022) City Col	leges of	C	nı	ca	go	rου	Indation	36-3157	7624 Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	High	est C	ompensated Employee	es (continued)	
(A)	(B)			(0			(D)	(E)	(F)
Name and title	Average			Posi	tion		Reportable	Reportable	Estimated
	hours per				nore tha son is be		compensation	compensation	amount of
	week				rector/tr		from	from related	other
	(list any	tor					the	organizations	compensation
	hours for	direc			-		organization	(W-2/1099-MISC/	from the
	related	ee or	stee		nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		yee m pe		1099-NEC)	,	and related
	below	dual	ution	-	n plo	er	· · ·		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated	Former			
			_	-		-			
				_		<u> </u>			
						_			
						_			
						+			
				_					+
						_			
1b Subtotal							0.	859,560.	258,115.
c Total from continuation sheets to Part V	I, Section A						0.	0.	. 0.
c Total from continuation sheets to Part V	I, Section A						0.	0. 859,560.	-
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A				·····		0.	859,560.	
<ul> <li>c Total from continuation sheets to Part VI</li> <li><u>d</u> Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r</li> </ul>	I, Section A				·····		0.	859,560.	258,115.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A				·····		0.	859,560.	258,115.
<ul> <li>c Total from continuation sheets to Part Vind Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r compensation from the organization</li> </ul>	I, Section A	ose	listec	 d ab	ove) w	 ho re	0 • eceived more than \$100	859,560. 000 of reportable	258,115.
<ul> <li>c Total from continuation sheets to Part Via d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r compensation from the organization</li> <li>3 Did the organization list any former officer</li> </ul>	I, Section A ot limited to the director, truste	ose ee, k	listec	d ab	ove) w	ho re	0 . eceived more than \$100 hest compensated emp	859,560. 000 of reportable loyee on	258,115. 0 Yes No
<ul> <li>c Total from continuation sheets to Part Vi d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r compensation from the organization</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> </ul>	I, Section A ot limited to the director, truste uch individual	ose ee, k	listec	d ab	ove) w	ho re	0 . eceived more than \$100	859,560. 000 of reportable loyee on	258,115.
<ul> <li>c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r compensation from the organization</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the su</li> </ul>	I, Section A ot limited to the director, truste uch individual um of reportable	ose ee, k 	listec ey er	mple	ove) w	ho re	0 . eceived more than \$100 hest compensated emp her compensation from t	859,560. ,000 of reportable loyee on he organization	258,115. 0 Yes No 3 X
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes,	ee, k e co	listec ey er mper	mple nsat	ove) w oyee, o tion ar	ho re br hig d oth	0 • eceived more than \$100 thest compensated emp ner compensation from t for such individual	859,560. ,000 of reportable loyee on he organization	258,115. 0 Yes No
<ul> <li>c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r compensation from the organization</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the su</li> </ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes,	ee, k e co	listec ey er mper	mple nsat	ove) w oyee, o tion ar	ho re br hig d oth	0 • eceived more than \$100 thest compensated emp ner compensation from t for such individual	859,560. ,000 of reportable loyee on he organization	258,115. 0 Yes No 3 X
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen	ee, k eco co co satio	listec ey er mper mple	mple nsat	ove) w oyee, o tion ar Schedu	ho re br hig d oth <i>le J f</i>	0 • eceived more than \$100 thest compensated emp ner compensation from the for such individual	859,560. ,000 of reportable loyee on he organization dual for services	258,115. 0 Yes No 3 X
<ul> <li>c Total from continuation sheets to Part Via d Total (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen	ee, k eco co co satio	listec ey er mper mple	mple nsat	ove) w oyee, o tion ar Schedu	ho re br hig d oth <i>le J f</i>	0 • eceived more than \$100 thest compensated emp ner compensation from the for such individual	859,560. ,000 of reportable loyee on he organization dual for services	258,115. 0 Yes No 3 X 4 X 4 X
<ul> <li>c Total from continuation sheets to Part Vi d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but r compensation from the organization</li> <li>3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s</li> <li>4 For any individual listed on line 1a, is the si and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," com Section B. Independent Contractors</li> </ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule	ose ee, k  e co satio	iisteo ey er mper mple on fro	mple nsat te S om a	ove) w byee, o tion ar Schedu any un berson	br hig d oth le J f relate	0 • eceived more than \$100 whest compensated emp mer compensation from the for such individual	859,560. 000 of reportable loyee on he organization dual for services	258,115. 0 Yes No 3 X 4 X 5 X
<ul> <li>c Total from continuation sheets to Part Vi d Total (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? <i>If "Yes,</i> accrue compen aplete Schedule	ee, k e co satio e J fo eper	mper mper mple on fro	mple msat te S om a ch p	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp ner compensation from t for such individual ed organization or indivi- nat received more than \$	859,560. 000 of reportable loyee on he organization dual for services \$100,000 of compension	258,115. 0 Yes No 3 X 4 X 5 X
<ul> <li>c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? <i>If "Yes,</i> accrue compen aplete Schedule	ee, k e co satio e J fo eper	mper mper mple on fro	mple msat te S om a ch p	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for such individual ed organization or indivi	859,560. 000 of reportable loyee on he organization dual for services \$100,000 of compension	258,115. 0 Yes No 3 X 4 X 5 X
<ul> <li>c Total from continuation sheets to Part Vi d Total (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	mper mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for such individual ed organization or indivi	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)
<ul> <li>c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar ye	ee, k eco satio e J fo eper ear e	ey er mper mple on fro	mple msat te S om a ch <u>c</u> t co	ove) w oyee, o tion ar cchedu any un person	ho re bor hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for compensation from the for such individual ed organization or individual mat received more than \$ the organization's tax y (B)	859,560. 000 of reportable loyee on he organization dual for services 100,000 of compensi- rear.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)
<ul> <li>c Total from continuation sheets to Part Vial (add lines 1b and 1c)</li></ul>	I, Section A ot limited to the director, truste uch individual um of reportable 0,000? <i>If "Yes,</i> accrue compen aplete Schedule mpensated ind the calendar ye address	ee, k ee, k e co satio eper ear e <b>NC</b>	iistec eey er mpele on fro or suu nden nding	nsat te S ch p t cc g wi	ove) w ove, o tion ar <i>Schedu</i> any un <u>person</u> ntract th or v	br hig d oth le J f relate	0 • eceived more than \$100 thest compensated emp for such individual ed organization or indivi- nat received more than \$ 10 the organization's tax y (B) Description of s	859,560.	258,115. 0 Yes No 3 X 4 X 5 X ation from (C)

						Lege	s	of Chica	ago Foundat	tion	36-3157	624 Page 9
Pa	rt V											
			Check if Schedule O	conta	ains a r	espons	se o	or note to any lin	e in this Part VIII (A)	(B)	(C)	[D]
									Total revenue	Related or exempt	Unrelated	Revenue excluded
										function revenue	business revenue	from tax under sections 512 - 514
ស ស	1	a	Federated campaigns			1a						
rani			•• • • • •			1b						
NG.		с	Fundraising events			1c		82,150.				
ar /			Related organizations			1d						
imil		е	Government grants (conti	ributi	ons)	1e						
tion Sr S	1	f	All other contributions, gifts,									
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	d abov		1f		5,720,576.				
onti od C	g Noncash contributions included in lines 1a-1f				E 000 80C							
<u>o</u> e		h	Total. Add lines 1a-1f						5,802,726.			
	•	_						Business Code				
/ice	2	a b					-					
Serv		с С										
s m		d										
Program Service Revenue		e					-					
Pro		f	All other program service	reve	nue		-					
			Total. Add lines 2a-2f									
	3		Investment income (inclue									
		other similar amounts)							354,042.			354,042.
	4	4 Income from investment of tax-exempt bond pro					d pr	oceeds				
	5		Royalties									
					(i)	Real		(ii) Personal				
			Gross rents	6a								
			Less: rental expenses	6b								
			Rental income or (loss)	6c								
			Net rental income or (loss Gross amount from sales of			curities		(ii) Other				
	1	a	assets other than inventory	7a	<u> </u>	69,42						
		h	Less: cost or other basis	74	,.	,	- •					
e		~	and sales expenses	7b	2,6	97,23	2.					
venue		с	Gain or (loss)			72,18						
Rev			Net gain or (loss)						72,188.			72,188.
Other			Gross income from fundraisi									
€			including \$	82,	,150.	of						
			contributions reported on		'							
			Part IV, line 18				8a	22,000.				
			Less: direct expenses				8b	56,958.	-34,958.			-34,958.
			Net income or (loss) from Gross income from gamir		-		<u> </u>		-34,938.			-34,958.
	9	а	Part IV, line 19	0			9a					
		h	Less: direct expenses				9b					
			Net income or (loss) from									
			Gross sales of inventory,									
			and allowances				l0a					
		b	Less: cost of goods sold				0b					
			Net income or (loss) from				,					
s							ļ	Business Code				
Miscellaneous Revenue	11 :	а					_					
lane		b					-					
scel Bev		c					-					
Mis			All other revenue									
	12		Total. Add lines 11a-11d Total revenue. See instruction						6,193,998.	0.	0.	391,272.
	-		I VIGILIOVOILUU. OUU IIIJUUUU	0110								

 Form 990 (2022)
 City Colleges of Chicago Foundation

 Part IX
 Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a response	e or note to any line in t (A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	4 - 4 - 4 - 4			
	and domestic governments. See Part IV, line 21	6,479,182.	6,479,182.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	699,648.	699,648.		
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				
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				
8	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes				
11	Fees for services (nonemployees):	142,080.	34,766.	107,314.	
a	Management	142,000.	54,700.	±07,314•	
b					
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	707	707		
f	Investment management fees	707.	707.		
g	Other. (If line 11g amount exceeds 10% of line 25,	110 001	110 000		
	column (A), amount, list line 11g expenses on Sch 0.)	112,801.	112,079.	722.	
12	Advertising and promotion	37,875.	37,875.	40.005	
13	Office expenses	35,319.	21,568.	13,225.	526.
14	Information technology	10,826.	10,826.		
15	Royalties				
16	Occupancy				
17	Travel	552.	552.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,189.	12,373.	816.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а					
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,532,179.	7,409,576.	122,077.	526.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

City	Colleges	of	Chicago	Foundation

36-3157624 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	7,556,400.	1	6,122,882.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	3,035,695.
	4	Accounts receivable, net		4	9,780.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1 265	9	1,234.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	11,802,980.	11	14,082,411.
	12	Investments - other securities. See Part IV, line 11	500,000.	12	500,000.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	23,752,002.
	17	Accounts payable and accrued expenses	483,615.	17	323,079.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	202 050
	26	Total liabilities. Add lines 17 through 25	483,615.	26	323,079.
ú		Organizations that follow FASB ASC 958, check here $X$			
Ce		and complete lines 27, 28, 32, and 33.	1 000 610		0 545 530
alan	27	Net assets without donor restrictions		27	2,545,538.
ä	28	Net assets with donor restrictions	21,945,441.	28	20,883,385.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
ř		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
μ	31	Retained earnings, endowment, accumulated income, or other funds		31	22 420 022
Ne	32	Total net assets or fund balances		32	23,428,923.
	33	Total liabilities and net assets/fund balances	24,352,666.	33	23,752,002.

Form **990** (2022)

Form 990 (	2022)	
Part X	Balance	Sheet

Form	990 (2022) City Colleges of Chicago Foundation	36-	3157624	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,19	<u>3,9</u>	98.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,53	2,1	<u>79.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,33		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,86		
5	Net unrealized gains (losses) on investments	5	89	8,0	53.
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	23,42	8,9	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
3a	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2022)

SCHEDULE A (Form 990)			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.						OMB No. 1545-0047
Department Internal Reve	of the Treasury enue Service		At	ttach to Form 990 or Fo	orm 990-E	Ζ.			Open to Public Inspection
	the organization		Go to www.irs.gov/	Form990 for instruction	is and the	latest inf	ormation.	Employer	identification number
	_	City	Colleges (	of Chicago Fo	oundat	ion		3	6-3157624
Part I	Reason	or Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
				For lines 1 through 12, c					
1				n of churches described		n 170(b)(1	l)(A)(i).		
2				Attach Schedule E (Forn					
3	•	•		anization described in so				VIII) Enter	the been it all a second
4		-	ation operated in cor	njunction with a hospital	aescribea	in sectio	n 170(d)(1)(A	)(III). Enter	the hospital's name,
5 X	city, and state		or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmentalu	nit describe	ad in
J [21]			Complete Part II.)	lege of university owned		cu by a go			
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7			•	ntial part of its support fi				ne general p	oublic described in
	•		omplete Part II.)		0			0 1	
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
	or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
10	•			than 33 1/3% of its supp			-	•	•
				t to certain exceptions;					-
				(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
11			mplete Part III.)	volute test for public co	fatu Caa	ocation E(	O(a)(4)		
12	-	-	-	vely to test for public sa vely for the benefit of, to	•			rn/ out tho	purposes of one or
	-	-	-	d in section 509(a)(1)	-			•	
			-	f supporting organization					
a	_	-	• •	upervised, or controlled				-	aivina
				gularly appoint or elect a	• • •	-			
	organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b	<b>Type II.</b> A s	upporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing
	control or n	nanagement o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
c 🗌		-	• • • •	g organization operated				ly integrate	d with,
		0		). You must complete I			-		
d 🗌		-	• •	orting organization oper				•	
			•	ation generally must sat	•		•	i an attentiv	reness
e	- ·		,	nplete Part IV, Sections written determination fro					
e		0		nally integrated supporti			турет, туре	п, туре п	
f Ent	er the number of								
			about the supporte						
	(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o		(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
									<u> </u>

Total

# Schedule A (Form 990) 2022 City Colleges of Chicago Foundation 36-3157624 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3839433.	6760650.	12861692.	7131871.	5802726.	36396372.	
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	323,002.	516,022.	562,172.	587,499.	615,274.	2603969.	
4	Total. Add lines 1 through 3	4162435.	7276672.	13423864.	7719370.	6418000.	39000341.	
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)						7168658.	
6	Public support. Subtract line 5 from line 4.						31831683.	
	tion B. Total Support						510510051	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	4162435.	7276672.	13423864.	7719370.	6418000.	39000341.	
	Gross income from interest,	11021001	/2/00/20	101200010	//100/01	01100000	550005110	
0	,							
	dividends, payments received on							
	securities loans, rents, royalties,	195,133.	204,890.	220,758.	249,254.	354,042.	1224077.	
~	and income from similar sources	195,155.	204,090.	220,750.	249,234.	554,042.	1224077.	
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.)						40004410	
	Total support. Add lines 7 through 10						40224418.	
	Gross receipts from related activities,	•	,			12		
13	First 5 years. If the Form 990 is for th	-		-				
<u> </u>	organization, check this box and stop							
	tion C. Computation of Publi						70 14	
	Public support percentage for 2022 (li					14	<u>79.14 %</u>	
	Public support percentage from 2021					15	86.52 %	
16a	33 1/3% support test - 2022. If the c				14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2021. If the c	•			line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test	-						
	and if the organization meets the facts			-		VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	nstances test, che	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2022

	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not</li> </ol>						
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						
<b>3</b> 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						
<b>5 Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
B Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
lendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(-) == : =	(	(-/	(.,	(-/	(, , , , , , , , , , , , , , , , , , ,
<b>Da</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
<ol> <li>Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ol>						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,

Section C. Computation	n of Public Support Percentage				
15 Public support percenta	ge for 2022 (line 8, column (f), divided by line 13, column (f))	15	%		
16 Public support percenta	Public support percentage from 2021 Schedule A, Part III, line 15				
Section D. Computation	n of Investment Income Percentage				
17 Investment income perc	entage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%		
18 Investment income perc	8 Investment income percentage from 2021 Schedule A, Part III, line 17				
19a 33 1/3% support tests	2022. If the organization did not check the box on line 14, and line 15 is	more than 33 1/3%, and line <sup>-</sup>	17 is not		
more than 33 1/3%, che	k this box and <b>stop here.</b> The organization qualifies as a publicly suppor	rted organization			
b 33 1/3% support tests	2021. If the organization did not check a box on line 14 or line 19a, and	line 16 is more than 33 1/3%,	and		
line 18 is not more than	33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a p	ublicly supported organization	·		
20 Private foundation. If th	e organization did not check a box on line 14, 19a, or 19b, check this box	x and see instructions			

# Schedule A (Form 990) 2022 City Colleges of Chicago Foundation Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

1

2

3a

Yes

No

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

Sche	edule A	(Form 990) 2022 CITY COTTEGES OF CHICAGO FOUNDACION	30-313/02	4 P	age 5
Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	below, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		<i>il in</i> Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations		_	
				Yes	No

Tourdation

			100	110
more direc effec	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? <i>If "No," describe in</i> <b>Part VI</b> <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2		

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s)	1

	bonted organ	112011011(3).	
Section D	. All Type	III Supporting	organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisf	, the Integral Part Test during the ve	ar (see instructions).
-	Oneck the box next to the method that the organization used to satisf		<i>a</i> , (eeee

- a The organization satisfied the Activities Test. *Complete* line 2 *below.*
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ou supported a governmental entity (see instruction <u>s).</u>
--	--

- 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 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.
- **3** 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.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

215762

Yes No

Yes No

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instru			Part VI). See instructions	
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	1
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	nort-term capital gain	1		
2 Recov	veries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lii	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portio	n of operating expenses paid or incurred for production or			
collect	tion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjus	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instruc	ctions for short tax year or assets held for part of year):			
a Avera	ge monthly value of securities	1a		
<b>b</b> Average	ge monthly cash balances	1b		
<b>c</b> Fair m	arket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
	unt claimed for blockage or other factors			
(explai	in in detail in <b>Part VI</b> ):			
	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see in:	structions).	4		
5 Net va	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by 0.035.	6		
7 Recov	reries of prior-year distributions	7		
8 Minim	num Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ted net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
	um asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	e tax imposed in prior year	5		
	butable Amount. Subtract line 5 from line 4, unless subject to			
	jency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functior	ally integrated	d Type III supporting orga	anization (see

City Colleges of Chicago Foundation 36-3157624 Page 6

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

### City Colleges of Chicago Foundation

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(contini</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt 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	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	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	he 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	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(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				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i_	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				
	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, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7: Excess from 2018				
	Excess from 2018 Excess from 2019				
	Excess from 2019 Excess from 2020				
	Excess from 2020				
	Excess from 2022				

Schedule A (Form 990) 2022

	City Colleges of Chicago Roundation 26 2157624 -
Schedule A	(Form 990) 2022 City Colleges of Chicago Foundation 36-3157624 Page 8
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
_	

### Schedule A

## Identification of Excess Contributions Included on Part II, Line 5

36-3157624

### 2022

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
Bank of America	1,141,098.	336,610.
Fulk Family Foundation	3,050,000.	2,245,512.
Goldman Sachs	3,973,559.	3,169,071.
JPMorgan Chase	875,000.	70,512.
SDI Presence	1,000,000.	195,512.
Northern Trust Foundation	1,716,667.	912,179.
Vivo Foundation	1,043,750.	239,262.
Total Excess Contributions to Schedule A. Part II. Line 5		7,168,658.

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

2022

Employer identification number

U U		
	City Colleges of Chicago Foundation	36-3157624
Organization type (ch	leck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 organiza	tion is covered by the General Rule or a Special Rule.	
Note: Only a section 5	501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. 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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

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

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

Schedule B (Form 990) (2022)

	rganization	
	Colleges of Chicago Foundation	
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total cont
1		
		\$\$
(a)	(b)	(c
No.	Name, address, and ZIP + 4	Total cont
2		
		\$1,50
(a) No.	(b) Name, address, and ZIP + 4	(c) Total cont
3		

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,500,000.</u>	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		\$1,194,093.	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
4		\$ <u>1,043,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>300,000.</u>	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		\$ <u>211,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
			2000 D (1 0111 000) (2022)

(c)

**Total contributions** 

\$ 1,696,667.

(d)

Type of contribution

X

36-3157624

Person Payroll

Noncash (Complete Part II for

(a)

No.

Schedule B	(Form 990)	(2022)

Name of organization

City Colleges of Chicago Foundation Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 7 206,062. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 8 200,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 9 180,000. \$ (b) (a) No. Name, address, and ZIP + 10 (a) (b) No. Name, address, and ZIP +

> (b) Name, address, and ZIP +

Employer identification number

Person Payroll

Noncash

Person Payroll

Noncash

Person

Payroll

Noncash

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

X

X

X

36-3157624

		(Complete Part II for noncash contributions.)
- 4	(c) Total contributions	(d) Type of contribution
	\$ <u>175,263.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
- 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
- 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	1	Schedule B (Form 990) (2022)

#### Page 2

3 (Form 990) (2022)	
ganization	
Colleges of Chicago Foundation	
Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is neede
(b) Description of noncash property given	(c) FMV (or estima (See instruction
	_
r	rganization Colleges of Chicago Foundation Noncash Property (see instructions). Use duplicate copies of Part II (b)

from Part I	Description of noncash property given	(See instructions.)	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
		\$	

Employer identification number

(d)

36-3157624

Page 3

Schedule B (Form 990) (2022)

B (Form 990) (2022)		Pag	<sub>je</sub> 4
rganization		Employer identification number	r
Colleges of Chicago Fou	Indation	36-3157624	
Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	tions to organizations described in sec a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	y. For organizations	ır
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			_ _ _
	(e) Transfer of gift		
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
			_
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			_
	(e) Transfer of gift	t	
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
			_
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			_ _
	(e) Transfer of gift		
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	_
			_
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			_ _
	(e) Transfer of gift	t I	
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
			_
•	rganization Colleges of Chicago Fou Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, entre the total of exclusively religious, use duplicate copies of Part III if additional (b) Purpose of gift (c)	rganization         Colleges of Chicago Foundation         Exclusively religious, charitable, etc., contributions to organizations described in services of any one contributor. Complete parture, etc., contributions of \$1,000 or 1         Use duplicate copies of Part III if additional space is needed.         (b) Purpose of gift       (c) Use of gift         (e) Transferee's name, address, and ZIP + 4         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (c) Use of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (c) Transferee's name, address, and ZIP + 4       (c) Transfer of gift         (c) Transferee's name, address, and ZIP + 4       (c) Transfer of gift         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (c) Transferee's name, address, and ZIP + 4       (c) Transfer of gift         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift	granization       Imployer identification number         2011egges_6_f_Chicago_Foundation       36-3157624         Exclusive/inployer, stantable, st., contribution to described in section 501(c)7, (8, or (10) that total more than 31.000 for the year operations operations       5         Identification       10 more and total more than 31.000 for the year operations       5         Use duplicate copies of Part III if additional space is needed.       (d) Description of how gift is held         (e) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (e) Transfere's name, address, and ZIP + 4       Relationship of transferor to transferee         (e) Transfere's name, address, and ZIP + 4       Relationship of transferor to transferee         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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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 4 Open to Public Inspection

Name of the organization

City Colleges of Chicago Foundation

Employer identification number 36-3157624

Pa			ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	1	
		(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	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confer	
De			
Pa			/, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recre		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
a			2a
b			2b
c			2c
d			
_			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the organ	nization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
~	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring increating her	dling of violations, and onforcing concervation of	accomente during the year
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violations, and enforcing conservation ea	asements during the year
•	Deep cook concernation accomment reported on line O(d) abo	$v_{0}$ action the requirements of eaction $170/h/(4)/F$	2)/()
8	Does each conservation easement reported on line 2(d) abo		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat	tion accompany in its revenue and expanse states	
9	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		lat describes the
Pa	Int III Organizations Maintaining Collections of	of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Forr		
1a	If the organization elected, as permitted under FASB ASC 9		lance sheet works
Ĩ	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina	, , ,	
h	If the organization elected, as permitted under FASB ASC 9		e sheet works of
	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financial gain	
2	the following amounts required to be reported under FASB		Provido
я	Revenue included on Form 990, Part VIII, line 1	-	\$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022

		<u>lleges of (</u>						36-31	5762	<b>4</b> Pa	<sub>age</sub> 2
Par	t III Organizations Maintaining C								(contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any	of the f	ollowing that ma	ake sigr	nificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d			nange program						
b	Scholarly research	e	Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	•			•	•		se in Part	XIII.		
5	During the year, did the organization solicit o								-		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	anizatio	n answered "Ye	s" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:	:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escro	ow or cu	stodial account	liability	?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes	s" on Fo	rm 990, Part IV,	line 10.					
		(a) Current year	(b) Prior	year	(c) Two years b	ack (d	<b>d)</b> Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance	3,477,501.	4,747	7,249.	4,150,0	30.	4,2	39,248.	3	3,847,509	
	Contributions	200,000.						1,011.		1,	682.
	Net investment earnings, gains, and losses	485,556.	-554	4,137.	1,157,5	26.	2	12,745.		421,	919.
	Grants or scholarships									-31,	862.
	Other expenditures for facilities										
	and programs	279,070.	715	5,611.	560,3	07.	3	02,974.			
f	Administrative expenses	,		,				,			
	End of year balance	3,883,987.	3.477	7,501.	4,747,2	49.	4.1	50,030.	4	,239,	248.
2	Provide the estimated percentage of the curr					•	,	,		, ,	
	Board designated or quasi-endowment	• 0000	%								
	Permanent endowment 55.6228	%									
	44 0000	% %									
U	The percentages on lines 2a, 2b, and 2c sho	, -									
20	Are there endowment funds not in the posse		tion that are	hold an	d administored	for the					
Ja		ssion of the organiza	lion that are	neiu an	u auministereu					Yes	No
	organization by:								20(1)		X
	(i) Unrelated organizations								3a(i)		X
L	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3a(ii)		- 23
0									3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas	5.							
	Complete if the organization answere		Part IV line	- 11a S	ee Form 990 P	art X lin	ne 10				
	· · ·										
	Description of property	(a) Cost or of basis (investm		basis (	or other	• •	cumulate eciation	a	( <b>d</b> ) Boo	k valu	е
	Land			Da313		uepre	COALION				
	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										~
<u>Total</u>	. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part 2	X <u>, column (B</u>	<u>), line 1(</u>	<u>)c.)</u>						0.
								Schedule	D (Forn	n <b>990</b> )	2022

Schedule D (Form 990) 2022 City Colleg	es of Chicago	Foundation	36-3157624 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		•	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: (	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	1		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: (	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soo Form 000 Part V line	o 15
	Description	110. See 1 0111 330, 1 att X, 1116	(b) Book value
(1)	Beeenption		
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Par	
1.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)(7)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
(Oolumin (D) must equal FOITT 330, Fait A, COI. (D) IIII			

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

_	edule D (Form 990) 2022 City Colleges of Chicago F			36-3	<u> 3157624 <sub>Ра</sub></u>	age <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•				
1	Total revenue, gains, and other support per audited financial statements			1	7,764,28	33.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	898,053.			
b	Donated services and use of facilities	. 2b	615,274.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	1,513,32	<u>27.</u>
3	Subtract line <b>2e</b> from line <b>1</b>			3	6,250,95	56.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	-56,958.			
с	Add lines <b>4a</b> and <b>4b</b>			4c	-56,95	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,193,99	98.
				_		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return	).	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Return	1.	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Return	n. 8,204,41	
_	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	1	1.	
1	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ents With	Expenses per F	1	1.	
1 2	rt XII         Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	1	1.	
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With 	Expenses per F	1	1.	
1 2 a b	<b>rt XII Reconciliation of Expenses per Audited Financial Statemed</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents With 	Expenses per F	1	n. <u>8,204,41</u>	11.
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	Expenses per F 615,274. 56,958.	1	n. <u>8,204,41</u>	11.
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	Expenses per F 615,274. 56,958.	1	1.	11.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F 615,274. 56,958.	1 2e	n. <u>8,204,41</u>	11.
1 2 b c 4 3	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents With	Expenses per F 615,274. 56,958.	1 2e	n. <u>8,204,41</u>	11.
1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With2a2b2c2d2d4a4a	Expenses per F 615,274. 56,958.	1 2e	n. <u>8,204,41</u>	11.
1 2 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	Expenses per F	1 2e	n. <u>8,204,41</u> <u>672,23</u> 7,532,17	<u>11.</u> <u>32.</u> 79.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	1 2e 3	n. <u>8,204,41</u>	<u>11.</u> <u>32.</u> 79.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### Part V, line 4:

The donors have requested that the Foundation keep the endowments intact.

Part X, Line 2:

The Foundation is exempt from federal income tax under Internal Revenue

Code Section 501(c)(3). Accordingly, no provision for such taxes has been

recognized in these financial statements.

The accounting standard on Accounting for Uncertainty in Income Taxes

addresses the determination of whether tax benefits claimed or expected to

be claimed on a tax return should be recorded in the financial statements.

Under this guidance, the Foundation may recognize the tax benefit from an 232054 09-01-22 Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 City Colleges of Chicago Foundation 36-3157624 Page 5
Part XIII Supplemental Information (continued)
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 Foundation and the various positions related
to the potential sources of unrelated business income tax. There were no
unrecognized tax benefits identified or recorded as liabilities during the
year ended June 30, 2023.
The Foundation files Forms 990 in the U.S. federal jurisdiction and the
State of Illinois.
Part XI, Line 4b - Other Adjustments:
Net Income from Fundraising Events -56,958.
Part XII, Line 2d - Other Adjustments:
Net Income from Fundraising Events 56,958.

SCHEDULE G	Suppleme	ntal Informati	on Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	1 990) 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.					2022			
Department of the Treasury		Atta	ach to Form 990 (	or Forr	n 990 <sup>.</sup>	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Fo	orm990 for instru	ctions	and tl	ne latest informatio	n.		Inspection
Name of the organizatio									dentification number
			Chicago					36-315	
	complete this part		organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not
<ul> <li>c Phone solic</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 10</li> </ul>	tions I email solicitations itations plicitations on have a written o ted in Form 990, Pa	or oral agreement ( art VII) or entity in viduals or entities (	e Solicita f Solicita g Special with any individual connection with p	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Y</b>	es 🗌 No be
(i) Name and address of individual or entity (fundraiser)		(ii) Activity			Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		
				Yes	No	-			
Total				<u> </u>					
3 List all states in wh or licensing.	ich the organizatio	n is registered or l	icensed to solicit (	contrib	utions	or has been notified	it is (	exempt from	registration

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

Schedule G (Form 990) 2022

 Schedule G (Form 990) 2022
 City Colleges of Chicago Foundation
 36-3157624
 Page 2

 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 gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
		Luncheon		Home	(add col. (a) through					
		(event type)	(event type)	(total number)	col. <b>(c)</b> )					
1	Gross receipts	104,150.			104,150.					
2	Less: Contributions	82,150.			82,150.					
3	Gross income (line 1 minus line 2)	22,000.			22,000.					
4	Cash prizes									
5	Noncash prizes									
6	Rent/facility costs									
7	Food and beverages	12,953.			12,953.					
8	Entertainment	2,350.			2,350.					
9					41,655.					
10					56,958.					
11	Net income summary. Subtract line 10 from li				-34,958.					
rt I		answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than						
	\$15,000 on Form 990-EZ, line 6a.	1			1					
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c					
1	Gross revenue									
2	Cash prizes									
3	Noncash prizes									
4	Rent/facility costs									
5	Other direct expenses									
6	Volunteer labor	│	└── Yes %	Yes %						
7	Direct expense summary. Add lines 2 through	n 5 in column (d)								
	state gaming moorne cammary. Cabirate inter				I					
Ent	ter the state(s) in which the organization condu	icts gaming activities:								
ls t		ctivities in each of these			Yes No					
			a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							
				/ear?	Yes No					
				/ear?	Yes N					
	2 3 4 5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 6 7 8 9 10 11 rt 1 8 9 10 11 rt 1 8 8 9 10 11 rt 1 8 8 9 10 11 rt 1 8 8 9 10 11 rt 1 8 8 9 10 11 rt 1 8 8 8 8 8 8 8 8 8 8 8 8 8	<ul> <li>2 Less: Contributions</li> <li>3 Gross income (line 1 minus line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary. Add lines 4 through</li> <li>11 Net income summary. Subtract line 10 from 1</li> <li>rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li> <li>2 Cash prizes</li> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 through</li> <li>8 Net gaming income summary. Subtract line 7</li> <li>Enter the state(s) in which the organization condules the organization licensed to conduct gaming and</li> </ul>	Image: display structure of the set	Luncheon         (event type)         1       Gross receipts         1       Gross receipts         2       Less: Contributions         3       Gross income (line 1 minus line 2)         2       Less: Contributions         3       Gross income (line 1 minus line 2)         4       Cash prizes         5       Noncash prizes         6       Rent/facility costs         7       Food and beverages         10       Direct expenses summary. Add lines 4 through 9 in column (d)         11       Net income summary. Subtract line 10 form line 3, column (d)         11       Net income summary. Subtract line 10 form line 3, column (d)         11       Net income summary. Subtract line 10 form line 3, column (d)         11       Net income summary. Subtract line 10 form line 3, column (d)         11       Net income summary. Subtract line 10 form line 3, column (d)         11       Inter income summary. Subtract line 10 form line 3, column (d)         11       Gross revenue       (a) Bingo         12       Cash prizes       (a) Bingo         13       Noncash prizes       (a) Eine 4         2       Cash prizes       (b) Pull tabs/instant         3       Noncash prizes	Luncheon       None         [event type]       (event type)       (total number)         1       Gross receipts       104,150.         2       Less: Contributions       82,150.         3       Gross income (line 1 minus line 2)       22,000.         4       Cash prizes					

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	City Colleges o	f Chicago Foundation	36-3157624 Page 3
11	Does the organization conduct ga	ming activities with nonmember	s?	Yes No
			member of a partnership or other entity formed	
	to administer charitable gaming?			Yes No
13	Indicate the percentage of gaming			
á	a The organization's facility			<b>13</b> a %
			nization's gaming/special events books and records	
	Name			
	Address			
15a	Does the organization have a con	tract with a third party from who	m the organization receives gaming revenue?	Yes No
I	If "Yes," enter the amount of gam			unt
	of gaming revenue retained by the			
0	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
		state law to make charitable di	stributions from the gaming proceeds to	
•				Yes No
			istributed to other exempt organizations or spent in	
	organization's own exempt activit	•		
Pa	IT IV Supplemental Infor	mation. Provide the explanation	ons required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9, 9b, 10b,
			Iditional information. See instructions.	, , , , ,
_				

Schooling Gi Form 200 City Colleges of Chicago Foundation 36-3157624 Page 4 Pag	Schedule G	a (Form 990)	City	Colleges	of	Chicago	Foundation	36-3157624	Page 4
	Part IV	Supplemental Infor	mation <sub>(c</sub>	continued)					

SCHEDULE I		rants and Oth					OMB No. 1545-0047
(Form 990)		vernments, an					2022
Department of the Treasury Internal Revenue Service	Comple	ete if the organization Go to www.irs	Attach to Form .gov/Form990 for	990.			Open to Public Inspection
Name of the organization			-				Employer identification number
City Colle	eges of Cl	nicago Found	lation				36-3157624
Part I General Information on Grants an	nd Assistance						
1 Does the organization maintain records to criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro							
Part II         Grants and Other Assistance to I           recipient that received more than \$	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
City Colleges of Chicago							
180 N. Wabash Street, Suite 200							
Chicago, IL 60601	36-2606236	Gov	5,332,631.	0.			Student & Program Support
City Colleges of Chicago/Harold							
Washington College - 180 N. Wabash							
Street, Suite 200 - Chicago, IL							
60601	36-2606236	Gov	814,881.	0.			Student & Program Support
Children First Fund (Chicago							This is part of our
Public Schools) - 200 W. Madison							relationship with CPS to
Street, 2nd Floor - Chicago, IL							continue the Strategic
60606	36-4094830	501 (C) (3)	175,000.	0.			Roadmap Collaboration
							United Way will enter
United Way of Metropolitan Chicago							into legal contracts with
333 S. Wabash Street, 30th Floor							internet service
Chicago, IL 60604	30-0200478	501 (C) (3)	45,670.	0.			providers to provide
							To prepare Chicago adults
Community Organizing & Family							for career advancement
Issues – 2245 S. Michigan Avenue –							through for-credit
Chicago, IL 60616	36-4044632	501 (C) (3)	25,000.	0.			programs at City Colleges
							To prepare Chicago adults
ENLACE Chicago							for career advancement
2759 S. Harding Avenue							through for-credit
Chicago, IL 60623	36-3727669	501 (C) (3)	25,000.	0.			programs at City Colleges
2 Enter total number of section 501(c)(3) ar	nd government or	anizations listed in the	e line 1 table				8.
3 Enter total number of other organizations	s listed in the line 1	table				·····	3.
LHA For Paperwork Reduction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part IV for Column (h) descriptions

# Schedule I (Form 990) City Colleges of Chicago Foundation

3	6 –	31	57	624	Page 1
-	•	~ -	<u> </u>	~ ~ ~	Faue I

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							To prepare Chicago adults
LIFT Inc							for career advancement
999 N. Capitol Street NE							through for-credit
Mashington, DC 20002	52-2168409	501 (C) (3)	25,000.	٥.			programs at City College:
							To prepare Chicago adults
Brighton Park Neighborhood Council							for career advancement
4477 S. Archer Avenue							through for-credit
Chicago, IL 60632	36-4229387	501 (C) (3)	10,000.	0.			programs at City Colleges
Illinois Vienonis Chember of							Galdman Gasha 10 000
Illinois Hispanic Chamber of							Goldman Sachs 10,000
Commerce - 111 W. Washington Blvd			10.000				Small Business (GSK10KSB)
- Chicago, IL 60602	36-3778777	501 (C) (6)	10,000.	0.			referral sponsorship
							To prepare Chicago adults
The CARA Program							for career advancement
237 S. DesPlaines Street							through for-credit
Chicago, IL 60661	36-4268095	501 (C) (3)	10,000.	0.			programs at City Colleges
DePaul USA							Empowerment Level
P.O. Box 756							Sponsorship at the De
Chicago, IL 60690	35-2338110	501 (C) (3)	6,000.	0.			Paul USA Chicago Gala

Schedule I (Form 990)

36-3157624

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships	529	699,648.	0.		
Part IV Supplemental Information. Provide the information red	u quired in Part I, lin	e 2; Part III, column	(b); and any other ac	l ditional information.	
Part I, Line 2:					
The Foundation management sets up	specific	funds base	ed on donor		
restrictions and conditions.					

Part II, line 1, Column (h):

Name of Organization or Government: United Way of Metropolitan Chicago

(h) Purpose of Grant or Assistance: United Way will enter into legal

contracts with internet service providers to provide broadband services

to students

Name of Organization or Government: Community Organizing & Family Issues (h) Purpose of Grant or Assistance: To prepare Chicago adults for career advancement through for-credit programs at City Colleges of Chicago

Name of Organization or Government: ENLACE Chicago

(h) Purpose of Grant or Assistance: To prepare Chicago adults for career

advancement through for-credit programs at City Colleges of Chicago

Name of Organization or Government: LIFT Inc

(h) Purpose of Grant or Assistance: To prepare Chicago adults for career

advancement through for-credit programs at City Colleges of Chicago

Name of Organization or Government: Brighton Park Neighborhood Council

(h) Purpose of Grant or Assistance: To prepare Chicago adults for career

advancement through for-credit programs at City Colleges of Chicago

Name of Organization or Government: The CARA Program

(h) Purpose of Grant or Assistance: To prepare Chicago adults for career

advancement through for-credit programs at City Colleges of Chicago

CHEDULE J	Compensation Information	1	OMB No. 154	5-0047
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		202	))
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		202	
epartment of the Treasury	Attach to Form 990.		Open to P	
ternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspect	
lame of the organization		Employer ide		number
	City Colleges of Chicago Foundation	36-31	.57624	
Part I Question	s Regarding Compensation			
			Y	es No
	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,		
	line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or	, s s s s s s s s s s s s s s s s s s s			
Travel for cor				
	cation and gross-up payments			
Discretionary	spending account Personal services (such as maid, chauffeu	ir, chef)		
•	on line 1a are checked, did the organization follow a written policy regarding payment or			
	provision of all of the expenses described above? If "No," complete Part III to explain		. <u>1b</u>	
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
trustees, and offic	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2	
	ny, of the following the organization used to establish the compensation of the organization's			
	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
· · ·	ation of the CEO/Executive Director, but explain in Part III.			
Compensatio				
	compensation consultant			
Form 990 of	other organizations Approval by the board or compensation c	ommittee		
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	elated organization:			v
	ce payment or change-of-control payment?		<u>4a</u>	X
•	ceive payment from a supplemental nonqualified retirement plan?			X X
-	ceive payment from an equity-based compensation arrangement?		. <u>4c</u>	
If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
contingent on the			-	v
a The organization?				X
	zation?		5b	<b>^</b>
	or 5b, describe in Part III.	-		
-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
contingent on the				v
				X
	zation?		6b	
	or 6b, describe in Part III.			
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_	v
	nes 5 and 6? If "Yes," describe in Part III		7	X
•	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie		v
			. 8	X
	did the organization also follow the rebuttable presumption procedure described in			
	n 53.4958-6(c)?		9	1

#### 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>(A)</b> Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Juan Salgado	(i)	0.	0.	0.	0.	0.	0.	0.
General Director	(ii)	278,492.	0.	0.	52,000.	23,311.	353,803.	0.
(2) Maribel Rodriguez	(i)	0.	0.	0.	0.	0.	0.	0.
Treasurer	(ii)	183,292.	0.	0.	0.	57,664.	240,956.	0.
(3) Veronica Herrero	(i)	0.	0.	0.	0.	0.	0.	0.
Chancellor's Designee - Ex Officio	(ii)	171,792.	0.	0.	0.	54,046.	225,838.	0.
(4) Rhonda K. Brown	(i)	0.	0.	0.	0.	0.		0.
President	(ii)	132,398.	0.	0.	0.	41,652.	174,050.	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)							

Schedule J (Form 990) 2022

### Part III Supplemental Information

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

Part I, Line 3:

The compensation for the President of City Colleges of Chicago Foundation

(CCCF), Rhonda Brown, is determined by the City Colleges Chicago Board of

Directors by: Board Approval. The CCCF has no employees.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- 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.	·EZ	OMB No. 1545-0047					
Name of the organization City Colleges of Chicago Foundation 36-3157624								
Form 990, Pa	rt VI, Section A, line 2:							
<u>Several offi</u>	cers and directors of City Colleges of Chicago	Found	ation					
("CCCF") are	employed by and work together at City College	s of Cl	hicago					
("CCC") Mari	bel Rodriguez, CCCF Treasurer and CCC Vice Cha	ncello:	r/Chief					
Financial Of	ficer reports to Juan Salgado, Chancellor of C	CC and	a Director					
of CCCF, who	of CCCF, who himself reports to Dr. Walter E. Massey, who is a Director of							
CCCF and the	CCCF and the Chairman of the Board of Trustees at CCC.							
The CCCF has	no employees of its own.							

Form 990, Part VI, Section B, line 11b:

The Form 990 is distributed via e-mail to the trustees for review and

approval prior to filing.

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

CCCF's Board of Directors ("Board") approved its conflict of interest
policy on July 21, 2009 based on discussions with its external auditors at
that time. As stated in Article I of the policy, the policy is intended to
supplement but not replace any applicable state and federal laws governing
conflict of interest applicable to non-profit or charitable organizations.
Article III, paragraph 2 provides assistance to the Board on determining
whether an event or transaction causes a conflict of interest to exist.
Finally, Article VII provides for period reviews of events, transactions,
compensation, and relationships to ensure that they confirm to the
Foundation's written policies, are the result of arm's length bargaining,
and do not result in an excess benefit transaction. After disclosure of the
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022
232211 10-28-22

Schedule O (Form 990) 2022	Page <b>2</b>						
Name of the organization City Colleges of Chicago Foundation	Employer identification number $36 - 3157624$						
inancial interest and all material facts, and after any discussion with							
the interested person, he/she shall leave the Board or Committee meeting							
while the determination of a conflict of interest is discu	ssed and voted						
on. The remaining Board or Committee members shall decide	if a conflict of						
interest exists.							

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

The Foundation will provide documents to those parties who write the

Foundation at the following address:

Executive Director, City Colleges of Chicago Foundation, 180 North Wabash

Street, Suite 200, Chicago, Illinois 60601

SCH	EDULE	R
<b>/</b>		

### (Form 990)

### Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

36-3157624

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

Name of the organization

## City Colleges of Chicago Foundation

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
City Colleges of Chicago - 36-2606236							
180 North Wabash Avenue, Suite 200							
Chicago, IL 60601	Education-Comm. Coll.	Illinois			N/A		х
	-						
	-						
	_						

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

Schedule R (Form 990) 2022

# Schedule R (Form 990) 2022 City Colleges of Chicago Foundation

36-3157624 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportiona allocations?		Code V-UBI amount in box 20 of Schedule	General or managing partner?	<sup>Il or</sup> Percenta <sup>ing</sup> ownersh er?	age hip
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	10	
	]											
	1											
	-											
	-											
	-											
	4											
	4											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		0				Yes	No
									$\square$

# Schedule R (Form 990) 2022 City Colleges of Chicago Foundation

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		Х

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) City Colleges of Chicago	В	5,332,631.	Cash
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

## Schedule R (Form 990) 2022 City Colleges of Chicago Foundation

# 36-3157624 Page 4

### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners 501(c)(i orgs.? Yes N	(g) Share of end-of-year assets	(h) Dispropertionate allocation Yes N	amount in box 20	(j) General o managing partner? Yes NO	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2022

Provide additional information for responses to questions on Schedule R. See instructions.